



MENTAL HEALTH

MARCH 2010 VERSION 1.1

NSW Institute of Medical Education and Training
NSW Hospital Skills Program
Mental Health Module Version 1.1
Sydney: NSW IMET 2010

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Acknowledgements

This document is a curriculum of capabilities required of doctors working in NSW Hospitals in the clinical area of Mental Health. It will be a key supporting document for implementing the Hospital Skills Program which aims to improve the safety, efficiency and quality of healthcare in NSW Hospitals.

This document is the version of the HSP Mental Health Module approved by the HSP State Training Council on 28 July 2009. It was prepared by the HSP Mental Health Module Development Working Group, facilitated by Dr Stephen Jurd.

Membership of the Module Development Working Group comprised:

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MENTAL HEALTH

- P4 SECTION 1: Safe Patient Care
- P5 SECTION 2: Patient Assessment
- P6 SECTION 3: Patient Management
- P7 SECTION 4: Emergencies
- P8 SECTION 5: Skills and Procedures
- P10 SECTION 6: Common Mental Health Conditions
- P11 SECTION 7: Communication
- P14 SECTION 8: Professionalism

Background

The Hospital Skills Program (HSP) Mental Health Curriculum is a framework which identifies the capabilities required of doctors working in NSW hospitals with greater than two years of postgraduate experience who are not participating in a specialist vocational training program.

The HSP curriculum has been developed by IMET, on behalf of NSW Health as part of the broader Hospital Skills Program for this group of doctors. The curriculum aims to guide doctors, their employers and educators with regard to training needs, workplace responsibilities and clinical tasks. The HSP Mental Health Curriculum has drawn on existing work in this area (References: 1 – 3).

In particular the framework for the HSP curriculum was developed with reference to the Australian Curriculum Framework for Junior Doctors (ACFJD), prepared by the Confederation of Postgraduate Medical Education Councils (1). The HSP curriculum framework also has a similar structure, comprising Clinical Management, Communication and Professionalism capabilities and identifying common illness problems and conditions which are likely to be dealt with by HSP participants and clinical skills and procedures to be achieved by HSP participants.

This curriculum is one of several curricula that has been developed by IMET to support the HSP.

The HSP Mental Health Module

This document is the version of the Mental Health Curriculum approved by the HSP State Training Council on 28 July 2009. It was prepared by the HSP Mental Health Curriculum Working Group facilitated by Dr Stephen Jurd. An initial draft was distributed for the purpose of obtaining feedback on its accuracy and comprehensiveness and responses were received from 10 individuals and organisations. This document has been prepared with regard to the feedback received. However it is expected as the HSP is implemented there may be further curriculum revision and development work required to ensure that the HSP fulfils its goals in supporting the professional development needs of non-specialist doctors in NSW.

The document outlines the capabilities required of a non specialist doctor to function efficiently and safely within NSW hospitals. It is intended that future versions of the HSP Mental Health Curriculum will also include suggested teaching and learning activities/resources to support the development of doctors' capabilities, as well as suggested assessment strategies and assessment tools to determine HSP participants' achievement of each capability. Where possible suggested teaching and learning activities/ resources and assessment strategies/tools will be made accessible via the IMET Online Learning Centre.

The approved curriculum comprises eight sections:

- Section 1: Safe Patient Care
- Section 2: Patient Assessment
- Section 3: Patient Management
- Section 4: Emergencies
- Section 5: Skills and Procedures
- Section 6: Common Mental Health Conditions
- Section 7: Communication
- Section 8: Professionalism

Across all eight sections, each Mental Health Curriculum capability has been allocated an HSP level. The three levels of the HSP (HSP 1, 2 and 3) reflect the developing knowledge and skills required of increasingly complex clinical management scenarios and increasing workrole responsibility and accountability. Each of the three levels broadly distinguishes doctors in terms of proficiency, experience, and responsibility.

References

1. Australian Curriculum Framework for Junior Doctors, Version 2.1, Confederation of Postgraduate Medical Education Councils, www.cpmec.org.au/curriculum
2. Safety and Quality Council (2005) National Patient Safety Education Framework. The Australian Council for Safety and Quality in Healthcare, Commonwealth of Australia. www.patientsafety.org.au
3. A Hospital Skills Program for Staff Medical Officers (Non-Specialist Medical Staff) of NSW (Blueprint), IMET NSW Institute of Medical Education and Training

The following is a summary of the criteria on which the HSP levels have been determined.

	HSP 1	HSP 2	HSP 3
E	Has limited workplace experience in this discipline.	Has moderate to large workplace experience in this discipline.	Has substantial workplace experience in this discipline.
CP	Reliably recognises familiar situations and key issues. Has a good working knowledge of the management of these. Decision-making is largely bound by protocol. Demonstrates effective clinical decision making and clinical proficiency in defined situations.	Recognises atypical presentations, recognises case specific nuances and their relational significance, thus reliably identifies key issues and risks. Decision-making is increasingly intuitive. Fluent in most procedures and clinical management tasks.	Has an intuitive grasp of a situation as a means of linking his or her understanding of a situation to appropriate action. Able to provide a large repertoire of management options. Has a comprehensive understanding of the hospital service, referral networks and the links to community services.
R	Uses and applies integrated management approach for all cases; consults prior to disposition or definitive management; and arranges senior review of the patient in numerous instances, especially complex or uncommon cases.	Autonomously able to manage simple and common presentations and consults prior to disposition or definitive management for more complex cases.	Works autonomously, consults as required for expert advice and consults admitting team about patients who require admission.
PS	Level 2	Level 2 – 3	Level 3

It is assumed that doctors will practise medicine with the degree of autonomy that is consistent with their level of experience (E), clinical proficiency (CP) and responsibility (R) to ensure patients receive care which is appropriate, effective and safe. The levels are cross referenced with levels described for Patient Safety (PS) competencies in the National Patient Safety Education Framework.

KEY

E	Level of Experience
CP	Clinical Proficiency
R	Responsibility
PS	Patient Safety
SRMO	Senior Resident Medical Officer
CMO	Career Medical Officer

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SECTION 1: Safe Patient Care

- 1.1 Systems
- 1.2 Risk and Prevention
- 1.3 Adverse Events and Near Misses
- 1.4 Public Health
- 1.5 Medication Safety

SECTION 1: Safe Patient Care

1.1 SYSTEMS

- 1.1.1 Manage the complex mental healthcare environment to the advantage of a patient (HSP 2).
- 1.1.2 Make the appropriate use of mechanisms that minimise error e.g. protocols (HSP 1).
- 1.1.3 Actively participate in continuous quality improvement, e.g. clinical audit (HSP 1).

1.2 RISK AND PREVENTION

- 1.2.1 Demonstrate an awareness of risk in the workplace (HSP 1).
- 1.2.2 Identify how personal limitations contribute to risk and error (HSP 2).
- 1.2.3 Identify and report potential risks to patients and staff (HSP 1).

1.3 ADVERSE EVENTS AND NEAR MISSES

- 1.3.1 Document and report adverse events in accordance with local incident reporting systems (HSP 1).
- 1.3.2 Identify and manage adverse events and near misses (HSP 1).
- 1.3.3 Evaluate and respond to the harm caused by errors and system failures (HSP 2).
- 1.3.4 Coordinate staff in the event of an adverse incident (HSP 2).
- 1.3.5 Debrief staff in the event of adverse incidents (e.g. death, suicide) (HSP 3).

1.4 PUBLIC HEALTH

- 1.4.1 Summarise key mental health issues in the community (HSP 1).
- 1.4.2 Advocate on behalf of the community on mental health issues (HSP 3).
- 1.4.3 Inform authorities of 'notifiable diseases', if these are detected (HSP 1).
- 1.4.4 Demonstrate timely and appropriate management of a disease outbreak (HSP 2).

1.5 MEDICATION SAFETY

- 1.5.1 Describe and anticipate risks with particular medications likely to cause psychiatric presentations (HSP 2).

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SECTION 2: Patient Assessment

- 2.1 Patient Identification
- 2.2 History and Examination
- 2.3 Problem Formulation
- 2.4 Investigations
- 2.5 Referral and Consultation

SECTION 2: Patient Assessment

2.1 PATIENT IDENTIFICATION

- 2.1.1 Utilise case notes and other information about the patient to create a safe engagement (HSP 1).

2.2 HISTORY AND EXAMINATION

- 2.2.1 Describe the modes of presentation of the listed problems and conditions (HSP 1).
- 2.2.2 Elicit symptoms and signs within an empathic interview setting (HSP 1).
- 2.2.3 Elicit key information regarding predisposing, precipitating and perpetuating factors (HSP 1).
- 2.2.4 Elicit additional history from relevant family members (HSP 1)

2.3 PROBLEM FORMULATION

- 2.3.1 Demonstrate a biopsychosocial assessment (HSP 1).
- 2.3.2 Document information gained from the biopsychosocial assessment (HSP 1).
- 2.3.3 Regularly re-evaluate the formulation as part of clinical management (HSP 1).
- 2.3.4 List differential diagnoses (HSP 1).

2.4 INVESTIGATIONS

- 2.4.1 Demonstrate sensible safe practice around investigations (HSP 1).
- 2.4.2 Order and interpret investigations appropriately according to diagnosis and treatment (HSP 1).
- 2.4.3 Seek specialist information (e.g. senior CMO or registrar) regarding investigation results as required (HSP 1).

2.5 REFERRAL AND CONSULTATION

- 2.5.1 Where appropriate, refer for consultation a medically ill psychiatric patient (HSP 1).
- 2.5.2 Make appropriate use of the multidisciplinary team (HSP 2).
- 2.5.3 Communicate effectively with consultants (HSP 1).
- 2.5.4 Share information with general practitioners as required (HSP 1).

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SECTION 3: Patient Management

- 3.1 Management Options
- 3.2 Treatments
- 3.3 Long Term Care
- 3.4 Continuity of Care

3.3 LONG TERM CARE

- 3.3.1 Evaluate the outcomes of long term psychiatric care (HSP 2).
- 3.3.2 Describe the usefulness of the recovery model in long term psychiatric illness (HSP 1).
- 3.3.3 Adjust treatment plans allowing for the impacts of resistance and disability in long term psychiatric illness (HSP 2).
- 3.3.4 Identify patients suitable for aged care and rehabilitation programs (HSP 1).
- 3.3.5 Describe the services available to patients outside of the inpatient setting (HSP 1).
- 3.3.6 Evaluate and individualise patient care using a variety of community agencies (HSP 1).
- 3.3.7 Involve family/carers in management (HSP 1).

SECTION 3: Patient Management

3.1 MANAGEMENT OPTIONS

- 3.1.1 Describe the management options for common mental health conditions (listed in Section 6) (HSP 1).
- 3.1.2 Develop, implement and evaluate a plan of management relevant to a patient's biopsychosocial assessment (HSP 2).
- 3.1.3 Cooperatively create complex management plans to suit an individual patient and their situation (HSP 2).

3.2 TREATMENTS

- 3.2.1 Describe the actions, indications, contraindications and adverse effects of medications (HSP 1).
- 3.2.2 Describe the indications and contraindications of psychological treatments and their underpinning theories (HSP 1).
- 3.2.3 Describe the actions, indications, contraindications and adverse effects of electroconvulsive therapy (ECT) and other physical treatments (HSP 1).
- 3.2.4 Integrate the skills of all the professionals involved in the treatment plan (HSP 3).
- 3.2.5 Evaluate the outcomes of each of the components of the treatment plan (HSP 3).

3.4 CONTINUITY OF CARE

- 3.4.1 Implement the elements of effective discharge planning (e.g. least restrictive care, safety, goal-setting, involving other health care providers in the continuity of care) (HSP 1).
- 3.4.2 Follow organisational guidelines to optimise continuity of care (HSP 1).
- 3.4.3 Demonstrate a capacity to use various levels of care and residential support (HSP 2).

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SECTION 4: Emergencies

- 4.1 Assessment
- 4.2 Prioritisation
- 4.3 Legal Issues
- 4.4 Acute Patient Transfer

SECTION 4: Emergencies

4.1 ASSESSMENT

- 4.1.1 Demonstrate the skills required to recognise psychiatric emergencies (HSP 2).
- 4.1.2 Demonstrate the skills required to manage psychiatric emergencies (HSP 2).
- 4.1.3 Recognise psychiatric manifestations of physical illness (HSP 2).

4.2 PRIORITISATION

- 4.2.1 Describe the principles of psychiatric triage (HSP 1).
- 4.2.2 Identify patients who require immediate attention (HSP 2).
- 4.2.3 Identify situations that require restraint (HSP 2).
- 4.2.4 Actively seek timely expert support as appropriate (HSP 1).
- 4.2.5 Justify decisions in order of psychiatric priority (HSP 2).

4.3 LEGAL ISSUES

- 4.3.1 Explain the concept of duty of care (HSP 1).
- 4.3.2 Implement the principles of the Mental Health Act in emergency situations (HSP 1).

4.4 ACUTE PATIENT TRANSFER

- 4.4.1 Identify the risks inherent in patient transfer (HSP 1).
- 4.4.2 Identify and manage factors that need to be addressed prior to transfer (HSP 2).
- 4.4.3 Describe and implement the factors determining the level of care required during transport (HSP 2).

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SECTION 5: Skills and Procedures

- 5.1 General Management
- 5.2 General – Intravenous
- 5.3 General – Respiratory
- 5.4 General – Therapeutics
- 5.5 Assessment
- 5.6 Interventions
- 5.7 General

SECTION 5: Skills and Procedures

5.1 GENERAL MANAGEMENT

- 5.1.1 Perform blood pressure measurement (HSP 1).
- 5.1.2 Perform pulse oximetry reading (HSP 1).
- 5.1.3 Estimate blood sugar (HSP 1).

5.2 GENERAL – INTRAVENOUS

- 5.2.1 Perform a venepuncture (HSP 1).
- 5.2.2 Demonstrate intravenous cannulation technique (HSP 1).
- 5.2.3 Prepare an intravenous infusion (HSP 1).
- 5.2.4 Administer an intravenous drug (HSP 1).
- 5.2.5 Conduct intravenous fluid and electrolyte therapy (HSP 1).

5.3 GENERAL – RESPIRATORY

- 5.3.1 Administer oxygen therapy (HSP 1).
- 5.3.2 Administer nebuliser/inhaler therapy (HSP 1).

5.4 GENERAL – THERAPEUTICS

- 5.4.1 Monitor anticoagulant prescription (HSP 1).
- 5.4.2 Monitor antibiotic prescription (HSP 1).
- 5.4.3 Monitor insulin prescription (HSP 1).
- 5.4.4 Monitor clozapine therapy (HSP 1).
- 5.4.5 Monitor lithium and other mood stabiliser therapy (HSP 1).

5.5 ASSESSMENT

- 5.5.1 Conduct a cognitive examination (HSP 1).
- 5.5.2 Conduct a Mental State Examination (HSP 1).
- 5.5.3 Conduct a suicide risk assessment (HSP 1).
- 5.5.4 Apply the alcohol withdrawal scale (HSP 1).
- 5.5.5 Apply the Health of the Nation Outcome Scale (HoNOS) (HSP 1).

5.6 INTERVENTIONS

- 5.6.1 Apply the Mental Health Act (HSP 1).
- 5.6.2 Apply the Guardianship Act (HSP 1).
- 5.6.3 Conduct psycho-education (HSP 2).
- 5.6.4 Conduct behaviour therapy (HSP 2).
- 5.6.5 Conduct psychodynamic therapy (HSP 2).
- 5.6.6 Conduct time limited therapy e.g. interpersonal psychotherapy (HSP 2).
- 5.6.7 Conduct cognitive therapy (HSP 2).
- 5.6.8 Conduct dialectical behavioural therapy (HSP 2).
- 5.6.9 Conduct group and family therapy (HSP 2).
- 5.6.10 Administer electroconvulsive therapy (HSP 2).
- 5.6.11 Manage aggression in patients (HSP 2).
- 5.6.12 Conduct acute situational crisis counselling as required (HSP 2).
- 5.6.13 Conduct conflict resolution as required (HSP 2).
- 5.6.14 Conduct violence interventions as required (HSP 2).
- 5.6.15 Debrief staff as required (HSP 2).

5.7 GENERAL

- 5.7.1 Comply with the NSW Health Code of Conduct in any interaction with the media (HSP 1).
- 5.7.2 Refer safely and transfer patients who require specialised care (HSP 2).

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SECTION 6: Common Mental Health Conditions

- 6.1 Organic disorders
- 6.2 Anxiety Disorders
- 6.3 Adjustment Disorders
- 6.4 Substance use Disorder
- 6.5 Psychotic Disorders
- 6.6 Mood Disorders
- 6.7 Personality Disorders
- 6.8 Childhood Disorders
- 6.9 Other Disorders

SECTION 6: Common Mental

Health Conditions

6.1 ORGANIC DISORDERS

Including: brain injury, delirium and dementia

6.2 ANXIETY DISORDERS

Including: panic disorder, generalised anxiety disorder, post traumatic stress disorder and obsessive compulsive disorder

6.3 ADJUSTMENT DISORDERS

6.4 SUBSTANCE USE DISORDERS

6.5 PSYCHOTIC DISORDERS

Including: schizophrenia and brief psychotic disorders

6.6 MOOD DISORDERS

Including: bipolar disorder, dysthymia and major depression

6.7 PERSONALITY DISORDERS

Including: suicide and deliberate self harm

6.8 CHILDHOOD DISORDERS

Including: the difficult child, school refusal, encopresis and enuresis, attention deficit disorder and oppositional defiant disorder

6.9 OTHER DISORDERS

Including: sleep disorders, eating disorders, somatoform disorder, factitious disorder and relationship problems.

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SECTION 7: Communication

- 7.1 Patient Interaction
- 7.2 Managing Information
- 7.3 Working in Teams

SECTION 7: Communication

7.1 PATIENT INTERACTION

Context

- 7.1.1 Use the environment to facilitate communication (e.g. privacy, location) (HSP 2).
- 7.1.2 Demonstrate the skills of effective communication (HSP 1).
- 7.1.3 Demonstrate effective communication with difficult or vulnerable patients (HSP 2).

Respect

- 7.1.4 Demonstrate courtesy and respect, displaying awareness and sensitivity for patients and families with diverse backgrounds (HSP 1).
- 7.1.5 Outline the principles of privacy and confidentiality (HSP 1).
- 7.1.6 Provide clear and honest information to patients, carers and families (HSP 2).
- 7.1.7 Involve patients (and carers and families, where appropriate) in treatment choices (HSP 2).

Providing Information

- 7.1.8 Display use of the principles of good communication (e.g. demonstrating active listening and avoiding information overload) (HSP 1).
- 7.1.9 Communicate with patients in a variety of ways (e.g. clear language, diagrams and images) (HSP 1).

Meetings with Families and/or Carers

- 7.1.10 Make positive use of family dynamics in effective communication with family members and carers (HSP 2).
- 7.1.11 Ensure that relevant family members/carers are included as appropriate in meetings, especially during decision-making (HSP 2).

Breaking Bad News

- 7.1.12 Show empathy and compassion (HSP 1).
- 7.1.13 Outline the principles and the impact of grief, loss and bereavement for patients, families and carers (HSP 1).
- 7.1.14 Demonstrate caring communication in breaking bad news to patients, families and carers (HSP 1).

Open Disclosure

- 7.1.15 Outline and implement the principles of open disclosure (HSP 1).
- 7.1.16 Outline and implement the principles of support and care for patients, carers and staff after an adverse event (HSP 1).

Complaints

- 7.1.17 Identify the factors likely to lead to complaints (HSP 1).
- 7.1.18 Identify the factors likely to minimise complaints (HSP 1).
- 7.1.19 Demonstrate an appropriate response to complaints (HSP 1).

7.2 MANAGING INFORMATION

Written

- 7.2.1 Comply with organisational policies regarding timely and accurate documentation.
- 7.2.2 Demonstrate high quality written skills (e.g. legible, concise and informative discharge summaries) (HSP 1).
- 7.2.3 Effectively write documents (e.g. referrals, investigation requests), using appropriate structure and content (HSP 1).

Electronic

- 7.2.4 Contrast the uses and limitations of electronic patient information and decision support systems (HSP 2).

- 7.2.5 Demonstrate effective use of electronic resources in patient care (e.g. to obtain results, discharge summaries, pharmacopoeia) (HSP 1).
- 7.2.6 Comply with policies regarding information technology (e.g. passwords, email and internet) (HSP 1).

Prescribing

- 7.2.7 Accurately communicate prescriptions (HSP 1).
- 7.2.8 Accurately record drug prescription and administration (HSP 1).
- 7.2.9 Effectively use prescribing as an important form of communication within the healthcare team (HSP 1).

Health Records

- 7.2.10 List the benefits of accurate documentation in constructing health records (HSP 1).
- 7.2.11 Comply with the legal and institutional requirements for health records (HSP 1).
- 7.2.12 Contribute and participate in the formation of the health record to provide continuity of patient care (HSP 1).
- 7.2.13 Review medical records for completeness, ensuring they are up to date (HSP 3).

Evidence-Based Practice

- 7.2.14 Implement the principles of evidence-base practice (HSP 1).
- 7.2.15 Use best available evidence in clinical decision making (HSP 1).
- 7.2.16 Critically appraise evidence and information (HSP 1).

Handover

- 7.2.17 Summarise the importance of handover in terms of patient safety and continuity of care (HSP 1).
- 7.2.18 Describe the risks of ineffective handover (HSP 1).
- 7.2.19 Perform an effective handover (e.g. utilising ISBAR) to another healthcare team member (HSP 1).

7.3 WORKING IN TEAMS

Team Structure

- 7.3.1 Identify different types and structure of healthcare teams (e.g. the medical team, the multidisciplinary team) suitable for the care of the patient (HSP 1).
 - 7.3.2 Include patients and carers in the healthcare team where appropriate and if possible (HSP 1).
 - 7.3.3 Provide appropriate leadership within a healthcare team (HSP 2).
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Team Dynamics

- 7.3.4 Identify the characteristics of effective healthcare teams (HSP 1).
 - 7.3.5 Work constructively with others in the healthcare team and resolve conflicts if they arise (HSP 1).
 - 7.3.6 Within the healthcare team demonstrate flexibility and adaptability in responding to changes in the workplace (HSP 1).
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Teams in Action

- 7.3.7 Participate fully in teams across healthcare settings, displaying respect for other team members (HSP 1).
 - 7.3.8 Demonstrate support for the roles and responsibilities of healthcare team members (HSP 1).
 - 7.3.9 Demonstrate the flexibility to adapt to a variety of roles within the healthcare team (HSP 2).
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Case Presentation

- 7.3.10 Outline the elements and principles of an effective case presentation (HSP 1).
- 7.3.11 Perform an effective case presentation to members of the healthcare team, including senior medical staff (HSP 1).

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SECTION 8: Professionalism

- 8.1 Doctor and Safety
- 8.2 Professional Behaviour
- 8.3 Teaching and Learning

SECTION 8: Professionalism

8.1 DOCTOR AND SOCIETY

Access to Healthcare

- 8.1.1 Indicate how psychiatric disability can limit access to healthcare services (HSP 1).
- 8.1.2 Provide culturally appropriate healthcare (HSP 1).
- 8.1.3 Adopt an inclusive and non discriminatory approach to healthcare (HSP 1).

Culture, Society and Healthcare

- 8.1.4 Describe social, economic and political factors in patient illness (HSP 1).
- 8.1.5 Outline the impact of culture, ethnicity and spirituality on health (HSP 1).
- 8.1.6 Identify one's own cultural values that can affect the role of being a doctor (HSP 1).

Indigenous Patients

- 8.1.7 Briefly describe the history and experiences of indigenous Australians and explain how these may affect indigenous patient illness presentation (HSP 1).
- 8.1.8 Demonstrate sensitivity to indigenous Australians' spirituality and relationship to the land (HSP 1).
- 8.1.9 Recognise the diversity of indigenous cultures, experiences and communities (HSP 1).

Medicine and the Law

- 8.1.10 Comply with the legal requirement in patient care (e.g. in implementing provisions of the NSW Mental Health Act) (HSP 1).
- 8.1.11 Complete medico-legal and forensic psychiatry documentation appropriately (HSP 1).
- 8.1.12 Liaise with and report to legal and statutory authorities as required (HSP 1).

Health Promotion

- 8.1.13 Describe environmental and lifestyle risks to health and advocate for healthy environmental and lifestyle choices during encounters with patients (HSP 1).
- 8.1.14 Demonstrate a non-judgemental approach to patients and their lifestyle choices (HSP 1).
- 8.1.15 Contrast the positive and negative aspects of health screening and prevention (HSP 2).

Healthcare Resources

- 8.1.16 Deploy healthcare resources wisely to achieve the best outcomes (HSP 1).
- 8.1.17 Demonstrate behaviour which acknowledges that healthcare is a finite resource (HSP 1).
- 8.1.18 Describe the complexities and potential blocks of gaining healthcare access for psychiatric patients (HSP 2).

8.2 PROFESSIONAL BEHAVIOUR

Professional Responsibility

- 8.2.1 Exercise professional responsibilities relevant to the current work role (HSP 1).
- 8.2.2 Describe elements of reflective professional practice with regard to current personal capabilities (HSP 1).
- 8.2.3 Describe the parameters of individual professional skills (HSP 1).
- 8.2.4 Demonstrate an awareness of boundary issues in therapeutic relationships (HSP 1).

Time Management

- 8.2.5 Explain how time limits affect patient care and hospital function (HSP 2).
- 8.2.5 Prioritise daily workload and multiple demands on time and activities (HSP 2).
- 8.2.7 Demonstrate punctuality in the workplace (HSP 1).
- 8.2.8 Describe how working in multidisciplinary teams impacts on time management (HSP 2).

Personal Well-being

- 8.2.9 Identify the personal health risks of medical practice (e.g. fatigue, stress) (HSP 1).
- 8.2.10 Describe behaviours that will optimise personal health and well-being (HSP 1).
- 8.2.11 Recognise the potential harm to others due to the lack of personal well-being (HSP 1).
- 8.2.12 Describe unhealthy responses to work stress (e.g. substance abuse) (HSP 1).

Ethical Practice

- 8.2.13 Recognise the ethical complexity of medical practice (HSP 1).
- 8.2.14 Summarise professional and ethical codes relevant to medical practice (HSP 1).
- 8.2.15 Demonstrate ethical practice within and outside the workplace (HSP 1).

Practitioner in Difficulty

- 8.2.16 Describe the support services available to practitioners in difficulty (HSP 1).
- 8.2.17 Describe appropriate responses to a practitioner in difficulty (HSP 1).

Doctors as Leaders

- 8.2.18 Describe the variety of leadership roles that may be required as a doctor (HSP 2).
- 8.2.19 Describe and demonstrate the attributes of a good leader (HSP 2).
- 8.2.20 Enact the roles of collaborator and leader in the workplace (HSP 2).

8.3 TEACHING AND LEARNING

Self-Directed Learning

- 8.3.1 Demonstrate a commitment to continuous learning in medicine (HSP 1).
 - 8.3.2 Identify and address personal learning needs (HSP 1).
 - 8.3.3 Describe and apply where relevant common research methodologies (HSP 1).
 - 8.3.4 Summarise levels of evidence with regard to learning in medicine (HSP 2).
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Teaching

- 8.3.5 Identify varied approaches appropriate to different settings of teaching and learning in medicine (HSP 2).
 - 8.3.6 Incorporate teaching into professional practice as required (HSP 2).
 - 8.3.7 Respond appropriately to feedback on teaching in professional practice (HSP 2).
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Supervision

- 8.3.8 Describe the elements of effective supervision (HSP 1).
 - 8.3.9 Participate in personal supervision and respond to feedback (HSP 1).
 - 8.3.10 Provide supervision and feedback to other members of the health care team as required (HSP 2).
 - 8.3.11 Participate in assessment and appraisal as required (HSP 1).
 - 8.3.12 Demonstrate mentorship skills (HSP 3).
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Career Development

- 8.3.13 Describe the career options as a medical practitioner working in the mental health context (HSP 2).
 - 8.3.14 Identify pathways to alternative careers in medicine, if desired (HSP 2).
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