### A: ACCREDITED PREVOCATIONAL TRAINING PROVIDER NAME:

**WESTMEAD HOSPITAL**

**Training Term Based at:**

If not at above location, please give off site facility name and location:

**Offsite Term?**

Includes affiliated private hospitals, general practices, community-based medical services

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

If yes, Collaborative Agreement to be attached

### B: TERM NAME

**Psychiatry**

**Overview of Unit or Service**

Please outline the role of the unit and range of clinical services provided:

Please outline the patient case mix, acuity and turnover and how acutely ill the patients generally are:

**Term Duration (Weeks)**

10 – 11 Weeks

**HETI Term Identifier Number**

HETI Assigned after accreditation decision

050027

**Date of Accreditation by HETI**

19/11/2008

### C: TERM CATEGORY

Please identify if the term meets the criteria for a core term or if the term is an 'other' term (Please specify) For information on 'core' terms please see last page of this document.

**Medicine**

If other please specify:

**Is the term a PGY1 or a PGY2 term?**

<table>
<thead>
<tr>
<th>PGY1</th>
<th>PGY2</th>
</tr>
</thead>
</table>

Please note that a PGY2 ONLY accredited term MUST not be staffed by a PGY1. Specific accreditation must be sought for a PGY1 term

### D: TERM CAPACITY

Please indicate the term capacity – total number of PGY1s and PGY2 trainees

<table>
<thead>
<tr>
<th>PGY1</th>
<th>PGY2</th>
<th>MAXIMUM NUMBER OF TRAINEES IN TERM</th>
</tr>
</thead>
</table>

NOTE: number of PGY1s + number of PGYs=maximum Capacity
## E: TERM SUPERVISION

| Name, Position and Contact Details of Term Supervisor | Dr. Peter Kelly  
Staff Specialist  
Called via Westmead Hospital Switch Dept. |
|------------------------------------------------------|--------------------------------------------------|
| Responsible for trainee term orientation and assessment | Term Supervisor Contact with Trainee  
Term Supervisor to provide a plan for contact with the pre-vocational trainee/s during the training term |
| General Contact:  
Orientation:  
Mid Term:  
End of Term: | Name, Position and Contact details  
Primary Clinical Supervisor (if not Term Supervisor)  
Consultant or senior medical practitioner with experience in managing patients in the relevant discipline (PGY3+) |
| As above | Position and Contact details  
Immediate Supervisor with direct responsibility for day to day supervision (PGY3+) |

The two Psychogeriatric Consultants supervise the RMO. The registrars work closely with the RMO on a day to day basis. The senior registrar on the ward is also given special responsibility to closely supervise and provide support for the RMO.

- **Psychogeriatric Consultants:**
  - Dr. Bruce Allen
  - Dr. Melissa Bradley

| Name, Position and Contact details | Dr. Bruce Allen  
Dr. Melissa Bradley |
|-----------------------------------|--------------------------------------------------|

## F: SPECIFIC REQUIREMENTS TO PRACTICE SAFELY DURING THE TERM:

This section may include:
- Courses (e.g. life support, resuscitation)
- Procedural skills
- e-Learning requirements

If there are any specific requirements please provide details of how the trainee will receive this training/will be assessed.

- **Nil specific requirements.**
<table>
<thead>
<tr>
<th></th>
<th>Please list top 5 learning opportunities/objectives</th>
</tr>
</thead>
</table>
| 1 | By the completion of this term the JMO may expect to acquire the following knowledge:  
  • be familiar with common psychiatric syndromes.  
  • be familiar with the principles of psychiatric diagnosis and formulation  
  • be familiar with the treatment of common psychiatric syndromes  
  • develop an understanding of the interaction of physical and psychiatric illness  
  • have an understanding of the workings of the Mental Health Act. |
| 2 | By the completion of this term the JMO may expect to gain competency in the following skills:  
  • To be able to take a psychiatric history  
  • To be able to conduct a mental state examination  
  • To participate in multi disciplinary clinical meetings  
  • To present psychiatric histories and examinations |
| 3 | The RMO is expected to attend Medical Grand Rounds.  
  • The rounds conducted on the ward are all teaching rounds and the RMO is expected to attend. If the RMO is acting as the primary psychiatric carer, the RMO will present the patient and discuss current and future management plans.  
  • The RMO is expected to participate in decisions regarding patients’ status under the Mental Health Act and to participate in Magistrate’s and Mental Health Tribunal hearings.  
  • The RMO is expected to attend, and if appropriate, to present at Psychiatry Grand Rounds. He/she is welcome to attend Journal Club.  
  • The RMO is expected to attend the Friday JMO tutorial sessions. |
| 4 |                                                   |
| 5 |                                                   |
# H: EXPECTATIONS OF THE PREVOCATIONAL TRAINEE

**Please list expectations**

The RMO is required to:
- Provide medical cover, under supervision, for the Psychogeriatric Unit (C4b). This would be expected to involve:
  - Participating in the care of medically ill patients
  - Assessing patients on admission and completing appropriate documentation
  - Assist in the appropriate ordering and follow-up of investigations
  - Assist in the co-ordination of consultations with other teams.
  - Participate in the assessment of psychiatric conditions and act as primary psychiatric medical officer for a limited number of patients.
  - Participate in ward rounds and multidisciplinary clinical meetings.
  - Participate in Psycho-Geriatric registrar rounds on C4b
  - Attend outpatient clinics and home visits.
  - Provide relief services for Toxicology.

## Patient Load
*(average per shift)*

<table>
<thead>
<tr>
<th>Patient Load per trainee</th>
<th>Patient load total for team</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>26</td>
</tr>
</tbody>
</table>

## After hours Roster

*Does this term include participation in a hospital-wide afterhours roster and if so please advise frequency and the onsite supervision available after hours*

The JMO participates in the Westmead Hospital evening and weekend ward overtime. Supervision is provided by the following on site staff:
- Medical Registrar
- Surgical Registrar
- Anaesthetic Registrar
- ICU Registrar

JMOs should read "A Guide to Medical Ward After-Hours Shifts at Westmead Hospital" as edited by the Medical Clinical Superintendent.

# I: SIGN OFF

Terms will not be considered unless this section is completed.

**Revision date and by who**

*(Name and Position)*

**Endorsement by Term Supervisor**

*(Name, Date and Signature)*

**Endorsement by GCTC Chair (or representative)**

*(Name, Date and Signature)*

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**HETI OFFICE USE ONLY – Approved by PAC or PAC Member**

**Date**

**Signature/TRIM DOC number of PAC minutes**
## J: TERM / UNIT TIMETABLE AND INDICATIVE DUTY ROSTER

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
</tr>
</thead>
<tbody>
<tr>
<td>0830 start</td>
<td>0830 start</td>
<td>0830 start</td>
<td>0830 start</td>
<td>0830 start</td>
<td>0830 start</td>
<td>0830 start</td>
</tr>
<tr>
<td>0900 C4b Multi Disciplinary Round</td>
<td>0900 C4b Multi Disciplinary Round</td>
<td>1300-1400 Medical Grand Rounds</td>
<td>1300-1400 Psychiatry Grand Rounds</td>
<td>1300-1400 JMO Lectures</td>
<td>1300-1400 JMO Lectures</td>
<td>1300-1400 JMO Lectures</td>
</tr>
</tbody>
</table>

**Important notes about completing this timetable:**

- Please include the start and finish times of the shifts the trainees will be rostered to.
- Please show the activities that the trainee are expected / rostered to attend – these include all educational opportunities (both train facility-wide and term specific), ward rounds, theatre sessions, inpatient time, outpatient clinics, shift handover, morning handover from hospital night team, afternoon handover to hospitals after hours team. Please include approximate time of activities where possible.
- If there are extended shifts or evening shifts as part of the term, please attach four weeks of roster for the whole team. If the term includes evening shifts, please ensure it meets the requirement for evening shifts (refer to accreditation procedure).