

JOB DESCRIPTION

Job Title: ST 1- 3

Speciality: General Adult Psychiatry

Duration of Post: 6 months

Base: Meadowbrook, GMW NHS FT, Salford

Responsible to: Dr Paul Strickland

Working Hours: 48 hours

On-call:

9-5pm

5-9pm

9-9pm weekend day on call

9-9pm night shifts

Duties of the post

- Attendance at ward round and multidisciplinary team meetings
- Review of new inpatient admissions both mental and physical health
- Ensuring documentation of meetings and ward rounds are up to date and ensure any investigations or further management is instigated
- Minimum weekly review of remaining inpatients mental state and progress between ward round reviews
- Attendance at outpatient clinic
- Completion of discharge notifications and summaries
- Supervision and support of junior members of the team
- Ensure communication between different healthcare professionals and organisations is effective
- Participation in ECT rota

On Call

- Assessment of new admissions to the inpatient unit
- Assessment of patients brought into A+E on section 136 from the community
- Provide support and advice to CRISIS or Liason services where needed
- Provide out of hours medical cover for inpatient unit

Clinical Governance

Attendance at weekly case conference

Participation in audit

Teaching

In addition to weekly GP half day release course running on Wednesday mornings there is a weekly case conference during which each team presents a case.

Various psychology courses are available at request.

Ongoing psychiatry interview skills training available

Educational Aspects of the Post

Purpose of the post:

To provide GP trainees with experience in psychiatry in secondary care to inform their practice as general practitioners.

The overall aims will be:-

- Provide exposure to the diagnosis and management of common psychiatric disorders
- Continue to develop 'Good medical Practice' such as teamwork and communication with colleagues which is vital to the management of mental health problems
- Improve understanding of the role of pharmacotherapy in the holistic management of psychiatric disorders
- Inform trainees of the structure and function of mental health services in the area in which they are training and develop and understanding of how these can be affectively accessed

Area of the curriculum to be covered	Where this may be achieved during the post
Knowledge Base Symptoms: <ul style="list-style-type: none">• Tired all the time, insomnia, anxiety, depression, multiple somatic complaints, dizziness, palpitations, paraesthesiae, early signs of possible psychotic illness.	All can be achieved during on call exposure and through daily ward work and ward rounds on in patient unit and through work in outpatient clinics

<p>Common and/or important conditions:</p> <ul style="list-style-type: none"> • depression, eating disorders and anxiety disorders. • ADHD, post-traumatic stress disorder. Alcohol and drug misuse. <p>Treatment:</p> <ul style="list-style-type: none"> • Pharmacology, cognitive behavioural therapy (CBT) and simple behavioural techniques, problem-solving therapy and basis of systemic and strength-focused therapies, self-administered therapy. <p>Emergency care:</p> <ul style="list-style-type: none"> • Threatened or attempted suicide, delirium, psychosis, panic, aggressive or violent patients, drug overdose and alcohol withdrawal. <p>Resources:</p> <ul style="list-style-type: none"> • The family of the patient • Members of the primary healthcare team, receptionist, counsellor, Citizens' Advice Bureau (CAB) worker • Specialist mental health services and non-medical agencies (non-professional, lay or voluntary resources). • When and how the Mental Health Act is used. 	
<p>Person Centered Care</p> <ul style="list-style-type: none"> • Be able to engage with people experiencing mental health problems to be able to elicit a person's unedited story. • Be able to enable people experiencing mental health problems to fully engage in delineating their difficulties and deciding on appropriate interventions. • Be able to describe the special challenges of rapport-building with patients with mental health problems. • Describe the concept of concordance that is particularly important in mental health care: <ul style="list-style-type: none"> ○ be able to present individuals with choices as to which intervention may work best for themselves ○ understand that this ability to choose improves the effectiveness of the 	<p>Can be achieved through contact with patients in both the inpatient and outpatient setting and through on call commitments</p>

<p>intervention.</p> <ul style="list-style-type: none"> Describe the importance of continuity of care for people with mental health problems. 	
<ul style="list-style-type: none"> Have an awareness of people at risk for mental health problems Be able to understand and appreciate the difference between depression and emotional distress Be able to identify mental health problems that are covert or somatised Be able to assess risk/suicidal ideation Be aware of issues about the effectiveness of screening, early identification, watchful waiting and stepped models of intervention. <ul style="list-style-type: none"> Describe how to deal with uncertainty that certain patients produce: frequent attenders, patients who demand drugs, chronic suicidality in borderline personality disorder. 	
<p>A comprehensive approach</p> <ul style="list-style-type: none"> Describe how to deal with the associated physical health problems of people with mental health problems. Describe how to screen and diagnose people with physical illness at risk of mental health problems. 	<p>Achieved through liaison with physical healthcare team and formally through medicines management training day run as part of induction by experienced mental health pharmacists and nursing staff.</p> <p>Achieved through review of medical patients as part of on call commitments</p>
<p>Community orientation</p> <ul style="list-style-type: none"> Describe the extent and implications of stigma and social exclusion. Demonstrate how to work in partnership with other agencies to secure appropriate social interventions for individuals. Describe the importance of avoiding medicalising some mental distresses. 	<p>Can be achieved through attendance at MDT meetings and liaison with social workers and CPN as part of inpatient and outpatient care</p>
<p>A holistic approach</p> <ul style="list-style-type: none"> Describe the impact that social circumstances can have on mental illness and that recovery is contingent on the effective management of those social circumstances: 	<p>Can be achieved through discussion during clinical supervision and through MDT attendance</p>

<ul style="list-style-type: none"> • an understanding of the concept of recovery and the principles of promoting recovery • Understand that a model of mental illness that creates an artificial separation between mind and body is often unhelpful – particularly in understanding psychosomatic complaints, psychological consequences of physical illness and somatisation. • Demonstrate an understanding that mental illness is culturally determined and depends on assumptions that may not be universal. • Demonstrate cultural sensitivity. 	
<p>Contextual aspects</p> <ul style="list-style-type: none"> • Demonstrate sufficient knowledge of the current Mental Health Act to undertake the responsibilities that this requires of GPs. 	<p>Formal training is provided as part of induction and through clinical commitments</p>
<p>Attitudinal aspects</p> <ul style="list-style-type: none"> • Understand the major part that drug companies play in promoting use of psychotropic drugs. • Understand that their own attitudes and feelings are important determinants of how they react to: <ul style="list-style-type: none"> ○ people who self-harm ○ people who misuse drugs or alcohol ○ people who know more about their illnesses than their doctors do ○ people who engender strong emotions in us for many reasons. • Describe the importance of self-awareness issues for the doctor such as family of origin issues and personal prejudices. • Understand the need for GPs to have personal management plans for how they manage their own mental health. • Understand the need for reflective practice. 	<p>Can be achieved through discussion with senior colleagues and attendance at reflective practice groups where available</p>
<p>Psychomotor skills</p> <ul style="list-style-type: none"> <input type="checkbox"/> Mental state assessment. <input type="checkbox"/> Suicide risk assessment. 	<p>Can be achieved throughout the course of the placement</p>

<ul style="list-style-type: none"> Describe when it is appropriate to refer to and collaborate with the specialist mental health services 	

Educational content:

Attendance at GP teaching is encouraged and supported
Continued attendance at weekly teaching based case conference

The Appraisal and Educational Assessment:

Trainees will participate in a formal induction to the trust and also a formal induction meeting with their clinical supervisor. Regular clinical supervision sessions will occur on a weekly basis which will include observation of clinical duties where there will be oppourtunites to complete work based assessments.

Example Timetable:

	AM	PM
MONDAY	Ward Reviews	Ward Reviews/Admin
TUESDAY	Ward Round/MDT	Ward Round/MDT
WEDNESDAY	GP teaching	Case Conference Meeting Ward Round/MDT
THURSDAY	Ward Reviews	Clinic
FRIDAY	Ward Reviews/Admin	Clinical supervision Team Meeting Ward Work