Northern Health

Term Description

1. Term details:			
Health Service:	Northern Health	**Term duration:**	Maximum: 13 weeks
Location/Site:	Broadmeadows Hospital	**Clinical experience - Primary**:	C: Acute and critical illness patient care
Parent Health Service:	Northern Health	**Clinical experience - Secondary**:	B: Chronic illness patient care
Speciality/Dept.:	Adult Psychiatry	**Non-clinical experience:**	*(PGY2 only)*
PGY Level:	PGY2	**Prerequisite learning:**	*(if relevant)Psychiatry IPU*
Term Descriptor:	*Broadmeadows Psychiatry IPUs located in the Broadmeadows hospital. It is an adult psychiatry unit with Intensive care areas. The term involves activities including history taking, mental status examination, attending family meetings and medical support for ECT suite. The HMO will also be attending local education and training sessions.*		

2. Learning objectives:		
EPA1: Clinical Assessment	Domain 1	Performs an accurate, appropriate and person centred physical and/or mental state examination.
	Domain 2	Demonstrates professional conduct, honesty and integrity.
	Domain 3	Incorporates psychosocial considerations and stage in illness journey into assessment, acknowledging these factors can influence a patient's experience of illness and healthcare behaviours.
	Domain 4	Demonstrates ability to take mental health history, mental status examination and risk assessment.
EPA2: Recognition and care of the acutely unwell patient	Domain 1	Identifies deteriorating or acutely unwell patients
	Domain 2	Recognises their own limitations and seeks help when required in an appropriate way.
	Domain 3	Recognises the importance of self-determined decision-making, partnership and collaboration in healthcare which is driven by the individual, family and community.
	Domain 4	Observes local service protocols and guidelines on acutely unwell patients
EPA3: Prescribing	Domain 1	Appropriately, safely & accurately prescribes therapies (drugs, fluids, blood products, oxygen), & demonstrates an understanding of the rationale, risks & benefits, contraindications, adverse effects, drug interactions, dosage & routes of administration
	Domain 2	Works collaboratively with the multidisciplinary team, including pharmacists and nursing staff.
	Domain 3	Recognises the importance of self-determined decision-making, partnership and collaboration in healthcare which is driven by the individual, family and community.
	Domain 4	Demonstrates knowledge of clinical pharmacology, including adverse effects and drug interactions, of the drugs they are prescribing.
EPA4: Team communication – documentation, handover and referrals	Domain 1	Produces medical record entries that are timely, accurate, concise and understandable.
	Domain 2	Appropriately prioritises the creation of medical record entries.
	Domain 3	Demonstrates critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism.
	Domain 4	Ensures all outstanding investigations, results or procedures will be followed up by receiving units and clinicians.

3. Outcome statements:

Domain 1: *The prevocational doctor as practitioner*	**Domain 2:** *The prevocational doctor as professional and leader*	**Domain 3:** *The prevocational doctor as a health advocate*	**Domain 4:** *The prevocational doctor as a scientist and scholar*
☒ *1.1 Place the needs and safety at the centre of the care process, working within statutory and regulatory requirements and guidelines. Demonstrate skills including effective handover, graded assertiveness, delegation and escalation, infection control, and adverse event reporting.* ☒ *1.2 Communicate sensitively and effectively with patients, their family and carers, and health professionals, applying the principles of shared decision-making and informed consent.* ☐ *1.3 Demonstrate effective, culturally safe interpersonal skills, empathetic communication, and respect within an ethical framework inclusive of indigenous knowledges of wellbeing and health models to support Aboriginal and Torres Strait Islander patient care* ☐ *1.4 Perform and document patient assessments, incorporating a problem-focused medical history with a relevant physical examination, and generate a valid differential diagnosis and/or summary of the patient's health and other relevant issues* ☐ *1.5 Request and accurately interpret common and relevant investigations using evidence-informed knowledge and principles of sustainability and cost-effectiveness* ☐ *1.6 Safely perform a range of common procedural skills required for work as a PGY1 and PGY2 doctor.* ☐ *1.7 Make evidence-informed management decisions and referrals using principles of shared decision-making with patients, carers and health care team* ☒ *1.8 Prescribe therapies and other products including drugs, fluids, electrolytes, and blood products safely, effectively and economically* ☒ *1.9 Recognise, assess, communicate and escalate as required, and provide immediate management to deteriorating and critically unwell patients.* ☐ *1.10 Appropriately use and adapt to dynamic systems and technology to facilitate practice, including for documentation, communication, information management and supporting decision-making*	☒ *2.1 Demonstrate ethical behaviours and professional values including integrity, compassion, self-awareness, empathy, patient confidentiality and respect for all.* ☐ *2.2 Identify factors and optimise personal wellbeing and professional practice, including responding to fatigue, and recognising and respecting one's own limitations to mitigate risks associated with professional practice.* ☐ *2.3 Demonstrate lifelong learning behaviours and participate in, and contribute to, teaching, supervision and feedback.* ☒ *2.4 Take increasing responsibility for patient care, while recognising the limits of their expertise and involving other professionals as needed to contribute to patient care.* ☒ *2.5 Respect the roles and expertise of healthcare professionals, and learn and work collaboratively as a member of an inter-personal team.* ☐ *2.6 Contribute to safe and supportive work environments, including being aware of professional standards and institutional policies and processes regarding bullying, harassment and discrimination for themselves and others.* ☐ *2.7 Critically evaluate cultural safety and clinical competencies to improve culturally safe practice and create culturally safe environments for Aboriginal and Torres Strait Islander communities. Incorporate into the learning plan strategies to address any identified gaps in knowledge, skills, or behaviours that impact Aboriginal and Torres Strait Islander patient care.* ☒ *2.8 Effectively manage time and workload demands, be punctual, and show ability to prioritise workload to manage patient outcomes and health service functions.*	☐ *3.1 Incorporate disease prevention, relevant health promotion and health surveillance into interactions with individual patients, including screening for common diseases, chronic conditions, and discussions of healthcare behaviours with patients* ☒ *3.2 Apply whole-of-person care principles to clinical practice, including consideration of a patients physical, emotional, social, economic, cultural and spiritual needs and their geographical location, acknowledging that these factors can influence a patient's description of symptoms, presentation of illness, healthcare behaviours and access to health services or resources.* ☐ *3.3 Demonstrate culturally safe practice with ongoing critical reflection of the impact of health practitioner's knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism and discrimination.* ☐ *3.4 Demonstrate knowledge of the systemic and clinician biases in the health system that impact on the service delivery for Aboriginal and Torres Strait Islander peoples. This includes understanding current evidence around systemic racism as a determinant of health and how racism maintains health inequity.* ☐ *3.5 Demonstrate knowledge of the ongoing impact of colonisation, intergenerational trauma and racism on the health and wellbeing of Aboriginal and Torres Strait Islander peoples.* ☒ *3.6 Partner with the patient in their healthcare journey, recognising the importance of interaction with and connection to the broader healthcare system. Where relevant, this should include culturally appropriate communication with caregivers and extended family members while also including and working collaboratively with other health professionals (including Aboriginal Health Workers, practitioners and Liaison Officers).*	☐ *4.1 Consolidate, expand and apply knowledge of the aetiology, pathology, clinical features, natural history and prognosis of common and important presentations in a variety of stages of life and settings.* ☒ *4.2 Access, critically appraise and apply evidence form the medical and scientific literature to clinical and professional practice.* ☐ *4.3 Participate in quality assurance and quality improvement activities such as peer review of performance, clinical audit, risk management, incident reporting and reflective practice.* ☐ *4.4 Demonstrate a knowledge of evidence-informed medicine and models of care that support and advance Aboriginal and Torres Strait Islander health.*

4. Supervision details:

Supervision Role	***Name***	***Position***	***Contact***
DCT/SIT	***Dr Chiu Kang***	Supervisor of HMO Training	Chiu.Kang@nh.org.au

Term Supervisor	***Dr Yang Yun***	Deputy Director of Education and Training	Yang.yun@nh.org.au
Clinical Supervisor (primary)	***Unit registrar***	Registrar	Details will be provided on orientation
Cinical Supervisor (day to day)	***Unit consultant or registrar***	Registrar or consultant	Details will be provided on orientation
EPA Assessors *Health Professional that may assess EPAs*	• Team consultant and registrar • All other consultants and all registrars in the unit • Click or tap here to enter name and role		

Team Structure **- Key Staff**

Name	Role	Contact
Dr Yang Yun	Overseeing the supervision	Yang.yun@nh.org.au
Consultant	Daily supervision	Click or tap here to enter text
Manager	Daily supervision	Click or tap here to enter text
ANUM	Ward manager	Click or tap here to enter text
Allied health staff	Click or tap here to enter text.	Click or tap here to enter text

5. Attachments:	
R-over document	See below
Unit orientation guide	See below
Timetable (sample in appendix)	See below

6. Accreditation details *(PMCV use only)*		
Accreditation body:	Click or tap here to enter text.	
Accreditation status:	Click or tap here to enter text.	
Accreditation ID:	Click or tap here to enter text.	
Number of accredited posts:	PGY1: number	PGY2: number
Accredited dates:	Approved date: date.	Review date: date.

7. Approval		
Reviewed by:	Click or tap here to enter text.	Date:Click or tap to enter a date.
Delegated authority:	Click or tap here to enter text.	Date:Click or tap to enter a date.
Approved by:	Click or tap here to enter text.	Date:Click or tap to enter a date.

Appendix

Timetable example

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	Enter Time	Enter Time	Enter Time	Enter Time	Enter Time	Enter Time	Enter Time

	08:00 – 09:00 handover ICA reviews 09:00-12:00 Ward work	08:00 – 09:00 handover ICA reviews 09:00-12:00 Ward work	08:00 – 09:00 Journal Club 09:00-10:00 handover ICA reviews 10:00-12:00 Ward work	08:00 – 09:00 handover ICA reviews 09:00-12:00 Ward work	08:00 – 09:00 handover ICA reviews 09:00-12:00 Ward work	Click or tap here to enter text.	Click or tap here to enter text.
Afternoon	Enter Time 12:00-17:00 Ward work	Enter Time 13:30-17:00 Ward work	Enter Time 12:00-17:00 Ward work 1400-1500 Team clinical review meeting	Enter Time 12:00-13:00 Junior doctor tutorial in NPU 12:30 – 13:30 HMO Education 13:00-17:00 Ward work	Enter Time 12:00-17:00 Ward work	Enter Time Click or tap here to enter text.	Enter Time Click or tap here to enter text.
Evening	Enter Time Click or tap here to enter text.	Enter Time Click or tap here to enter text.	Enter Time Click or tap here to enter text.	Enter Time Click or tap here to enter text.	Enter Time Click or tap here to enter text.	Enter Time Click or tap here to enter text.	Enter Time Click or tap here to enter text.
Hours	Total	Total	Total	Total	Total	Total	Total

BHS PSYCHIATRY HMO - BIPU	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Sun
HMO 1	0830-1700	0830-1700	0830-1700	0830-1700	0830-1230			0830-1700	0830-1700	0830-1700	0830-1700	0830-1230		
HMO 2	0830-1700	0830-1700	0830-1700	0830-1700	0830-1230			0800-1730	0800-1730	0800-1730				

9. Hospital Orientation

Hospital orientation occurs at the beginning of each term. Attendance is mandatory and paid non-clinical time.
This is separate to the unit orientation. Follow the link for details, password: NorthernDoctors

Location	NCHER Northern Hospital	185 Cooper Street, Epping 3076
Facilitator	Medical Education Unit	Email: MedicalEducationUnit@nh.org.au
Date	First day of each term	
Start	08:00	

10. Unit Orientation	
Unit Orientation occurs at the beginning of each term. Attendance is mandatory and paid time. Orientation that occurs outside of your rostered hours should be submitted as overtime on the overtime reporting portal	
Location	Broadmeadows Adult Psychiatric IPU
Facilitator	Ward Consultant/registrar and NUM
Date	First week of rotation
Start	Returning resident 08:00, New to Northern - After hospital orientation session

11. Unit Overview	
Department	Adult Psychiatric Inpatient unit including Intensive Care Area (ICA)
Location	Broadmeadows Adult Psychiatric IPU
Inpatient Beds	25 beds including 5 ICA
Outpatients Clinics	N/A
Day Procedures	N/A
Virtual Unit	N/A

12. Safety

Unit Specific Safety & Risks
Risk of aggression especially for patients in ICA.
Have ASCOM device on person. First review usually done with another staff member- could be contact nurse, registrar or consultant.
Some patients in ICA may need to be reviewed in the common areas with as much privacy possible, as they may be too acute to be reviewed in the interview room.
Sometimes review done with the presence of security- Called Planned Code Grey
Safe prescribing- patients can be on multiple psychotropic medication, especially in the initial part of admission.
Important to look for side effects- extrapyramidal side effects, sedation, life threatening condition like NMS.

Some patients may be on opioid replacement- buprenorphine/methadone. Discuss with consultant before prescribing.

Falls risk- patients can be on multiple medication, some of which can cause postural hypotension.

Risk of AWOL- discuss with consultant/ registrar if a patient asks for day leave.

13. Communication	
Medtasker	Does JMS use Medtasker in BIPU? Yes
WhatsApp	N/A
Pager	N/A
MS Teams	N/A

14. Handover Process	
Morning	Usually 0830 in doctor's offices with NIC and registrar, consultant.
Afternoon	N/A
Night	N/A

15. Shift Structure			
	Intern	HMO	Registrar
Day	N/A	08:00 start- Finish times vary- see above roster	08:30 start- Finish times vary- see above roster
Afternoon	N/A	No PM shifts	No PM shifts
Night	N/A	No night shifts	No night shifts except on-call
Weekend	N/A	No weekend shift	No weekend shift except on-call

16. Shift Roles & Responsibilities			
	Intern	HMO	Registrar

Day	N/A	Working together with the registrar under the supervision of the consultant. Organise discharge process To review ECT clients	Based on the handover, work out the tasks for the shift and allocate tasks. Working together with consultant psychiatrist for patient care
Afternoon	N/A	N/A	N/A
Night	N/A	N/A	N/A
Weekend	N/A	N/A	Doing oncall duties in the inpatients and provide support to the service

17. Common Conditions

Chronic enduring psychotic illness like Schizophrenia, schizoaffective disorder.
Treatment resistant psychotic illness- patients on clozapine, combination psychotropics.
Psychotic/ mood disorders associated with illicit drug use. Patients with drug induced psychosis could be experiencing withdrawal symptoms also.
Patients with mood disorders: Depression with suicidal ideation, Bipolar affective disorder-Mania. May be admitted for medication optimisation, ECT
Trauma related- PTSD, C-PTSD, BPD
Severe anxiety disorders like OCD
People with personality vulnerabilities presenting in crises
Admission tasks include- Physical examination, initial risk assessment
Managing patients' physical health and allied health needs- liaison with GP, appropriate speciality team at the northern hospital.
Support registrar in preparing MHT report. Explain rights and responsibilities to patient, family with respect to mental health act.
Patient encounters can sometimes be challenging- discussing trauma, working with families, patients history of violence or forensic history. Reach out to a team member for unofficial debriefing. Discuss with supervisor
Work alongside the multidisciplinary team. Eg social worker to organise Centrelink benefits, accommodation.
Should be able to use communication skills- dealing with families, challenging patient scenarios.
Liaising with families to get collateral or discharge planning.
Discharge planning- appropriate referral to GP, community mental health team.

18. Common Procedures

Mental status examination
Risk assessment
Post-ECT medical reviews

19. Clinical Guidelines
The My Favourite Links page on the intranet contains the links to a number of useful clinical guidelines https://intranet.nh.org.au/applications/ ETG- Electronic Therapeutic Guidelines AMH- Australian Medicines Handbook Up to Date PROMPT- This site contains the hospital policy and procedure manuals. It can only be accessed from the intranet - https://intranet.nh.org.au/departments-and-services/prompt-policy-procedures-guidelines/prompt-policies-procedures-and-forms/ PROMPT link for Mental Health Division https://intranet.nh.org.au/departments-and-services/mental-health-services-mhs/

20. Routine Orders	
Pathology	Not all patients need bloods- Patients usually come from ED and may have had investigations there. Review handover or discuss with reg prior to ordering
Radiology	Not done as routine. Patients with first episode psychosis need CT/MRI brain. Discuss with consultant before ordering
Pharmacology	Ward pharmacist are able to assist in queries.

21. IT Programs	
EMR	The EMR is in use for documentation, medication ordering and radiology/pathology requests. It is being used for all inpatients, as well as maternity clinics and pre-anaesthetic clinics. Located in the intranet > My Favourite Links > EMR Live Environment EMR Training courses are located on the LMS- https://mylearning.nh.org.au/login/start.php Training is compulsory; you will need to complete the elearning within the first week of commencing. Please contact medical workforce, or check the EMR website for more information on how to complete EMR training https://emr.nh.org.au/ When starting a new rotation, please reach out to Term Supervisor to ensure you are oriented to the EMR specific workflows for that unit as well. EMR is NOT a primary communication system. Please use Medtasker and phones for referrals and communication.

CPF	The source of information for all outpatients' clinics, investigations, GP referrals and scanned admission notes prior to September 2023. Located in the intranet > My Favourite Links > CPF https://cpf.nh.org.au/udr/
PACS	XERO Viewer Pacs- https://nivimages.ssg.org.au/ or located in My Favourite Links, look for the CXR icon This is where you can find radiology images
My Health Record	Centralised health record https://shrdhipsviewer.prod.services/nhcn
Safe Script	Monitoring system for restricted prescription medications https://www.safescript.vic.gov.au/

22. Documentation	
Admission	Most admissions are from EMH/community mental health services/other TNH ward/other hospitals. Usually there are TDS available from them. Admission doctor also needs to check if there are current medication prescribed and update them if appropriate. Also do a physical exam- document on paper.
Ward Rounds	Use the ward round workflow on EMR
Progress notes	Document other clinical related information such as contacts with family member, discussions with other stakeholders and records of relevant information.
Discharge Summary	Use the discharge workflow on EMR To discuss with ward discharge coordinator for paperwork's needed for the discharge Signing and submitting will send an electronic copy to the GP in EMR
Outpatient Clinics	N/A
Mental Health Tribunal report	To discuss with the registrar in the team for the preparation of the MHT report
Death Certificates	https://www.bdm.vic.gov.au/medical-practitioners
Coroners	https://coronerscourt.vic.gov.au/report-death-or-fire/how-report-death

23. Referrals

Internal	Transfer to BIPU from NH wards are facilitated by Consultation Liaison Psychiatry team of the Mental Health Division. Emergency Mental Health (EMH) bed coordinator will organize the admission to BIPU from ED and community mental health team.
External	External referral to BIPU will be reviewed by EMH bed coordinator.

24. Clinical Deterioration	
Escalation Process	Discuss with consultant/ registrar re next steps. Could be adjusting medication, more frequent observations to assess risk, transfer to ICA, have 1:1 nursing.
PreMet	Resident and registrar review. Also liaise with medicine reg at BHS.
Code	Code Grey is called when ASCOM activated. Clinicians including ANUM, Registrar, consultant converge to the area. Security are also paged.

25. Night Shift Support	
Unit	On call registrar and consultant are available over phone. Registrar can visit ward for reviewing patients if required.
Periop	What's BIPU's cover for medical need? There is a Med Reg on call. Available for phone consults/ can also visits ward if required. If there are specific complaints related to specialities eg renal stones. Renal reg on call for TNH can be contacted.

26. Assessments: PGY1 & PGY2	
All forms are located on the Northern Doctors website under the Assessments tab	
Beginning of Term	Meet with Term Supervisor to set learning goals for the term using the Term Description Learning Objectives as a basis for the discussion
Mid-Term & End of Term	To be completed at the mid and end of term meetings
EPAs	Minimum of x2 EPA assessments to be completed per term

27. Mandatory Training

Mandatory Training is located on the LMS- https://mylearning.nh.org.au/login/start.php
Mandatory training is compulsory and part of your contract with Northern Health and needs to be completed by the first month of your start date. If not completed you will come of the floor to complete.
Hand Hygiene needs to be completed by the end of your first week.
If you have completed the mandatory training elsewhere you may be able to apply for recognition of prior learning

28. Unit Education		
NWAMHS Education Forum	A roster will be sent out in advance. Junior medical staff will be expected to present on a subject of their choosing in accordance with the roster.	Wednesdays 0830 to 0930 Weekly Online via MS Teams
BIPU education	Happens every week. Changes each rotation based on availability of consultant/registrars	Face to face in the doctors' room

29. Unit Meetings		
Morning handover	Happens with ANUM, consultant, registrar every morning- All patients in the team are discussed.	Every day at 8.30AM in nursing station
Clinical review	Challenging presentations are discussed for input from the MDT including consultant, registrar, psychologist, social worker, nursing staff.	Once a week- varies by team

30. Research and Quality Improvement
?

31. Career Support
Discuss with Director of Education and Training – Dr Yang Yun or ward consultant

32. Medical Students on the Unit
MD3: Follow resident and registrar

33. Rostering	
Shift Swap	The doctor initiating the roster swap is responsible for arranging with an appropriate colleague. Once you have arranged a colleague to perform the swap, please email your MWU coordinator and cc in the colleague. All swaps should be kept to within the pay period fortnight where possible. In exceptional circumstances where this cannot be achieved, please discuss with the MWU coordinator prior. All shift swaps should be like hours for like hours. Proposed shift swaps must be emailed to your MWU coordinator for approval.
Unplanned Leave- Notification and documentation process	**Personal Leave documentation required:** For 3 single absences per year, the doctor will not be required to provide any supporting evidence to substantiate their personal leave. For other days absent due to personal illness or injury the doctor is required to provide evidence of illness. To be eligible for payment, the doctor is required to notify the Health Service **<u>two hours</u>** before the start of their shift, or as soon as practicable.
Overtime	All overtime should be submitted into the Overtime Portal This can be accessed via the intranet whilst onsite at Northern Health Please include the reason for your overtime- i.e. ward workload, delayed handover, include UR where relevant.

In hours Monday to Friday 0730 - 1630	Step 1: Medical Workforce Reception 8405 8276	Step 2: Notify unit	Please ensure you notify both MWU & your unit
After hours Monday to Friday Between 1630 – 2200 After hours Monday to Friday Between 2200-0730	Step 1: Between 1630 – 2200 Medical Workforce On-call Phone 0438 201 362 Between 2200-0730 Hospital / After Hours Coordinator (8405 8110 or via switch)	Step 2: Notify unit (at a suitable time)	Please ensure you notify both MWU or After Hours (depending on the time) & your unit at a suitable time.
In hours Weekends & Public Holidays 0700 - 2200	Step 1: Medical Workforce On-call Phone 0438 201 362	Step 2: Notify	Please ensure you notify both MWU & your unit
After hours Weekends & Public Holidays 2200-0700	Step 1: Hospital / After Hours Coordinator (8405 8110 or via switch)	Step 2: Notify unit	Please ensure you notify both MWU & your unit

34. JMO Rover

Tips & Tricks for JMOs

ECT

Review outpatients post ECT on Monday, Wednesday and Friday mornings. The registrars and HMO will rotate through this responsibility (roster on whiteboard in doctor's office).
Roopa is the key contact nurse in ECT.
The ECT team like you to be there by 9am. Depending on the number of patients, you may finish quickly or take all morning. The review is for medical clearance. Suggested:
Orientation: TPP, check if baseline – some of them are just plain lost
S/e: any headaches, dizziness, nausea/vomiting?
O/E: auscultate heart, lungs, feel the abdomen and legs
Neuro: PEARL, nystagmus, rigidity, tremor, grip strength?
Finish your notes off with safe for transfer back to ward/discharge home if that is the case.

TIP: if there are any concerns during ECT, the anesthetist will review them, so most patients come to you stable. If there is something wrong, escalate to anesthetics or your reg.

Mental Health Tribunals

There are mental health tribunals commonly for treatment orders or ECT
You need to fill out the appropriate report template (admin can email) and provide to patient and ward clerks
You will also be provided with tribunal check list which you need to complete at least 3 days prior to the tribunal. You must discuss with the patient: if they want to attend, if they want anyone else to support them, if they need an interpreter (organized through tribunal), if they wish to access legal representation (they must initiate on their own, however phone numbers can be provided), if they wish to access their medical file prior
Try to contact the patient's community mental health team to also attend if they are a long-term patient
Often you will have to present the case alone, you may have the patient with you if they are still an inpatient
If the patient has been discharged recently, they can join via phone (ensure they have the correct phone numbers/booking numbers)
If the patient has been discharged for more than 10 business days, the tribunal should be managed by community mental health team
The office facing the ward clerk desk (near visitor entrance) is used for tribunals. You can "book" the room with the ward clerks (though very rarely used otherwise)
Current technology in the room is unable to facilitate MS Teams meetings (which is the current method for all tribunals), so you must bring a laptop into the room
Admin will email the MS Teams link prior to the tribunal
If the patient wishes to review their file prior to the tribunal, you need to inform the ward clerks who will prepare the appropriate paperwork
The patient is only able to view files that the tribunal can see, if they wish to review their entire file, they must request through FOI and involve the medico-legal team
The patient is only able to review the files with you sitting beside them, they are unable to take any copies with them or take any photos of the file.

35. Document Status

Updated by	Dr Yang Yun	December 2023

Term Description – Handbook – ROVER

Reviewed by	Dr Natina Monteleone	01/02/2024
Next review date		April 2024