

# Foundation Job Description

<b>Foundation School (Delete as appropriate)</b>		<b>Programme No. (eg. L006 OR T102)*:</b>	
Trent		T011	
<b>Year (Delete as appropriate)</b>	<b>Specialty:</b>	<b>Subspecialty (If appropriate):</b>	
F1	General Internal Medicine	Geriatric Medicine	
<b>Site:</b>		<b>Trust:</b>	
QMC Campus		Nottingham University Hospitals NHS Trust	

**Main duties:**

Assessment & management of complex older patients using a problem based approach. Communication with patients & relatives. Communication and working with the wider interdisciplinary team to facilitate the care and discharge of patients from the acute hospital environment. Requesting and reviewing appropriate tests for patients. Assessment and management of acutely unwell patients with appropriate senior support. Keeping accurate and up to date medical records including producing detailed transfer of care documents. Providing high quality education is one of the key objectives of the HCOP specialty. The HCOP department at QMC currently has 21 consultants and 8 specialist trainees covering 7 in-patient wards (B47, B48, C51,C52, C53,C54 and D58). Each ward has 2 or 3 consultants +/- a ST. There are 3 junior doctors on each ward (1 x FY1 and 2 x CT equivalents). All 7 wards have general HCOP patients but B47 is our Medical Mental Health Unit. D57 which is an Acute Admissions ward is also under the HCOP department. Patients admitted to D57 are acutely unwell older patients. B49 is also a HCOP ward, however it is a stepdown ward for medically stable patients awaiting discharge and you may be asked on occasion to support this ward. In addition to general HCOP expertise, all the consultants have subspecialty interests including; orthogeriatrics, osteoporosis, dementia, falls and syncope, movement disorders, community geriatrics, rehabilitation, and incontinence. The department is actively involved in research, having 4 internationally renowned professors and also has 2 consultants with a medical education background. Medical students from the University of Nottingham are attached to the wards throughout the year for both general medical and health care of the elderly attachments.

On call requirements: There is no dedicated on call for HCOP. Foundation trainees take part in the Hospital at Night rota which covers a variety of medical wards at Queens Medical Centre. You will work in a team of foundation trainees, core medical trainees and specialist trainees. Hospital at Night shifts are a mixture of nights (21.30-09.30), weekend days (09.00-17.00) and long days (09.00-22.00) with an average of 10 nights in the 4 months (e.g. one week of nights Monday-Thursday and 2 weekend nights Friday to Sunday).

**Example Timetable**

**For example: W/R (Outpatients), MDT, Meetings, X-Ray Conference etc**

	Mon	Tues	Weds	Thurs	Fri
<b>AM</b>	MDT mtg/Ward round	MDT mtg/Ward round	MDT mtg/Ward round	MDT mtg/Ward round	Jnr led CbD/MDT mtg/Ward round
<b>Lunchtime</b>		F1 teaching	Grand round	Dept teaching	HCOP jnr dr teaching
<b>PM</b>	Ward work	Ward work	Ward work	Ward work	Ward work

**Educational Activities:**

The management of older, frail patients is complex and involves a full interdisciplinary approach. The doctors attached to this post will have ample opportunity to develop their skills in performing comprehensive geriatric assessments in patients with multiple co-morbidities, polypharmacy and functional limitations. The majority of the placement will take place on a base ward but the junior doctor will also take part in the Hospital @ Night on call rota. The acute medical experience will be gained through periods of on call in the evening, at weekends and at night when you will be part of the hospital's acute medical team. You will be supervised in a variety of clinical roles; clerking new patients on the acute medical unit, seeing ward referrals who have become unwell and supporting senior doctors reviewing patients at weekends. During this attachment it should be possible for an enthusiastic trainee to map their experiences to all of the foundation programme competences as all aspects of the syllabus are relevant to this attachment.

One of the medical educationalists takes on the role of lead for the trainees attached to the department. Following generic hospital induction we have a more personalised departmental induction and feedback on the attachment is collected at the end from all juniors in order for us to continually aim to improve the learning experience. There is a weekly departmental meeting and a weekly junior doctor teaching programme has been introduced with very positive feedback. These are in addition to grade specific teaching and the medical directorate weekly grand round.

All juniors are positively encouraged to take an active interest in teaching – there is a scheme in Nottingham where the FY1 doctors have a regular teaching session with senior medical students. There are also opportunities to be involved with governance issues, including audit, and to attend the monthly departmental quality, safety and risk meeting.

The 7 wards work in similar ways as we have recently developed a series of documents entitled “The HCOP Way”. Every morning there is a multi disciplinary meeting on each ward that is nurse led but also has a registrar or consultant in attendance as a senior decision maker. In general each consultant will carry out 2 ward rounds per week although sick and new patients are reviewed daily. Due to regular senior presence on the wards, feedback has shown that there is ample chance for workplace based assessments to be carried out and although we encourage autonomy, we want this to happen in an environment that encourages learning and with adequate senior support. Trainees are released to attend mandatory FY1 teaching and study leave is facilitated.

Generic Learning outcomes you should be able to achieve in this job:

1. Professional Behaviour & Trust: Act professionally; deliver patient centred care and maintain trust; behave in accordance with ethical & legal requirements; keeps practice up to date through learning and teaching; demonstrate engagement in career planning.
2. Communication, team working and Leadership: Communicate clearly in a variety of settings; work effectively as a team member; demonstrate leadership skills.
3. Clinical Care: Recognise, assess and initiate manage the acutely ill patient; recognise, assesses and manage patients with long term conditions; obtain history, perform clinical examination, formulate differential diagnosis and management plans; request relevant investigations and act upon results; prescribe safely; perform procedures safely; trained to and manage cardiac and respiratory arrests; demonstrate understanding of the principles of health promotion and illness prevention; manage palliative and end of life care.
4. Safety and Quality: Recognise and work within limits of personal competence; make patient safety a priority in clinical practice; contribute to quality improvement.

**Other Comments (if appropriate):**

The base wards for HCOP are B47, B48, C51,C52,C53,C54 and D58 (south block) at Queens Medical Centre. A clinical supervisor will be allocated depending on which ward you are attached to.

\*can be found on the Trent/LNR Allocations Spreadsheet

**Disclaimer:**

Please note that the placement information provided is subject to change.