

Foundation School (Delete as appropriate)		Programme No. (eg. L006 OR T102)*:			
Trent		T009			
Year (Delete as appropriate)	Specialty:	Subspecialty (If appropriate):			
F1	Emergency Medicine				
Site:		Trust:			
Queen's Medical Centre		Nottingham University Hospitals NHS Trust			
Main duties:					
<p>This post is based in the Emergency Department at QMC. Our ED sees around 500 patients per day, adults and children, has a consultant present 24/7 and has an inpatient ward, The Lynn Jarrett Unit (LJU) with around 3-10 patients under ED. It is encouraged for the trainee to divide time between all areas of the department including ED inpatients, paediatric ED, minor injuries, the ED theatre, resus department, streaming, initial assessment area, minor illness and the majors area. Priorities in the morning are to review all inpatients admitted under ED to the Lynn Jarrett Unit. There are specific pathways for ED patients who are expected to be discharged within 24-48 hours. The trainees role will be to see all patients, review their admission notes, collate investigations performed with formal results and assist on the twice daily consultant ward round. Administrative tasks such as prescribing and discharge paperwork will follow the ward round. Full supervision from the named ward round consultant will be available and this is seen by the team as a daily teaching opportunity. Both on LJU and on the shop floor skills will expect to be developed around recognising the sick patient, taking a history and examining a patient to formulate a plan of care and perfecting the skills needing to discuss every patient effectively with the attending consultant. Initial management of patients presenting to ED with a variety of injuries and illnesses, investigating causes, history taking, clinical examination and formulating appropriate management plans based on presentation as well as discussion and review of patients under senior supervision. It is recommended for the trainee to maintain a log of patients seen, to spread their time between all areas of the department to ensure a breadth of experience, and to take advantage of such high levels of direct consultant presence 24/7.</p>					
Example Timetable					
For example: W/R (Outpatients), MDT, Meetings, X-Ray Conference etc					
	Mon	Tues	Weds	Thurs	Fri
AM	WR	WR	WR	speciality duties	speciality duties
Lunchtime			ED Education meeting		
PM	ED shop floor 1500hrs WR	ED shop floor 1500hrs WR	Foundation adult and paediatric Training in ED		
Educational activities					
<p>Daily ED handover meetings followed by Consultant delivered ward rounds on LJU daily with the F1. Allocated supervision consultant each afternoon for direct supervision on ED shop floor. An expectation that ALL patients seen in ED by the F1 are reviewed with a consultant (usually) or senior clinical decision maker to guide plans and ensure ongoing learning. A named ED consultant for F1 training will meet on a regular basis to cover key topics of importance in ED. Weekly academic sessions with the opportunity to present a case, and to participate in the discussion of journal articles. Monthly ED M&M sessions, chance to present any work performed. Teaching and supervising medical students. Involvement in audit and the opportunity to undertake small research project if appropriate. Trainees are released to attend mandatory FY1 teaching and study leave is facilitated.</p> <p>Generic Learning outcomes you should be able to achieve in this job:</p> <ol style="list-style-type: none"> 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. 					
*Can be found on the Trent/LNR Allocation Spreadsheet					
Disclaimer: Please note that the placement information provided is subject to change.					