

### Trainee Job Description

<b>Job Title</b>	FOUNDATION YEAR 2 TRAINEE DOCTOR IN PSYCHIATRY (FY2)				
<b>Educational Supervisor</b>	Dr Judith Ngowi				
<b>Hospital Address</b>	Hurstwood Ward Victoria Wing Burnley General Hospital  Hurstwood Ward is moving to HillView Royal Blackburn Hospital on 20/12/2016				
<b>Trust</b>	LANCASHIRE CARE NHS FOUNDATION TRUST				
<b>Speciality</b>	<b>OLDER ADULT PSYCHIATRY</b>	<b>Sub Speciality</b>	N/A		
<b>Year of Trainee (Delete those N/A)</b>		<b>2</b>			

### Description of Placement

Older Adult Inpatient Unit – Hurstwood Ward . It is a mixed ward (male and female and consists of 18 beds. The unit serves patients over 65 with functional illnesses; psychotic and affective illnesses, personality disorders. It also caters for patients with mild to moderate organic problems (Delirium, Dementia, Parkinson’s Disease and Lewy Body Dementia).

The ward has 2-Consultant; 1-Consultant covers the inpatients (7 patients) and currently holds the role of DMD/CCIO for 2 ½ sessions The other Consultant has 11 patients and has 2 sessions with the Hospital Liaison Team which covers Royal Blackburn Hospital, and the 4-Community Hospitals within East Lancashire.

We also have GP CT trainees and core trainees in psychiatry in addition to the Trust Doctor and the FY1 Trainee.

We have a Psychologist attached to the ward and the MDT consists of Occupational Therapists, and the medical and nursing teams.

### Roles and Responsibilities of the Trainee

#### Good clinical Care

I expect the trainees to treat patients as the ‘centre of care’ within any consultation. This being a ward which admits very vulnerable and frail older patients; trainees are expected to be able to prioritise patients’ needs, treat them with respect, dignity and privacy. They are encouraged to give them autonomy and confidentiality.

Clinical work includes spending 1:1 time with patients as well as routine jobs such as arranging investigations, writing discharge summaries. FY2 doctors are expected to present in MDT reviews and weekly huddles. Attend patient CPA Meetings (Care Plan Approach) and also to give feedback of patients’ progress in the ward. FY2 is expected to participate as part of the team including the visiting GP to manage physical health issues and refer to other secondary care teams for more complex problems. They are also expected to give a handover every evening before they leave the ward and also in the morning.

Trainees will also be expected to recognise when patients safety is at risk and be able to inform the team to order to address how to reduce any risk posed to the patients.

The trainees are constantly supervised and encouraged to seek any advice or help from their Clinical Supervisor and there are ample learning opportunities with a significant amount of time spent with the Consultant.

Trainees are also supported by the core trainees (GP, psychiatry core trainee & also the Trust doctor who is attached to the ward).

### **Maintaining Good Medical Practice**

Trainees are expected to develop good communication skills with the patients; team members and relative effectively in relation to patient's needs.

Trainees during their induction course are taught how to use the ECR and encouraged to record any contacts with the patients, clinical discussions and also record as a 'note' if there has been any discussion with a relative, or any team member.

Trainees are also encouraged to complete a discharge summary and transfer letters in a timely manner.

### **Relationship with patients and communication**

The doctor will have abundant opportunity to interact with acutely unwell patients and their families. He/she will have the opportunity to observe clinical interviews with the patients and their families conducted by the clinical supervisor and learn on a regular basis. The doctor's communication skills and interactions are also supervised. He/she will also have opportunities to learn about these issues in the local teaching session.

### **Working with colleagues**

Trainees are encouraged to constantly interact with their colleagues within the ward and also within the unit itself. They have also to cover each other during leave and absences; they are encouraged to work within a MDT setting and also respect other team members and contribute in any discussion.

As part of their appraisal they are encouraged to request formal feedback from the team.

### **Teaching and Training**

The doctor is expected to attend the FY2 training on Tuesday afternoons and the local academic teaching programme in psychiatry on Wednesday afternoons. During the local teaching programme the doctor is expected to present a case conference a journal/a specific topic as per the timetable. He/she is expected to prepare well in advance and discuss it constructively with his/her clinical supervisor before presenting it on the day under supervision. The doctor is also expected to read theoretical psychiatry on a regular basis and participate constructively in ward rounds, which has a large teaching component.

As the clinical supervisor is also a recognised educational supervisor for a FY2 Track, he is periodically requested to teach FY1 doctors. The FY2 doctor participates actively in this teaching exercise.

We also periodically get medical students from the American University of the Caribbean. The FY2 doctor is expected to participate along with the other psychiatric doctors from Hurstwood Ward in medical student teaching.

### **Acute care**

The Older Adult Inpatient Unit is for acutely ill older patients. Patients with severe depression are often prescribed ECT hence the trainees are expected to be involved during

their recovery period and also assessing them during the acute phase.

Trainees also encounter patients who are having transient ischaemic attacks or even heart attack within our unit and trainees as part of the induction are to attend ILS and are encouraged to be involved in any cardiopulmonary resuscitation should this happen within our unit.

FY2 are usually the 1<sup>st</sup> on-call and therefore have an opportunity to encounter psychiatric emergencies including; self-harm, alcohol intoxication and also sometimes personality disorder as their on-call involves adult patients also.

**Core Clinical Work** *include details of where this will be carried out, type of assessments and therapies for which the doctor in training will be responsible (all experience must be appropriate to the level of training provided)*

Before the doctor starts regular clinical work he/she undergoes a one day local induction meeting and a one day Trust induction meeting. He/she also has a ward level induction. The doctor's main duties involve clerking in all the patient's admitted to the ward, conducting physical examinations and appropriate investigations, reviewing/monitoring mental state and medications of patients regularly, meeting carers/family members, completing discharge summaries in a timely manner as per LCFT protocol and participating constructively in MDT reviews and the departmental teaching programme. The doctor is also on the on-call rota for psychiatry. The doctor cross covers colleagues in their absence. The doctor also is on a rota for giving ECT.

The doctor is expected to attend weekly supervision meetings, lasting 1 hour, with the clinical supervisor. The doctor has access to/can seek advice from senior colleagues, including the clinical supervisor, during his/her working time. In addition senior members of the multi-disciplinary team at Hurstwood Ward are also a valuable source of support.

The doctor has access to a well-stocked library and the internet. The doctor also has the support of the consultant's (clinical supervisor) secretary.

## On Call

**Please state frequency of on-call and nature of duties plus arrangements for clinical supervision**

The FY2 doctor works on shifts of a 1 in 10 pattern. The FY2 doctor does resident first tier on-call at Burnley General Hospital. Whilst on-call he/she attends to calls from Hodder Ward, Edisford Ward and Dunsop and Stockbeck which is a PICU. The FY2 doctor has the support of a second tier on-call doctor who is either a Specialist Trainee Year 4-6 in Psychiatry or a Staff Grade Doctor in Psychiatry and a third tier on-call doctor who is a Consultant Psychiatrist.

**Academic Activities** *These should include case conferences/Journal Clubs/Lectures etc)*

The doctor is expected to attend the FY2 training on Tuesday afternoons and the local academic teaching programme in psychiatry on Wednesday afternoons. During the local teaching programme the doctor is expected to present a case, a journal /a specific topic as per the timetable. He/she is expected to prepare well in advance and discuss it constructively with his/her clinical supervisor before presenting it on the day under supervision. The doctor is also expected to read theoretical psychiatry on a regular basis and participate constructively in ward rounds, which has a large teaching component.

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### **Facilities**

The doctor has access to a well-stocked library and the internet. The doctor also has the support of the consultant's (clinical supervisor) secretary. The doctor will also have access to a room which is specially allocated to trainee doctors where they can do their administrative and clinical work.

### **Supervision Arrangements**

The doctor is expected to attend weekly supervision meetings, lasting 1 hour, with the clinical supervisor. The doctor has access to/can seek advice from senior colleagues, including the clinical supervisor, during his/her working time. In addition senior members of the multi-disciplinary team at Pendleview are also a valuable source of support.

### **Teaching/Academic Experience**

The doctor is expected to attend the FY2 training on Tuesday afternoons and the local academic teaching programme in psychiatry on Wednesday afternoons. During the local teaching programme the doctor is expected to present a journal/a specific topic as per the timetable. He/she is expected to prepare the case conference or the journal well in advance and discuss it constructively with his/her clinical supervisor before presenting it on the day under supervision. The doctor is also expected to read theoretical psychiatry on a regular basis and participate constructively in ward rounds, which has a large teaching component.

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### **Audit/Research Opportunities**

The FY2 doctor is expected to complete an audit project during the course of his/her FY2 training year. In addition during the doctor's posting in Psychiatry the doctor has the opportunity to participate in local audit projects/surveys that the clinical supervisor and other doctors in his team are involved in. These projects are in general psychiatry and liaison psychiatry

### **Management Opportunities**

The FY2 doctor is expected to vicariously learn management skills through observation of the Consultant Psychiatrist and other senior doctors in the team when they chair ward rounds, Care Programme Approach Meetings and MDT Meetings. The FY2 doctor is then encouraged, depending on his/her confidence levels and skill set, to chair such meetings, under supervision.

### **Other/Additional Experience**

The FY2 doctor will have the opportunity to attend In-Patient Governance Meetings which are held once a month

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### **Description of Special Interest Opportunities**

The FY2 doctor will have the opportunity to see patients in the acute site of Burnley General Hospital that are referred for psychiatric consultations. Such type of patients are generally seen by the Liaison Psychiatric Team. The Consultant Psychiatrist (Clinical/Educational Supervisor) of this FY2 doctor is also a Liaison Psychiatrist.