

# Foundation Placement Description

<b>Foundation School (Delete as appropriate)</b>		<b>Programme No. (eg. L006 OR T102)*:</b>			
Trent		T072			
<b>Year (Delete as appropriate)</b>		<b>Specialty:</b>		<b>Subspecialty (If appropriate):</b>	
F1		Clinical Oncology			
<b>Site:</b>			<b>Trust:</b>		
Lincoln County Hospital			United Lincolnshire Hospitals NHS Trust		
<b>Main duties:</b>					
<p>F1 role is to provide cover for both Oncology and Haematology teams based on the ward. Haematology - Attendance on ward rounds either Consultant and junior led, completion of ward tasks e.g. referral to other specialties, drug charts, venepuncture, peripheral cannula insertion, catheterisation, (lumbar puncture, pleural aspiration etc. if the opportunity arises) Clerking of new admissions e.g. emergency admissions for neutropenic sepsis, new haematological diagnoses or elective admissions for chemotherapy. Adhoc review of patients on Ingham chemotherapy suite or Medical Day Unit. Presenting these patients to a senior for review. Attendance at clinic to see new patients and present them to the Consultant. Attendance at teaching sessions both core and those provided by Haematology. Using the training opportunity in Haematology to complete areas of their eportfolio. (The department will also be happy to support an audit project during this attachment.) On call requirement on MEAU, clerking patients, formulating an initial management plan and presenting them to the on call Consultant/Registrar for review. Oncology - Attendance on ward round, completion of general ward task, opportunity to preform procedures such as ascitic/pleural tap or drain should the opportunity arise. Deal with management of acute oncological emergencies including spinal cord compression, tumour lysis syndrome and neutropenic sepsis. Motivated individuals can attend clinic when the ward is quiet. All consultants and speciality trainees are approachable and would be able to facilitate extra teaching or support with audits. When on-call cover, the F1 will provide cover to medical wards with both weekday and weekend shifts.</p>					
<b>Example Timetable</b>					
<b>For example: W/R (Outpatients), MDT, Meetings, X-Ray Conference etc</b>					
	<b>Mon</b>	<b>Tues</b>	<b>Weds</b>	<b>Thurs</b>	<b>Fri</b>
<b>AM</b>	0900 Prep for the WR, 0930 Consultant WR (haematology)	0900 ST WR and tasks	0900 ST WR and tasks/attendance at clinic	0900 CT2 WR and tasks/attendance at clinic. (once a month attendance at clinical governance)	0900 Prep for the WR 0930 Consultant teaching WR-junior doctors to present patients (haematology)
<b>Lunchtime</b>	1230-1400 Medical Postgraduate Meeting	12.00 – 14.00 F1 Mandatory teaching		1400 Haematology teaching (see below)	1200-1300 Haematology Journal Club
<b>PM</b>	1400 Consultant WR and completion of tasks formulated on WR	1400 Clerking admissions/ Reviews /Tasks on the Ward	1400 Clerking admissions/Reviews/ Tasks on the ward	1400 Clerking admissions/Reviews/ Tasks on the ward	1400 Clerking admissions/Reviews/ Tasks on the ward
<b>Educational Activities:</b>					
<p>Mon 1230 Medical Grand Round, Tues 1200-1400 F1 Mandatory Teaching, Weds/Thurs am teaching via attendance at clinic, Thurs 1400 Haematology Teaching F1/F2/CT2 (see below for topics covered) Fri 0930 Consultant Teaching Ward Round Fri 1200 Haematology Journal Club, Adhoc teaching of Liaison Haematology with ST/Consultant (Attendance at department Clinical Governance meetings will also be useful)</p>					
<b>Other Comments (if appropriate):</b>					
<p>Topics covered in Haematology Teaching: Neutropenic sepsis, Anaemia (Iron/B12/Folate deficiency), Haemolysis, Aspects of Transfusion, Multiple Myeloma-presentation and investigation, Lymphoma-presentation and investigation, Myeloproliferative disorders-presentation and investigation, Bleeding disorders, Novel anticoagulants, Sickle Cell disease/Thalassaemia, Haematological Aspects of Chronic Disease investigation and management, Thrombocytopenia including DIC-investigation and management, Spinal Cord Compression, Tumour Lysis Syndrome, Management of Hypercalcaemia, Laboratory/Blood bank session</p>					
<p><b>Disclaimer: Please note that the placement information is subject to change.</b></p>					