

RUN DESCRIPTION

POSITION:	Psychiatric Registrar - Ngā Rau Rākau Intensive Mental Health Inpatient Unit
DEPARTMENT:	Mental Health and Addiction Service
PLACE OF WORK:	Hawke's Bay Soldiers' Memorial Hospital – Ngā Rau Rākau, adult inpatient unit After hours duties may require attendance at the Emergency Department
RESPONSIBLE TO:	Medical Director and General Manager, through a nominated Supervising Consultant Psychiatrist.
FUNCTIONAL RELATIONSHIPS:	Healthcare consumer, Hospital and community-based healthcare workers
PRIMARY OBJECTIVE:	<ul style="list-style-type: none"> To provide effective and quality psychiatric assessment and treatment to patients receiving treatment in Ngā Rau Rākau under the delegated clinical responsibility of Senior Medical Staff. To work as a member of the Multidisciplinary Team, in collaboration with key workers to provide high quality care.
RUN RECOGNITION:	This run does not qualify for training under the RANZCP programme.
RUN PERIOD:	6 months

Overview of the region and Hawke's Bay DHB

Hawke's Bay is located in the east of the North Island on the Pacific Ocean coast. The region's total land area is around 14,200 square kilometres (1.42 million hectares) and includes the Wairoa District, Central Hawke's Bay District and Chatham Islands.¹

The main cities are located close to each other - Napier on the coast, and Hastings 17 km inland. Smaller towns are Wairoa, Waipawa and Waipukurau and other small settlements are found throughout the region. Approximately 165,000 people live in Hawke's Bay. Māori currently make up around 25% of the Hawke's Bay population and around half of Māori are under the age of 25 years. The Pacific population is relatively small - 3%, but growing. 26% of the population live in areas with the highest deprivation index (Deciles 9 and 10) compared to 20% nationally.²

Hospital services are provided from the Hawke's Bay Soldiers Memorial Hospital (Hawke's Bay Hospital) and rural hospitals/health centres at Wairoa, Napier, Central Hawke's Bay (CHB) and Springhill Treatment Centre. Services include medical, surgical, maternity, paediatric, older persons/rehabilitation, and mental health and addiction services. These inpatient services are

¹ <https://www.hbrc.govt.nz/hawkes-bay/about-our-region/quick-facts/>

² Hawke's Bay DHB Supporting Health Community 2012-2015 Report

supported by a range of diagnostic, support and community-based services. There are two large community teams, as well as a kaupapa Maori mental health service provided by an NGO partner and satellite teams in the smaller population centres. In addition, there are Child, Adolescent and Family, Old Age Psychiatry, Home Based Treatment, Maternal Mental Health, Consultation-Liaison and Emergency Mental Health services

Hawke's Bay DHB's vision is for excellent health services working in partnership to improve the health and well-being of our people and to reduce health inequities within our community. Its organisational values are:

Tauwhito - Delivering high quality care to patients and consumers

Raranga Te Tira - Working together in partnership across the community

He Kauaunuu - Showing respect for each other, our staff, patients and consumers

Akina - Continuously improving everything we do

Overview of Adult Mental Health Services

Mental Health and Addictions treatment is delivered through the Napier and Hastings Community Adult Mental Health and Addiction Services, Opioid substitution treatment service, Home based treatment, Emergency Mental Health Services, Ngā Rau Rākau acute inpatient unit, Springhill Rehabilitation program, Maternal mental health services and Te Ara Manapou Pregnancy and Parenting Service and Consultation Liaison to the general hospital.

A Kaupapa Maori Mental Health Service is provided by an NGO partner.

Mental Health services work closely with primary care and NGO providers to create individual care packages for patients. Specialist services such as forensic mental health care and eating disorders service are provided on a regional basis.

Overview of Nga Rau Rakau Inpatient Unit

Ngā Rau Rākau is a 23-bed general adult acute inpatient facility that provides care to patients requiring admission to an acute psychiatric facility. The unit occasionally accepts, on a case by case basis, adolescents requiring inpatient treatment who are awaiting transfer to an adolescent inpatient unit; and old age psychiatric patients. The treating team comprises 2 consultant psychiatrists, 2 registrars and 2 house officers; mental health nurses, occupational therapists, social workers and a kaitakawaenga. Adolescent patients are managed by the Child and Adolescent Psychiatrists. Old age patients receive input from the Old Age Psychiatrists.

Section 1: Registrar's Responsibilities

<i>Area</i>	<i>Responsibilities</i>
General	<p data-bbox="386 254 695 281">CLINICAL RESPONSIBILITIES</p> <ul data-bbox="386 323 1484 1583" style="list-style-type: none"> • Working under direction and supervision of a senior medical officer undertakes assessments, makes diagnoses and develops treatment and management plans in consultation with patient/ family. • Provides ongoing psychiatric review and management • Clearly documents assessments, risk assessment and treatment plans in accordance with policies and procedures • Participates in MDT meetings and clinical review meetings. Participates in case discussions and contributes to ongoing treatment plans. • Participation in family/whanau meetings. • Providing advice (as appropriate) to other medical and non-medical clinicians. • Provides urgent and crisis assessments. • Actively participates in clinical governance and quality improvement initiatives to improve clinical care provision and standard of clinical practice. • Prescribes treatment (including medications) in accordance with HBDHB policies and national guidelines. • Promotes cooperation and coordination with referring and support agencies to ensure the delivery of best service and care is possible. • Provides consultation and liaison with primary health sector as appropriate. • Participates in other formal continuing education activities locally. • The Registrar in conjunction with the house officer will maintain the clinical record for each patient and oversee the institution of appropriate investigation of all patients under the care of their team... • All entries in the case noted will have a date and time recorded and be legibly signed. The Registrar will inform the designated Consultant of any problems relating to these patients. • The Registrar will ensure that when going off on duty any patient whose condition is unstable or of concern, is notified to the appropriate Registrar at handover. • The Registrar shall assist with consultations from other Specialists and from General practitioners in conjunction with their Consultant. • The Registrar shall attend clinical meetings where required including Case Presentations/Medical meeting, Grand Round and will be expected to contribute as requested by their consultant. <p data-bbox="386 1619 521 1646">TEAM DUTIES</p> <ul data-bbox="386 1688 1484 1955" style="list-style-type: none"> • Registrars are responsible to their supervising Consultant Psychiatrist. • Registrars are required to attend all timetabled and rostered duties punctually. • At the commencement and partway through each 6 month run the registrar must arrange a time to meet with their supervisor, who will advise the registrar of the supervisor's preferences, discuss training, give feedback on progress and agree goals. • Registrars will ensure that referring specialists/GPs are directly contacted regarding significant clinical events of their patients.

Area	Responsibilities
On call duties	<ul style="list-style-type: none"> • Scheduled on the 1st on call roster with other Medical Officers and is responsible to the Consultant 'on-call' for the day. • The Acute registrar is expected to: • Provide clinical assessment, observation, treatment and admission of patients to Ngā Rau Rākau in consultation with the Second on call (On-call consultant psychiatrist). It is expected that registrars assess patients comprehensively. If you are discussing a patient with a Consultant they will assume that you have taken a history and examined a patient yourself, and are not just relaying information from someone else. Please make it clear if you have not seen and examined the patient yourself. • Provide clinical advice and support to the Emergency Mental Health Team with support from second on call. • Follow the Hawkes Bay DHB clinical protocols/guidelines • Communicate with referring doctor regarding assessment and management plans, as appropriate. • Supervise the on-duty medicine House Officers in admissions and management of acute in-patients. • Keep consultant informed. • The Registrar must ensure that all acute admissions are seen promptly. • Undertake Section 8(b) patient assessments under the Mental Health Act, as requested by the Duly Authorised
Administration	<p>Registrars are required to fully document patient care.</p> <ul style="list-style-type: none"> • All patients are to have current records of relevant clinical history, clinical assessment, investigations, treatment plan and documented discharge plan. • Documentation of the Specialist involved in establishing the management plan. • Ensure discharge summaries are completed prior to discharge.

Section 2: Training and Education

There is a minimum of 4 hours per week medical learning, which includes supervision, weekly tutorial, journal club and pathology session.

- Registrar Tutorial occurs fortnightly from 3.30 pm – 4.30 pm. Registrars are asked to select topics to study and present to their registrar colleagues. Consultants and SMO's are on occasion invited to present or observe presentations.
- Journal club occurs on an alternative fortnight from 3pm – 4pm. This is a departmental meeting and registrars share the presentation schedule with Senior Medical officers. Registrars are expected to present 1 -2 times during a 6 month run to this group
- 2 hours of self directed learning on site is provided and needs to be arranged with the supervising consultant to ensure adequate clinical support to the acute unit remains in place.
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Expected topics to be exposed to:

- Organic psychiatry – delirium and dementia
Substance dependence – acute intoxication and withdrawal
- Psychosis – Schizophrenia spectrum disorders
- Mood disorders – Bipolar disorder and depressive disorders
- Anxiety disorders
- Trauma related disorders
- Personality disorders

Supervision:

- 1 hour of individual supervision per week will be provided by the supervising Consultant Psychiatrist

Orientation to service:

- Orientation to the service will be provided by the Clinical Supervisor on the first day of the new Run. Following this, there will be a comprehensive orientation week, to be familiarised with the service personnel.

Administrative Support:

- Administrative support in relation to compliance with the medical council/college's requirements is provided by the Resident Medical Officer Unit.

Medical council NZ registration and Better Practice Advocacy Centre New Zealand

- It is the responsibility of the registrar to maintain their registration with the Medical Council of New Zealand.
- All doctors beyond PGY 2 who are registered and practising in the General scope of practice must participate in the *Inpractice* recertification programme administered by bpac^{nz}.

Section 3: Roster

<i>Roster</i>
<p>Expected Average Hours of Work per Week: Ordinary Hours: Monday- Friday 08h30-17h00</p> <p>Planned Leave It would be greatly appreciated if leave can be applied for with as much notice as possible, preferably before the start of the run and before the roster is written. Notification of whether leave has been approved will be given within 2/52 as per MECA.</p> <p>Unexpected leave If a registrar is unable to attend duties at short notice (eg. due to sickness) the registrar is required, as soon as the situation is apparent, to both:</p> <ul style="list-style-type: none"> • Notify the SMO Administrator – email: SMO Admin_MHAS • Notify the RMO Unit (e-text or email, or otherwise by ringing x5808). <p>Timesheets Electronic timesheets must be authenticated through the Payroll system – PAL\$</p>

Section 4: Performance appraisal

<i>Registrar</i>	<i>Supervising Consultant</i>
<p>The Registrar will:</p> <ul style="list-style-type: none"> • at the outset of the run meet with their designated consultant to discuss goals and expectations for the run, review and assessment times, and one on one teaching time • after any assessment that identifies deficiencies, implement a corrective plan of action in consultation with their Consultant; 	<p>The Supervising Consultant will Conduct a</p> <ul style="list-style-type: none"> • An initial meeting with the Registrar to discuss goals and expectations for the run, review and assessment times, and one on one teaching time. • A 3 month review between the Registrar and the Supervising Consultant • the opportunity to discuss any deficiencies identified during the attachment. The Consultant responsible for the Registrar will bring these to the Registrar's attention, and discuss and implement a plan of action to correct them; • Final review on the Registrar at the end of the run.