

Prevocational Training Term Description: Psychiatric Medicine – Low Dependency Adult Mental Health Unit

Date of term description version	November 2023
Date term last accredited	July 2021

Term Details

Facility	Canberra Health Services				
Term name*	Psychiatric Medicine - Low Dependency Adult Mental Health Unit				
Term specialty*	Psychiatry				
Term location	Canberra Hospital				
Classification of clinical experience in term* (Highlight a maximum of 2)	Un-differentiated illness patient care	Chronic illness patient care	Acute critical illness patient care	Peri-operative/procedural patient care	Non-direct clinical experience (PGY2 only)
Is this a service term? Service term is a term with discontinuous learning experiences including limited access to education program or limited access to regular within-unit learning activities or less/discontinuous overarching supervision (e.g., relief term or nights with limited staff).				Yes	No
Term duration (weeks)*	12-14 weeks (depending on term dates)				
Term accredited for	PGY1 and PGY2		PGY2 Only		
Total number of prevocational training places	1	Limitations/conditions In some terms, the CRMEC will make limitations (e.g. skills mix or minimum numbers)	There are no limitations on this training term		

Term Supervision

Term Supervisor (name and position) Term supervisor is responsible for conducting term orientation, discussing the PGY1/2's learning needs with them, and conducting and documenting a midterm and end-of-term assessment. Term supervisors must complete mandatory training and commit to a code of conduct outlining their responsibilities.	Dr Neelam Jain - Clinical Director, Adult Acute Mental Health Services (AAMHS-southside)
Clinical team supervision Primary/Immediate Clinical Supervisor (name and position) Clinical supervisor is a consultant or senior medical practitioner (PGY3+) with experience in managing patients in the relevant discipline. They are readily accessible for support, provide education, conduct EPAs and contribute to assessment.	Dr Bernadette Murphy

	Additional Clinical Supervisors (positions) Position of others (PGY3+) responsible for day-day clinical supervision, including after-hours supervisors.	Registrars and Advanced Trainees are available to supervise during the day/all shifts.	
	EPA Assessors Name and position of others (PGY3+) who have completed training to undertake EPA assessments.	All Clinical supervisors in this term can undertake EPAs including registrars who have undertaken EPA training.	
Clinical Team Structure* Highlight the team model, identify and describe the clinical team structure including how PGY1/2s are distributed amongst the team.	Ward Based	Team Based	Other
	Each PGY doctor will be allocated to a clinical team. In this term: <ul style="list-style-type: none"> JMOs are allocated to teams (i.e. care for patients on that team), however they do need to sometimes help with other teams. Each team has a consultant, registrar and a JMO JMOs are responsible for working closely with the teams and manage the physical health needs of psychiatry patients. 		

Commencing the Term

Requirements for commencing the term* If there are any specific requirements (e.g., courses, procedural skills or e-learning requirements) provide details of how the prevocational doctor will receive this training/will be assessed.	Before starting the term, please review: <ul style="list-style-type: none"> Psychiatric history taking Knowledge of performing a mental state examinations
Orientation Include detail regarding the arrangements for orientation to the term, including who is responsible for workplace orientation and any additional resource documents such as clinical policies and guidelines required as reference material. The term supervisor is responsible for orienting the JMO to the term requirements and clinical expectations within the first week of starting the term.	The JMO should report to ward 12B which is a Low Dependency Mental Health Unit in Building 03. The Clinical Director/ Consultant psychiatrist of the Low Dependency Mental Health unit will provide a formal orientation for the JMO during the first week of term. Please arrive in the ward at 08:30 am and make yourself known to CNC/Consultant. Handover starts at 09:00 am. The Adult Acute Mental Health Operations manual will provide additional information on the provision of care within the unit. Mental health specific policies and protocols will also be available on the unit and the online policy register.

Overview of the Unit

The role of the unit and range of clinical services provided, including an outline of the patient case mix, turnover and how acutely ill the patients generally are

At the Canberra Hospital, mental health services are provided through the division of Mental Health, Justice Health and Alcohol & Drug Services. The services provided range from prevention and treatment to recovery and maintenance, and harm minimisation. Consumer and carer participation are encouraged in all aspects of service planning and delivery. The Division works in partnership with consumers, carers and a range of government and nongovernment service providers to ensure the best possible outcomes for clients.

This position is embedded in the 12B ward, located on the Canberra Hospital Campus, Building 03. The unit consist of 10 Low dependency beds, the ward capacity is flexible and can increase up to 14 beds.

Role of Unit:

- To provide assessment and treatment for patients with psychiatric illness and mental dysfunction in the least restrictive environment.
- To provide mental health services as part of a system of care integrated with the community clinics and outreach services.
- To work collaboratively with patients and their families and carers.
- To train medical students and graduates in the assessment and management of mental illness and dysfunction.
- To teach nursing and allied health staff on the subject of mental health.

To provide timely assessments requested by the ACAT Mental Health Tribunal and Magistrates' Court.

Clinical responsibilities and tasks of the prevocational doctor

Provide an overview of the routine duties and responsibilities

JMO Responsibilities:

- Attend the Daily clinical handover meeting at 09:00 am in hand-over room followed by ward rounds.
- Day to day medical care of consumers,
- Mental state examinations as indicated (speak to registrar if unsure),
- Attendance at training and education sessions
- Assisting with medical needs of teams under supervision of Psychiatry Registrars.
- Assessing patients when a registrar is absent for a scheduled reason (for example Wednesday afternoon training seminars or Registrars working part-time), always under the supervision of the consultant.
- Responsibility for individual patients, under supervision of the Registrar and Consultant when that team's Registrar is caring for an excessive caseload (e.g. > 10) or if it is deemed appropriate by consultant that the JMO be responsible for that individual patient.

- Treatment and discharge planning - the JMO is part of the treatment planning team and expected to help ensure adequate discharge plans are in place, but ultimate responsibility is with the allocated Registrar.
- Discharge summaries are written by JMO and checked by the Registrar or Consultant.
- Emergency response – MET calls – the JMO forms a part of team response.
- The JMO forms part of the chain of responsibility via team Registrar to the team Consultant to the Clinical Director and should escalate issues brought to their attention in an appropriate and timely manner.
- Note that the JMO will assist in ensuring that all patients are medically examined at time of admission, that appropriate investigations are ordered, and any urgent medical matters of a minor nature are dealt with if requested by nursing or other staff. This may include assisting in rewriting/copying drug charts but should not include starting or changing psychotropic medications without discussion with the treating registrar or consultant.
- JMOs should not approve patient leave (gate leave) or discharge without discussion with the treating Registrar or Consultant.
- JMOs should not write outside scripts.

Medical Record Documentation and Note keeping:

JMOs are responsible for:

- Undergoing initial training on DHR for documentation.
- Timely, legible and regular file entries in files after each review, including but not limited to ward rounds (laptops available that can be used in the wards during interviews).
- Record keeping of multi-disciplinary team review meeting discussions about each patient under the care of their team.
- All entries must be clear, relevant and objective. See the JMO Handbook for more tips on record keeping.
- Student entries must be countersigned by their supervisor.

Mental Health Act:

The Registrar is generally responsible for placing detention orders or applying for treatment orders, but the JMO may assist the Registrar to gain experience in the workings of the Mental Health Act. JMO may contribute to and occasionally present at Tribunal Hearings once sufficiently familiar with the procedures.

Hours of Work:

8:30am - 5:00pm

Presentations:

Case conference – JMOs may be asked to present.

	Handover: <ul style="list-style-type: none"> At the end of term, ensure you contact the incoming JMO and orientate him/her to the ward(s)/clinics and any current inpatients
Work Routine Provide an overview of the work routine	Work routine and tasks are outlined in more detail in the JMO Handbook.
Clinical handover procedure Provide an overview of the handover procedure and expectations in this training term	<p>Morning handover is by way of the Daily clinical handover meeting at 09:00 am in hand-over room.</p> <p>Evening shift JMO starts at 1:00pm and there is an opportunity of face-to-face handover around 4:30pm</p> <p>Night handover is at the Auditorium with MED POD 3 at 9:00pm</p>
Safety	Occupational Violence While rare, occupational violence is a risk in all departments. JMOs should: <ul style="list-style-type: none"> Always maintain a clear exit path from the bedspace when seeing patients. Know how to call a code black (either through dialling '2222' from a ward phone or pressing a Code Black button) and wear appropriate duress alarms in areas where these are required. Be alert around patients who are delirious, confused or known to have previously engaged in violence. There are occasionally patients suffering from psychosis or hallucinosis. Such patients can unintentionally be frightened or violent as part of their illness. If the RMO feels endangered or threatened in any way by such behaviours, they should withdraw immediately from the patient and the issue should be raised immediately to the CNC and/or Staff Specialist on duty that day. <p>Other OH&S and safety in pregnancy is dealt with in the JMO Handbook.</p> <p>The Psychiatric Medicine Unit supports Speaking Up or Safety of patients and staff.</p>
Opportunities for Indigenous Health	Aboriginal and Torres Strait islander peoples may present as patients within this term and JMOs will be able to engage the support of the Aboriginal Liaison Officer as required for patients and their families and improve their knowledge, and skills around cultural safety.

Education, Learning and Assessment

Term Learning Objectives List the term-specific learning objectives*	<p>The JMO should strive to have undertaken the following by the end of the Term:</p> <p>Clinical:</p> <ul style="list-style-type: none"> Refined psychiatric history and mental state examination techniques.
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	<ul style="list-style-type: none"> • Diagnosed and management of common conditions presenting to hospital eg; schizophrenia, bipolar disorder, depression, personality disorder and anxiety. • Assessed and managed patients who pose a threat to themselves and others. • Understood co-morbidity (influence of alcohol and drugs or upon mental health). <p>Procedural: If possible, attended an ECT with the Registrar and observe ECT at Neurostimulation suite located in AMHU</p> <p>Educational:</p> <ul style="list-style-type: none"> • Become fluent in the presentation of psychiatric cases. • Become familiar with the main categories of social and psychological interventions. • Become familiar with commonly prescribed psychotropics and their side effects. • Become familiar with the ACT Mental Health service through communication with community teams and case managers and where possible visits to other facilities, such as Dhulwa Mental Health Unit. • Participated in case conferences. • Developed a working knowledge of the Mental Health Act 2015.
<p>Detail education and research opportunities and resources <u>specific to this training term</u> that will be available to the JMO during the term. Formal education opportunities should also be included in the unit timetable</p>	<p>General Mandatory Education</p> <ul style="list-style-type: none"> • All interns are expected to attend the Tuesday afternoon teaching program. This is a requirement of CRMEC. The period from 1430-1600 on Tuesdays is protected time for JMOs. • RMO teaching is Thursdays 1400-1500. This is protected time for RMOs. • Venue and topics are confirmed by email earlier in the day. JMOs are expected to join by Microsoft Teams from UCH rather than in person. <p>Grand Rounds All PGY1/2 are encouraged to attend Grand Rounds on Wednesdays. There may be occasions when the Consultant/Registrar is required to present on behalf of the Unit. The JMO may be asked to assist by presenting a case prior to the registrar or consultant presentation.</p> <p>Term-Specific Training</p> <ul style="list-style-type: none"> • JMO Teaching sessions • Complex Case Reviews • AAMHS Teaching sessions

	<ul style="list-style-type: none"> Weekly meetings with term supervisor to discuss progress and any issues that arise <p>Education resources are available through the hospital library, hospital intranet and through the other health professional leads within the team.</p>			
During this term prevocational doctors should expect to complete the following EPAs* (Highlight all that apply)	EPA 1 Clinical Assessment	EPA 2 Recognition and care of the acutely unwell patient	EPA 3 Prescribing	EPA 4 Team communication – documentation, handover and referrals

Term/Unit Timetable and Indicative Duty Roster

Include the **start time** and **finish times** of the shifts the prevocational doctor will be rostered to. Show the activities that the prevocational doctor is expected/rostered to attend – these include all **education opportunities** (both training facility-wide and term specific), ward rounds, theatre sessions, inpatient time, outpatient clinics, shift handover, morning handover from hospital night team, afternoon handover to hospital's after-hours team. Please include the approximate times of activities wherever possible. If there are extended shifts or evening shifts attach four weeks of rosters for the whole team.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<p>Psychiatry ward rounds with consultant / registrar</p> <p>Routine jobs including physical health exam of all the patients, discharge summaries and follow up on medical consults</p> <p>Tribunal hearing at 2:00pm - JMO might have to present</p> <p>Handover to afterhours at 16:30</p>	<p>Morning MDT at 9:15</p> <p>Psychiatry ward rounds with consultant / registrar</p> <p>Routine jobs including physical health exam of all the patients, discharge summaries and follow up on medical consults</p> <p>1430-1600 Mandatory Intern teaching session</p> <p>Handover to afterhours at 16:30</p>	<p>Morning Handover 09:00</p> <p>Psychiatry ward rounds with consultant / registrar</p> <p>Routine jobs including physical health exam of all the patients, discharge summaries and follow up on medical consults</p> <p>Handover to afterhours at 16:30</p>	<p>Morning Handover 09:00</p> <p>Tribunal hearing at 9:00am - JMO might have to present</p> <p>Psychiatry ward rounds with consultant / registrar</p> <p>Routine jobs including physical health exam of all the patients, discharge summaries and follow up on medical consults</p> <p>1300-1400 Mandatory RMO teaching session</p> <p>Handover to afterhours at 16:30</p>	<p>Morning Handover 09:00</p> <p>Psychiatry ward rounds with consultant / registrar</p> <p>Routine jobs including physical health exam of all the patients, discharge summaries and follow up on medical consults</p> <p>Handover to afterhours at 16:30</p>		

Patient Load Average Per Shift	10-14	
Overtime	Rostered overtime hours/week	4-8
	Unrostered overtime hours/week	1
After hours roster Does this term include participation in hospital-wide afterhours roster? If so advise: <ul style="list-style-type: none"> • Frequency of after-hours work, including evenings, nights and weekends (hours/week and weekends/month) • Onsite supervision available after hours If the JMO will be working outside this term on afterhours roster, provide details of the after-hours work and a four-week roster. The designated after-hours supervisor should be listed in the supervisory team.	<p>JMOs will be rostered for after-hours cover of AMHU, 12B, MHSSU short stay unit and the detox (D&A) ward. Evening on call is from 13:00-21.30 approximately one evening a week and weekend on call is from 09.00 – 18.00 approximately one day a fortnight. Med Pod 3 JMO takes over after these times.</p> <p>After hours supervision will be provided by the after-hours psychiatric Registrar on call or if necessary, the on-call Consultant.</p> <p>There is a pager for JMO after hours and you need to collect it from Switch at the start of your shift. The pager number is 50385</p>	

List Other Relevant Documentation

Intern job description
 RMO job description
 JMO Handbook