# **Foundation Job Description**

| Foundation School (Delete as appropriate) |                   | Programme No. (eg. L006 OR T102)*:        |                                |  |
|---|-------------------|---|--------------------------------|--|
| Trent                                     |                   | T024                                      |                                |  |
| Year (Delete as appropriate)              | Specialty:        |   | Subspecialty (If appropriate): |  |
| F1  | Clinical Oncology |   |                                |  |
| Site:                                     |                   | Trust:                                    |                                |  |
| Nottingham City Hospital                  |                   | Nottingham University Hospitals NHS Trust |                                |  |

### Main duties:

Duties will be based on one of the 3 oncology wards at City campus - Fraser ward, Hogarth ward or Gervis Pearson ward. You will work within a ward-based team of junior doctors with a mix of F1, F2 and CT1/2 on the ward and will be responsible for the day-to-care of oncology inpatients covering the broad range of subspecialities. The medical staff work within a multidisciplinary team included ward-based nursing staff, clinical nurse specialists, palliative care team, physio, OT and nutrician and dietetics. The working day starts with a board-round attended by members of the multidisciplinary team and led by one of the oncology specialist trainees (SPR). This will be followed by a ward round led by the juniors, but specialist trainees and consultants will lead ward rounds of their own patients throughout the week. Each patient will have a named consultant, and that consultant's SpR will be a first point of call for advice and assistance relating to their patients. Ward duties will include daily review of the inpatients with escalation to senior staff as required, good medical documentation and notekeeping, requesting of investigations and follow-up of results as required, liason with other members of the multidisciplinary team and with other specialties as required, completion of discharge summaries and TTO's. There may be direct admissions to the ward who will need clerking although most patients are admitted via the specialist receiving unit and will have been clerked and have an initial management plan on arrival to the ward. During the attachment the junior doctor will gain experience in the management of the symptoms of cancer such as pain and breathlessness, complications of cancer treatment such as neutropenic sepsis and nausea and vomiting as well as many aspects of general medical management such as infection, diabetes and blood pressure control. Although duties are ward-based, junior doctors are encouraged to attend chemotherapy and radiotherapy clinics to get better understanding of these specialist treatments although this is not a requirement of the job. There will be ample opportunity to fulfil the requirements of the F1 curriculum while working in oncology. Each junior doctor is allocated an SpR 'buddy' who is a source of help and advice and support throught the job and each junior doctor will have a named consultant clinical supervisor and educational supervisor allocated to them.

On call requirements: There is no dedicated on call for Clinical Oncology. 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.

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

|           | Mon                       | Tues                         | Weds      | Thurs       | Fri                          |
|-----------|---------------------------|------------------------------|-----------|-------------|------------------------------|
| АМ        | Board round and ward work | Board round and ward<br>work |           |             | Board round and ward<br>work |
| Lunchtime | SpR teaching              |                              |           | F1 teaching |                              |
| PM        | ward work                 | ward work                    | ward work | ward work   | ward work                    |

#### **Educational Activities:**

In addition to the Board rounds and senior ward rounds there is a departmental education meeting every Thursday morning. A range of speakers are invited and breakfast is usually provided. Once a month the departmental education meeting is replaced by the Morbidity and mortality (M and M) meeting which junior doctors are encouraged to attend and can be very educational. One of the oncology SpR's conducts a weekly teaching session, currently on a Monday lunchtime. The programme covers oncological emergencies and many aspects of cancer management. 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):

There will be an oncology-specific induction at the start of the attachment and this is in addition to the Trust induction