# **Foundation Placement Description**

Foundation School (Delete as appropriate)		Programme No. (eg. L006 OR T102)*:		
Trent		T107		
Year (Delete as appropriate)	Specialty:		Subspecialty (If appropriate):	
F1	Respiratory			
Site:		Trust:		
City Campus/QMC Campus		Nottingham University Hospitals NHS Trust		

### Main duties:

Your main duties will involve care of respiratory inpatients. You will encounter a broad range of respiratory and general medicine. As NUH is a teaching hospital, you are likely to see a proportion of more specialist cases that you may not see in a district general hospital. In return for your hard work, you can expect daily senior (consultant or registrar) input to the ward and feedback and teaching on your day-to-day activities and RAU clerkings. You can anticipate an enjoyable and educational time in respiratory medicine.

You will be expected to:

- Know your patients
- Be able to highlight to seniors where senior input into decision making is needed.
- · Co-ordinate your patients' care by:
- □ arranging and chasing up results of investigations, as directed by seniors
- liaising with allied health professionals to coordinate patient care and discharge planning
- □ keep patients and carers informed about developments in the patient's condition and management
- □ conduct ward rounds of respiratory inpatients under your care, alongside your junior colleagues, on days where there is no consultant or registrar ward round.
- Ask when you are unsure
- · Assist the Nurse Specialists in the clerking and initial management of RAU patients, and present to the on call consultant
- · Apply the principles of Good Medical Practice to your day-to-day work

On call requirements: There is no dedicated on call for Respiratory Medicine. Foundation trainees take part in the Hospital at Night rota which covers a variety of medical wards at Nottingham City Hospital. 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). You may do one of your blocks of Hospital at Night Long Nights at Queens Medical Centre. FY1s will also have a block of day shifts on the specialist receiving unit. The F1s will be supported by a core trainee during their time on the receiving unit.

## **Example Timetable**

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

	Mon	Tues	Weds	Thurs	Fri
AM	Consultant ward round	See new ward patients/Junior ward round	SpR ward round	see new RAU patients/Junior ward round	Consultant ward round
Lunchtime	Dept meeting	Grand round		F1 weekly teaching	X-ray meeting
PM	ward work	ward work	ward work	ward work	ward work

## **Educational Activities:**

There is a weekly teaching programme in respiratory-specific topics for junior doctors.

There are opportunities to attend specialist clinics, various subspecialty MDTs (eg lung cancer, interstitial lung disease, TB, CF) as well as diagnostic and interventional bronchoscopy and thoracoscopy lists. Trainees are released to attend mandatory FY1 teaching and study leave is facilitated. There are opportunities to participate in quality improvement and patient safety activities.

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):

Respiratory medicine on the City campus is a large department with eleven NHS consultants (ten whole time equivalent) and eight academic consultants (each with 50% NHS commitments). The service supports a number of subspecialties, including asthma, COPD, bronchiectasis, cystic fibrosis, interstitial lung disease, lung cancer, tuberculosis and sleep medicine.

We have five respiratory wards, Southwell (28 beds, male), Fleming (31 beds, female), Berman 2 (12 beds, mixed), RAU (20 beds, mixed) and the CF unit (12 - 16 beds, mixed). The wards are staffed by 20 junior doctors (six CT trainees, two GPVTS trainees, three FY2s and nine FY1s), who work in three teams across the three main base wards. Juniors are also allocated time to RAU (all doctors) and CF unit (4 doctors in each rotation). Juniors and consultants are supported by four respiratory registrars.

The respiratory service, including RAU, is supported by a 24/7 respiratory consultant on call rota.

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

### Disclaimer:

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