#### PSYCHIATRY -UNIT ROVER for ed trainees

# **1<sup>ST</sup> THINGS FIRST**

We get rotated to Unit 2- Its an acute inpatient Psychiatry ward with patients ranging from age 16 to 25 years old

#### Location

- Go to level 2-At Zuoki Cafe, turn Left & then 1<sup>st</sup> left to the coridoor (same coridoor which leads to Library & go all the way to end, check the signages for Mental Health -Unit 2.
- Get security access

-Our name /security card don't automatically have access to psychiatry wards ,so speak to Unit 2 -NUM -Theresa & send her an email to get it activated

- Send Theresa an email on Theresa. Meiklem@monashhealth.org
- Provide your employee number.
- Provide your security card number (the barcode at the back)

#### **CONTACTS**

### Leave

-Leave requests are managed by the Unit Head Dr Shekhar Srinivasan & Monash Doctors .

# **Emails-**

Dr Shekhar Srinivasan - Shekhar.Srinivasan@monashhealth.org

Dr Shekahar's assistant- Ph:97927510

Workforce- MonashDoctors Operations@monashhealth.org

**Roster requests**-Principal registrar Dr Dishari Sarkar does the roster.

Email - Dishari.Sarkar @monashhealth.org

Principal Registrar - Dishari Sarkar-

She is extremely helpful & very approachable. Just contact her if any issues for swap rostering, leave.

### -Swap

- -Fill a swap form get it signed by the other doctor & submit it to Workforce email as above.
- -Reg group- There is a whatsapp reg group which Disha will invite you to. You can put your swap request in it & other people will help most of the time

#### -Clozapine Access

- -You need special access to clopine central website to prescribe Clozapine & log in Bloods into the website.
- -Email <u>clopinecentral@pfizer.com</u> & they will send you a couple of forms to fill & grant access.

### **Daily routine**

**08:30** -Handover via webex in handover room.

- -Ask Shekhar or Theresa to send you a link to the daily handover
- -Round. file no, nurse, consultant

#### Ward work- 08:30 am to 5 pm.

- -There are 25 patient sin the unit & 5 Junior doctors, so each doctor gets 5 patients. Similarly there are 4 consultants & they distribute patients among themselves.
- -All new patients are seen by the allocated consultant & you join them & document the clinical encounter.
- -Consultants see the patients at least a week but not everyday but you have to see your allocated 5 patients everyday
- -You assess, document, refer, make phone calls all by yourself for your patients.
- -Ask for help if gets too busy, every one is very helpful.
- If you have questions regarding management- Consultants are very approachable, Just text them.

#### Clinical Review

- -Every consultant runs through their patients once a week with the whole team via Webex.
- .Each have allocated times

<u>Discharge planning</u>- Once a week, Tue 12 pm with the ward team & extended team in community checking plan for all patients, expected DC date & DC plan.

#### **ECT**

-You will be rostered to a week of ECT. Nothing different than your usual role. You just start your day a bit earlier at 8 am, you present to day treatment centre near OT, Gastroscopy room. When it finishes, you just resume your daily routine duties.

# On call -1st,2nd,Standby on call

# -It is a misnomer. You are on site except during nights

#### Week days-

1st on call 08:30 to 10 pm

- You work 08:30 to 5 pm in unit2 as usual
- -You stay on floor from 5 pm to 10 pm ,cover all wards & do all new admissions.

2<sup>nd</sup> on call- You stay on floor from 5 pm to 9 om & cover ED

**Night on call**- You are off site but can be called in.

You get a 10 hour period of rest before reporting back next day if you get called in overnight.

## Weekend cover

1st on Call- You cover Unit1, Uit 2, Unit 3 from 08:30 am to 10 pm

- -Review new admissions with consultant admitted overnight
- -Review any sick ones .( You will receive a handover email on Friday about things to do/patients to review for weekend)

2<sup>nd</sup> on Call- You cover from 08:30 to 5 pm CL psych, ED & wellness recovery centre

Night on call-You are off site but can be called in.

You get a 10 hour period of rest before reporting back next day if you get called in overnight.

**Standby on call-** You are the third person to cover in case one of the above calls sick.