

Foundation Job Description

Foundation School (Delete as appropriate)		Programme No. (eg. L006 OR T102)*:			
Trent		T066			
Year (Delete as appropriate)	Specialty:	Subspecialty (If appropriate):			
F2	Geriatric Medicine				
Site:		Trust:			
Queen's Medical Centre		Nottingham University Hospital NHS Trust			
Main duties:					
<p>Assessment & management of complex older patients using a problem based approach</p> <p>Communication with patients & relatives</p> <p>Communication and working with the wider interdisciplinary team to facilitate the care and discharge of patients from the acute hospital environment</p> <p>Requesting and reviewing appropriate tests for patients</p> <p>Assessment and management of acutely unwell patients with appropriate senior support</p> <p>Keeping accurate and up to date medical records including producing detailed transfer of care documents</p> <p>Contribution to the acute medicine on call service</p>					
Example Timetable					
For example: W/R (Outpatients), MDT, Meetings, X-Ray Conference etc					
	Mon	Tues	Weds	Thurs	Fri
AM					
Lunchtime			Medical Grand Round	HCOP Department Meeting	HCOP Educational Session
PM					
Educational Activities:					
<p>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 acute medical 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.</p> <p>One of the consultant medical educators 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 more recently a weekly junior doctor teaching programme has been introduced with very positive feedback. There are plans to introduce a weekly case based discussion forum to aid with completion of workplace based assessments. These are in addition to grade specific teaching and the medical directorate weekly grand round.</p> <p>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.</p> <p>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</p>					
Other Comments (if appropriate):					