

## Prevocational Training Term Description: Psychiatry in Banksia

<b>Date of term description version</b>	January 2024
<b>Date term last accredited</b>	April 2022

### Term Details

<b>Facility</b>	North Canberra Hospital (NCH)				
<b>Term name*</b>	Psychiatry in Banksia (Older Persons Mental Health Unit)				
<b>Term specialty*</b>	Psychiatry				
<b>Term location</b>	Banksia Keeney Building				
<b>Classification of clinical experience in term*</b> (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)
<b>Is this a service term?</b> 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). Note: this will be determined by CRMEC based on how whether this is discontinuous supervision and education experience within the term				Yes	No
<b>Term duration (weeks)*</b>	12-14 weeks (depending on term dates)				
<b>Term accredited for</b>	PGY1 and PGY2			PGY2 Only	
<b>Total number of prevocational training places</b>	1	<b>Limitations/conditions</b> In some terms, the CRMEC will make limitations (e.g. skills mix or minimum numbers)		There is no current limitation on this term	

### Term Supervision

<b>Term Supervisor (name and position)</b> 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.		<b>In patient consultation liaison consultant is currently changing. Waiting on confirmation from CHS.</b>
<b>Clinical team supervision</b>	<b>Primary/Immediate Clinical Supervisor (name and position)</b> 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 Hanli Nel

	<b>Additional Clinical Supervisors (positions)</b> Position of others (PGY3+) responsible for day-day clinical supervision, including after-hours supervisors.	There are 2 MH Registrars 2 rostered on per shift.		
	<b>EPA Assessors</b> Name and position of others (PGY3+) who have completed training to undertake EPA assessments.	Clinical supervisors and registrars must have completed EPA training to be an EPA assessor.		
<b>Clinical Team Structure*</b> 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	

## Commencing the Term

<b>Requirements for commencing the term*</b> 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.	Basic Clinical Training. There are no prerequisites for commencing this term; however, JMOs will need to attend Basic Life Support session.
<b>Orientation</b> 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. <b>The term supervisor is responsible for orienting the JMO to the term requirements and clinical expectations within the first week of starting the term.</b>	<p>Start of term Orientation delivered by Medical Administration.</p> <p>Mandatory ward orientation with CNC of the department.</p> <p>Orientation is organised in the first week for Theatres which includes scrubbing and gloving techniques</p> <p>The Psychiatry Unit provides a comprehensive orientation program which includes:</p> <ul style="list-style-type: none"> <li>• Tour of the unit</li> <li>• Clinical policies</li> <li>• Weekly schedule with Starting times</li> <li>• Responsibilities</li> <li>• Supervision</li> </ul> <p>Duress alarms are to be worn at all times when on the ward.</p> <p>Formal orientation on Monday morning of first day, delivered by term supervisor in Banksia on the Banksia Ward.</p>

## Overview of the Unit

<p><b>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</b></p>	<p>The Older Persons' Mental Health Service Inpatient Unit provides inpatient care to people over the age of 65 years who present with a mental illness, and on a case-by-case basis for some people younger than 65 years who have significant issues of ageing. Our patients have high rates of medical multimorbidity, complexity and frailty. The ward has 15 beds currently commissioned. The JMO is a key member of our multidisciplinary team and is actively involved in assessing and managing (under supervision) their own small caseload of patients and assisting the other teams when needed.</p>
<p><b>Clinical responsibilities and tasks of the prevocational doctor</b>          Provide an overview of the routine duties and responsibilities</p>	<p>JMOs are expected to:</p> <ul style="list-style-type: none"> <li>• Take relevant medical and psychiatric histories, examine, and determine a provisional management plan for patients being admitted to the inpatient unit with the assistance of the senior medical staff- i.e. Registrar and /or Consultant.</li> <li>• Attend the weekly MDTRs when teaching scheduled permits.</li> <li>• Ensure all paper work, medication charts, fluid orders, and letters to GPs, referrals etc are written for their patients. The JMO will have a small caseload of patients, and will be expected to assist Registrar colleagues and Consultants in the provision of care for other inpatients as needed.</li> <li>• Keep the medical records up to date.</li> <li>• From time to time, undertake home visits of their patients after discharge (with supervision), to enrich the clinical experience.</li> <li>• Assess or manage people with psychiatric conditions who present to ED or are admitted to medical/surgical wards.</li> </ul>
<p><b>Work Routine</b>          Provide an overview of the work routine</p>	
<p><b>Clinical handover procedure</b>          Provide an overview of the handover procedure and expectations in this training term</p>	<p>Clinical handover occurs every day at 0900 in the Handover meeting room. Attended by nursing staff, allied health and medical officers (JMOs, registrars and consultants). Handover of any outstanding jobs for afterhours should be communicated with the afterhours JMO covering Mental Health (surgical pod). A handover document is to be updated and emailed to Mental Health administration team each Friday, for weekend staff to be aware of patients and treatment plans including frequency of review over the weekend.</p>
<p><b>Opportunities for Indigenous Health</b></p>	<p>Aboriginal and Torres Strait islander patients may present 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.</p>

## Education, Learning and Assessment

### Term Learning Objectives

List the term-specific learning objectives\*

### Clinical management learning objectives:

- To be able to undertake a psychiatric assessment, including the main areas of history taking, mental state examination, cognitive assessment and risk assessment of a patient and summarize the main clinical issues.
- To be able to formulate an initial management plan
- To have an understanding of the Mental Health Act and the instances it is used.
- To have a better understanding of psychotropic medication and its uses and the rationale for use of ECT (ideally to follow a patient through a course of ECT).
- To have a better understanding of some basic psychological principles and dynamics which affect patients' presentations and trajectories, and the role of psychotherapy.
- To have a better understanding of the roles of the family/ carers, and the socio-cultural factors which affect the presentation and management of mental disorders.

### Communication learning objectives:

- To be able to communicate effectively and empathically with patients, their relatives and carers.
- To be able to communicate effectively - verbally and in writing, with other members of the mental health team, medical and paramedical personnel especially GPs, and community workers.
- To improve skills in preparation of legal documentation such as Mental Health Act paperwork.

### Professionalism learning objectives:

- To show increased awareness of stigma in the broader community and subsections thereof, as it relates to psychiatric disorders
- To demonstrate a respectful and compassionate attitude towards people
- To show enthusiasm and initiative for learning and research.
- Demonstrate a desire for self-directed learning
- To be willing to teach and assist other staff
- To be punctual and reliable and behave in an ethical manner

### Detail education and research opportunities and resources specific to this training term that will be available to the JMO during the term.

Formal education opportunities should also be included in the unit timetable

The following general education is available:

- Tuesday afternoon teaching. This is protected time.
- A timetable of educational events in the hospital is given at orientation.
- Wednesday lunchtime Grand rounds.

The following term-specific education is available:

- Monthly clinical review meeting and regular clinical updates every week run by the Geriatric Medicine Department at The Canberra Hospital. Check the education roster as JMOs are expected to do one teaching session in collaboration with a registrar.
- Tuesday morning physician meetings

	<ul style="list-style-type: none"> <li>• Bedside "teaching on the run" is a very important aspect of JMO education and will be based on the people they are treating.</li> <li>• Basic psychiatric assessment and management skills will be taught.</li> </ul>			
<b>During this term prevocational doctors should expect to have opportunity to complete the following EPAs* (Highlight all that apply)</b>	<b>EPA 1</b> Clinical Assessment	<b>EPA 2</b> Recognition and care of the acutely unwell patient	<b>EPA 3</b> Prescribing	<b>EPA 4</b> 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 are 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
0800 Handover	0800 Handover  0800 – 0900 Division of Medicine Clinical Meeting  13.00 MDT Dr Julia Lane  13.00-15.00 Protected Education Program	0800 Handover  12.00-12.45 Grand Rounds	0800 Handover	0800 Handover		

<b>Patient Load</b> Average Per Shift	4 - 7 patient	
<b>Overtime</b>	Rostered overtime hours/week	5.1 Hours
	Unrostered overtime hours/week	Nil unless approved by the Director of Clinical Services Medical
<b>After hours roster</b> Does this term include participation in hospital-wide afterhours roster? If so advise: <ul style="list-style-type: none"> <li>• Frequency of after-hours work, including evenings, nights and weekends (hours/week and weekends/month)</li> <li>• Onsite supervision available after hours</li> </ul> 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.	<b>Rostered hours of work:</b>  <b>PGY 1:</b> <ul style="list-style-type: none"> <li>• Day shifts (0830 -1700)</li> <li>• Surgical evening shifts (1300-2130) <u>Minimum</u> of 5 evening shifts per term</li> <li>• Surgical nights (2100-0730) <u>Minimum</u> of 7 night shifts per term</li> <li>• Surgical weekends (0730-2130) <u>Minimum</u> 2 weekend shifts</li> <li>• Surgical Weekends (0730 -2130) <u>Maximum</u> 2 extra shifts (1 Saturday shift and 1 Sunday shift) on sick relief a term.</li> </ul> <b>PGY 2:</b> <ul style="list-style-type: none"> <li>• Day Shifts Banksia (0830-1700)</li> <li>• Surgical evening shifts (1300-2130) <u>Minimum</u> of 5 evening shifts per term</li> <li>• Surgical nights (2100-0730) <u>Minimum</u> of 7 night shifts per term</li> <li>• Surgical weekends (0730-2130) <u>Minimum</u> of 2 shifts per term + 2 sick relief shifts, 1 Saturday shift and 1 Sunday shift a term.</li> </ul> Ward cover for Surgical and Mental health wards. Attend to patients and jobs as required (handed over from day teams, if contacted by nursing staff). Can contact Medical ward registrar, Surgical registrar or Psychiatric registrar on call depending on advice required.  While participating in afterhours or weekend roster the JMOs will also be caring for the surgical patient in the surgical units. They would help the surgical registrar manage surgical issues and liaise with medical registrar to identify and address medical issues.	

**List Other Relevant Documentation**

 Intern job description  
 RMO job description  
 Scope of Practice