Foundation Job Description

Foundation School (Delete as appropriate)			Programme No. (eg. L006 OR T102)*:		
Trent			T067/T075		
		Specialty:		Subspecialty (If a	ppropriate):
F2	C	Geriatric Medicine			
Site:			Trust:		
Queen's Medical Centre			Nottingham University Hospitals NHS Trust		
Main duties:					
Communication Communication environment. Requesting and Assessment and Keeping accura	with patients and relative and working with the wide reviewing appropriate tes d management of acutely	er interdisciplinary team to fa sts for patients. unwell patients with approp records including producing	acilitate the care and discl		e acute hospital
Example Timetable					
For example: W/R (Outpatients), MDT, Meetings, X-Ray Conference etc					
	Mon	Tues	Weds	Thurs	Fri
AM					
Lunchtime			Medical Grand Round	HCOP Departmental Meeting	HCOP educational session
PM					
Educational Activities: 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 supporting senior doctors reviewing patients at weekends. During 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 competencies as all aspects of the syllaubs are relevant to this attachment. One of the consultant medical educators takes on the role 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 department 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 also opportunities to be involved with governance issues, including audit and to attend the monthly departmental quality, safety and risk meeting. 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 a					
Other Comments (if appropriate):					
The base wards for Geriatric Medicine are B47, B48, B49 and C52 (south block) and F19 and F20 (west block) at QMC.					