POSITION DESCRIPTION – Alfred Mental and Addiction Health Junior Medical Staff

DATE REVISED: January 2020
POSITION: Psychiatry HMO Alfred Mental and Addiction Health
CLINICAL PROGRAM: Psychiatry
DEPARTMENT/UNIT: Alfred Mental and Addiction Health
DIVISION: Operations/ Medical Services
ACCOUNTABLE TO: Unit Head/Director of relevant Unit/ Department; Director Clinical Training
TIME ALLOCATION (HRS/WK): Full time with rostered overtime as per duty roster

ALFRED HEALTH
Alfred Health is the main provider of health services to people living in the inner southeast suburbs of Melbourne and is also a major provider of specialist services to people across Victoria. The health service operates three outstanding facilities, The Alfred, Caulfield, and Sandringham.

Further information about Alfred Health is available at www.alfredhealth.org.au

OUR BELIEFS
Our staff are expected to demonstrate and uphold Alfred Health beliefs, which are:

- Patients are the reason we are here – they are the focus of what we do.
- How we do things is as important as what we do. Respect, support and compassion go hand in hand with knowledge, skills and wisdom. Safety and care of patients and staff are fundamental.
- Excellence is the measure we work to everyday. Through research and education, we set new standards for tomorrow.
- We work together. We all play vital roles in a team that achieves extraordinary results.
- We share ideas and demonstrate behaviours that inspire others to follow.

DEPARTMENT
Details of each Clinical Department are as outlined in the relevant Alfred Health website under “Services and Clinics”.

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POSITION SUMMARY & LEARNING OBJECTIVES

This role is that of a Psychiatry HMO within a specialist unit. This placement is designed to provide appropriate exposure and experience to enable the junior doctor to attain the required skills and knowledge for that term in that discipline. In addition, skills progression should assist the Psychiatry HMO to develop a skill set to potentially seek application into specialist psychiatry training program – The Royal Australian and New Zealand College of Psychiatrists.

Each unit has specific requirements and duties associated with this role, which are provided in the individual unit handbook, available on the Alfred Health intranet at Resources/ HMO Resources. It is most important that the relevant unit handbook be read prior to the commencement of each rotation.

KEY RESPONSIBILITIES

- Take increasing responsibilities for day to day clinical management of unit patients and adequate documentation of their care;
- Implement and monitor management of patients under supervision, incorporating the appropriate testing and investigation;
- Seeking clinical supervision from more senior clinicians (senior medical staff/ registrars) as required and escalation as appropriate;
- Thoroughly and promptly correlate and record in the medical record the relevant patient information in an appropriate and ongoing manner, from the initial assessment, differential diagnosis, investigations, treatment plan and clinical progress;
- Regularly review patient objectives, interpretative, physical and mental status, including the development and communication of a discharge plan from the time of admission;
- Succinctly record the above in the discharge summary at the time of discharge and ensure that it is verified within two working days and that the ward clerk is informed it is ready to be sent to the GP;
- Appropriately liaise with all staff involved in the care of the patient, including communication and referrals necessary for ongoing care post-discharge;
- Foster rapport and good communication using appropriate language, written or verbal, with the patient and other parties as required, including contact with the referring Medical Practitioner;
- Use technology appropriately, with cost benefit and potential patient benefit and complications considered;
- Support patients and their families;
- Fulfil duties as outlined in the “Duty Roster” of the post undertaken;
- As a representative of the Hospital and the Medical Profession, present an appearance and demeanour of professionalism at all times;
- Continually update and extend personal medical knowledge and skills, regularly attend clinical and educational meetings and remain familiar with current medical literature;
- Participate in Division / Departmental / Unit Quality Improvement activities;
- Perform other duties as agreed to and as required on occasions by Medical Workforce Unit in relation to cover of other Psychiatry HMO's due to illness, bereavement or patient transfer.

SUPERVISION

Alfred Health Approach

All junior medical staff at Alfred Health work under supervision. Supervision can be either direct or indirect and MUST be provided by a more senior doctor e.g. consultant, registrar and in some circumstances, a more senior HMO. The nature of the supervision provided will depend on the complexity of the care being delivered and the experience of the junior doctor.
Direct supervision is defined as supervision where the designated supervisor is either present where the care is delivered or is on-campus and available within a few minutes.

Indirect supervision occurs where the designated supervisor is not present but available by telephone for advice and to attend in accordance with Unit and Alfred Health requirements.

The Alfred Health approach should not be confused with the Medical Board of Australia supervision guidelines for limited registration which apply to the registration requirements of international medical graduates (Supervised practice for international medical graduates, January 2016 http://www.medicalboard.gov.au/Registration/International-Medical-Graduates/Supervision.aspx).

SCOPE OF PRACTICE

Scope of practice is the extent of an individual medical practitioner’s approved clinical practice within a particular organisation based on the individual’s credentials, competence, performance and professional suitability and the needs and capability of the organisation.

Interns, PGY2 and PGY3s may work under direct and indirect supervision.

Specific supported job rotations with greater consultant overview in Inpatient, Headspace CCT and Adult Community Clinic, Consultation Liaison Psychiatry

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- Psychiatry HMOs will work under direct consultant or senior psychiatry registrar supervision
- Presentation at Mental Health Tribunals once clinical competency is achieved
- Educational session; Psychiatry HMO’s are invited to attend educational sessions but this is not compulsory
- Psychiatry HMO’s are not on the ECT roster

Clinical responsibilities are consistent with the Australian Curriculum Framework for Junior Doctors (ACF) version 3.1 2012. This is an educational template outlining the learning outcomes required of prevocational doctors, to be achieved through their clinical rotations, education programs and individual learning, in order to promote safe, quality health care. The ACF is built around three learning areas: Clinical Management, Communication and Professionalism. The ACF also includes information around Clinical Problems & Conditions and Skills & Procedures. Further information is available at www.cpmec.org.au/page/acfd-project.

The JDocs framework is also a useful resource in describing the many tasks, skills and behaviours expected of the junior doctor during their prevocational years. Based on the Royal Australasian College of Surgeons nine core competencies, it may be of particular interest for those with an in surgical training.

Core Scope of Practice

This includes

Venepuncture, IV cannulation, Preparation and administration of IV medications, injections and fluids, Arterial puncture in an adult, Blood culture (peripheral), IV infusion including prescription of fluids, IV infusion of blood and blood products, Injection of local anaesthetic to skin, Subcutaneous injections, Intramuscular injections, Performing and interpreting ECGs, Performing and interpreting peak flow, Urethral catheterisation in adult males and females, Airway care including bag mask ventilation with simple adjuncts such as pharyngeal airway, Wide bore NGT insertion, Gynaecological speculum and pelvic examination, Surgical knots and simple suture insertion, Corneal and other superficial foreign body removal, Plaster cast/splint limb immobilisation.

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1 ACSQHC, Standard 1 Governance for Safety & Quality in Health Service Organisations, October 2012
2 ACSQHC, Standard 1 Governance for Safety & Quality in Health Service Organisations, October 2012
PGY2 and PGY3s should ensure that they have undertaken the appropriate training and been deemed proficient prior to undertaking any of the Skills and Procedures listed above. If there is any doubt, PGY2 and PGY3 must only undertake the procedure under direct supervision with the supervisor present.

Advanced Procedures –

- These procedures include joint aspiration; laryngeal mask & ETT placement; complex wound suturing; proctoscopy; lumbar puncture;.
- **Procedures requiring specific credentialing** include: intercostal catheter insertion, fine bore NG tube insertion, central venous line insertion, Biers blocks, as well as specific procedures approved by Heads of Unit for limited operating rights.
- **PGY2 and PGY3s must NOT undertake any advanced procedures without direct supervision and the supervisor present unless they have been specifically authorised by a consultant from the relevant Unit to do so.**

Advanced Skills –

e.g. Apgar score estimation, neonatal and paediatric resuscitation (junior medical staff can commence basic resuscitation until more senior staff attend) secondary trauma survey, papilloedema identification, slit lamp examination, intra ocular pressure estimation.
For neonatal and paediatric resuscitation, junior medical staff can commence basic resuscitation until more senior staff attend PGY3s should ensure that they have undertaken the appropriate training and been deemed proficient when using **advanced skills.**

Advanced life support in adults (eg adult airway management, defibrillation/cardioversion/emergency pacing, use of resuscitation medications and fluids) may be undertaken by trainees in emergency medicine, intensive care, and anaesthetics, who are deemed proficient by their Unit Head.
Other medical staff who have completed approved intermediate/advanced life support training for their discipline may undertake advanced life support with the approval of their Unit Head.

**Please note insertion of fine-bore nasogastric tubes requires specific credentialing at Alfred Health. You must not insert fine-bore nasogastric tubes unless you have been formally credentialed to do so.**

Alfred Health Consultant Notification and Escalation Requirements

Hospital Medical Officers play a pivotal role in informing more senior medical staff (SMS) of important changes in their patients’ conditions. Hospital Medical Officers must adhere to and support the following Alfred Health guidelines:

- Consultant Notification Policy; and
- Escalation of Care –adult patients Guideline;

and must encourage other junior medical staff and nursing staff to escalate concerns appropriately.

QUALITY, SAFETY, RISK and IMPROVEMENT

- Maintain an understanding of individual responsibility for patient safety, quality & risk and contribute to organisational quality and safety initiatives.
- Follow organisational safety, quality & risk policies and guidelines.
- Comply with the Alfred Health principles of Timely Quality Care (TQC).
- Maintain a safe working environment for self, colleagues and members of the public and comply with Alfred Health’s Unacceptable Behaviour in the Workplace policy.
- Escalate concerns regarding safety, quality & risk to appropriate staff member, if unable to rectify yourself.
- Promote and participate in the evaluation and continuous improvement processes.
- Comply with principles of Patient Centred Care.
- Comply with Alfred Health mandatory training and continuing professional development requirements.
- Comply with requirement of National Safety & Quality Health Service Standards and other relevant regulatory requirements.
• Adhere to Alfred Health infection control policies and procedures including Hand Hygiene, aseptic technique and peripheral line guidelines.

OTHER REQUIREMENTS FOR ALL ALFRED HEALTH STAFF:
• Provide interns and PGY2s working in the Unit with appropriate supervision, training and instruction in accordance with Unit requirements and Alfred Health policies.
• Ensure compliance with relevant Alfred Health clinical and administrative policies and guidelines.
• Comply with relevant privacy legislation.
• Protect confidential information from unauthorised disclosure and not use, disclose or copy confidential information except for the purpose of and to the extent necessary to perform your employment duties at Alfred Health.
• Comply with Alfred Health medication management and medication safety policies and guidelines.
• In this position you must comply with the actions set out in the relevant section(s) of the OHS Roles and Responsibilities Guideline.
• Commitment to child safety - Alfred Health has zero tolerance for child abuse and are committed to acting in the best interest of children in our care. We promote cultural safety and participation of Aboriginal children, children of cultural and linguistic diversity and those with disabilities to keep them safe at all times.

QUALIFICATIONS/EXPERIENCE REQUIRED
• Medical graduate;
• Successful completion of at least one post graduate year;
• AHPRA medical registration without conditions, undertakings or reprimands.
• Competencies including
  o Communication
  o Care management
  o Building trust
  o Managing work (includes time management)
  o Decision making
  o Patient relations
  o Contributing to team success
  o Safety intervention
  o Building strategic work relationships
  o Respecting cultural diversity
• Personal qualities
  o Leadership;
  o Innovative ideas;
  o Demonstrates a willingness to learn; evidence of on-going professional development to continually update personal medical knowledge and skills;
• Ability to operate in an environment of change.

OTHER RELEVANT INFORMATION
• Statements included in this position description are intended to reflect in general the duties and responsibilities of this position and are not to be interpreted as being all inclusive;
• Ongoing performance reviews and feedback will be undertaken across the PGY2 and PGY3 years. It is anticipated that a formative and summary assessment will be undertaken during the rotation.
• Mandatory Police Check and Working with Children Check to be completed if appointed.