

# Foundation Job Description

<b>Foundation School (Delete as appropriate)</b>		<b>Programme No. (eg. L006 OR T102)*:</b>	
LNR			
<b>Year (Delete as appropriate)</b>	<b>Specialty:</b>	<b>Subspecialty (If appropriate):</b>	
F1	Psychiatry/Geriatric medicine	FOPAL – Old Age Liaison	
<b>Site:</b>		<b>Trust:</b>	
Bradgate Mental Health Unit Glenfield Hospital		University Hospitals of Leicester NHS Trust	

**Main duties:**

The F1 doctor will be based with the Frailty and Older Persons’ Advice and Liaison (FOPAL) Team which is based in the Windsor Building at Leicester Royal Infirmary. This multidisciplinary team provides an old age mental health in-reach function across the whole of the University Hospitals of Leicester NHS Trust although around 80% of activity is concentrated at the Leicester Royal Infirmary. Referrals come mainly from the wards although an important minority come from clinical locations in the acute care pathway (ED, EDU, Acute Medical Unit and Acute Frailty Unit). The case mix seen by this service is varied but the predominant conditions are dementia, delirium and mood disorders occurring in the context of frailty and acute physical illness. Following a period of induction and joint working with other team members, the F1 doctor will have the opportunity to assess new referrals as well as participating in the follow up reviews of complex cases with which the FOPAL team remain involved during their inpatient episode. A prominent feature of the placement will be multidisciplinary team working across traditional service boundaries and the development of working relationship with a large range of other specialties and disciplines. The F1 will, through direct experience and supervision, gain a solid understanding of the issues of consent and mental capacity and the legal frameworks for managing mentally unwell patient without their consent (i.e. MCA and MHA) in an acute hospital setting.

The F1 will start each day with a multidisciplinary meeting for triage of all new referrals and discussion of on-going cases; this will generate jobs for the day. Although ultimately the F1 will have the opportunity to undertake solo clinical work, they will at all times be supported and supervised by the consultant psychiatrists and other senior clinicians in the team. This supervision will be both informal and structured in character and will allow for completion of SLEs as required by the FP curriculum. The F1s will also get the opportunity to see other parts of the old age mental health services such as memory clinics, adult liaison and community mental health teams by way of ‘taster sessions’ up to 1 session per week. There is an opportunity for the F1 doctor to participate in quality improvement projects such as audits. The F1 will form part of a team with nursing staff (2wte Band 7; 3wte Band 6) and consultant psychiatrists (Drs Boyle, Sawhney and Prettyman) and consultant geriatricians. The consultant input, both for psychiatry and geriatric medicine, is sessional with different consultants allocated to particular days of the week. There will usually be a range of other doctors working in the team at any one time which will include sessional input from psychiatry STs, geriatric medicine STs and senior trainees on HEE Fellowship programmes.

By the end of the attachment you will be able to:

- Take a history appropriate for mental health assessment including collateral history
- Perform a mental state examination, and in particular be familiar with the principles of cognitive assessment
- Satisfy requirements of the Foundation Curriculum. The post fulfils and maps to all of the 4 key sections and 18 individual curriculum skills of the Foundation Portfolio including Professional Behaviour, Communication, Clinical Care, Quality and Safety.
- Fulfil workplace based assessments/SLEs
- Fulfil your Intended Learning Objectives for the foundation programme
- Gain exposure to the management of common old age psychiatric conditions and understand the relationship with acute physical health and long term conditions
- Have developed the skills needed to ensure effective communication, attention to confidentiality and consent issues
- Have developed skills of team working, time management and prioritisation

**Example Indicative Timetable**

For example: W/R, MDT, Meetings etc

	Mon	Tues	Weds	Thurs	Fri
<b>AM</b>	09.00 MDT meeting  Clinical work	09.00 MDT meeting  Clinical work Clinical supervision	09.00 MDT meeting  Clinical work	09.00 MDT meeting  Clinical work	09.00 MDT meeting  Clinical work
<b>Lunchtime</b>	Departmental PG meeting (geriatrics)		F1 teaching		LRI Grand Round
<b>PM</b>	Clinical work /clinical taster session	Clinical work	Audit/QI project	Clinical work	Clinical work

**Educational Activities:**

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The F1 will be able to attend their weekly F1 teaching. They can access the Monday lunchtime educational meeting (geriatric medicine) at the LRI (AMU seminar room). They will have 1 hour of clinical supervision from the FOPAL consultants each week. The F1 will be able to access other training within LPT and UHL as appropriate including Rio training, EPMA training, ILS, etc. They will be encouraged to undertake an audit or QI project and consider working this up for a poster at a local or national conference. Taster sessions in other clinical areas of MHSOP and psychiatry more generally will be arranged according to the interest of the trainee.

Generic Learning outcomes you will 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; 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):**

**Disclaimer: Please note that the placement information is subject to change.**