

# Foundation Job Description

|  |                                       |   |             |              |            |
|--|---------------------------------------|---|-------------|--------------|------------|
| <b>Foundation School (Delete as appropriate)</b>   |                                       | <b>Programme No. (eg. L006 OR T102)*:</b> |             |              |            |
| Trent  |                                       | T107                                      |             |              |            |
| <b>Year (Delete as appropriate)</b>  | <b>Specialty:</b>                     | <b>Subspecialty (If appropriate):</b>     |             |              |            |
| F1   | Anaesthesia (peri-operative medicine) |   |             |              |            |
| <b>Site:</b>   |                                       | <b>Trust:</b>                             |             |              |            |
| Nottingham City Hospital   |                                       | Nottingham University Hospitals NHS Trust |             |              |            |
| <b>Main duties:</b>  |                                       |   |             |              |            |
| <p>Peri-operative care of patients - including pre-operative assessment, anaesthetic management in theatre, postoperative pain management and intensive care management.</p> <p>1. Some time would be spent working in the Edward unit (general) and Lister (orthopaedic) pre-op clinics, to learn how to take a pre-op clerking and optimise patients for surgery. Work alongside the pre-operative nurses in both these clinics with input and support from the 10 consultant anaesthetists who between them cover the clinics. Hopefully during this time learn how to take a relevant history, order investigations and then follow up all the investigations and work out what further tests, interventions may be required.</p> <p>2. A Small amount of time would also be spent in theatre under supervision of consultant anaesthetist, learning cannulation and airway skills as well as running through fluids, giving antibiotics and immediate post-operative care in the recovery unit.</p> <p>3. Time would be spent working with the acute pain team, attending ward rounds, learning simple as well as complex postoperative pain management strategies which would then help have a better understanding of the post-operative patient and their requirements. This acute pain team is run by nurses but with daily sessional anaesthetic consultant input. By the end of the attachment should have good knowledge of PCA, Epidurals, Paravertebrals, nerve catheters, as well as the ability to prescribe appropriate oral analgesia following a pain pathway.</p> <p>4. One month would be spent on Intensive Care.</p> <p>On call requirements: There is no dedicated on call for Anaesthesia. 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.</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>  | Pre-op clinic                         | Acute pain team ward                      | Theatre     | Preop clinic |            |
| <b>Lunchtime</b>   |                                       |   |             |              |            |
| <b>PM</b>  | Pre-op clinic                         | Acute pain team ward                      | Theatre     | Preop clinic |            |
| <b>Educational Activities:</b>   |                                       |   |             |              |            |
| <p>By the end of this job, you will have a good overview of anaesthesia - from assessing patients preoperatively, to management in theatre and finally to management postoperatively on the ward (analgesia) and in intensive care. 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.</p> <p>Generic Learning outcomes you should be able to achieve in this job:</p> <p>1. Professional Behaviour &amp; Trust: Act professionally; deliver patient centred care and maintain trust; behave in accordance with ethical &amp; legal requirements; keeps practice up to date through learning and teaching; demonstrate engagement in career planning.</p> <p>2. Communication, team working and Leadership: Communicate clearly in a variety of settings; work effectively as a team member; demonstrate leadership skills.</p> <p>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.</p> <p>4. Safety and Quality: Recognise and work within limits of personal competence; make patient safety a priority in clinical practice; contribute to quality improvement.</p>  |                                       |   |             |              |            |
| <b>Other Comments (if appropriate):</b>  |                                       |   |             |              |            |
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