

**North Western Foundation School
ELHT Programme**

Individual Placement Description

Placement	FY2 Medicine for Older People
The department	Medicine for Older People
The type of work to expect and learning opportunities	<p>The busy elderly care wards provide a very good opportunity to learn acute medicine with a wide range of conditions. Trainees will also get a flavor of ethical and legal aspects of end of life care. Each trainee will be expected to present interesting cases or topics at the weekly departmental meeting. The consultants are very approachable and will support audits and encourage participation in stroke trials. There are opportunities to go to clinics (e.g. TIA, falls).</p> <p><i>(See below for further description)</i></p>
Where the placement is based	RBH Wards B2, B4, B6, B8, C9 and C11
Clinical Supervisor(s) for the placement	Dr M Goorah, Dr N Roberts, Dr S Shah, Dr R Hyatt, Dr A Pramanik
Main duties of the placement	<p>The FY2 doctor is responsible with other staff for the ward care of patients and the maintenance of patient's medical record. Trainees are expected to attend ward rounds every day and will also have the opportunity to lead the ward round. Trainees will participate in multi-disciplinary team meetings, assessment of patients, attending ward rounds, ordering investigations.</p> <p><i>(See below for further description)</i></p>

	<p><u>Standard Days</u></p> <p>Doctors will be allocated a single ward for which they will be responsible, as determined by the weekly rota.</p> <p>Daily morning ward rounds occur Monday to Friday. These are normally consultant or ST3+ led, however the FY2 doctor is expected to lead ward rounds on occasion, with senior support available. They should assist with the senior ward round, by highlighting patient issues needing senior input, completing note entries, reviewing investigations, reviewing observations and medications and completing jobs as appropriate.</p> <p>Prior to ward round the FY2 doctor is expected to ensure bloods are ordered for the phlebotomist round, familiarize with new patients from the previous day, and address issues with patients needing urgent attention prior to the ward round.</p> <p>Following the ward round, the FY2 doctor is expected to work in conjunction with junior doctors to complete jobs raised by the ward round as well as jobs arising throughout the day, including the assessment of acutely unwell patients. They are expected to provide a supportive role to FY1 doctors, including leadership and delegation of tasks, teaching and supporting FY1 doctors with clinical queries.</p> <p>Jobs raised by the ward round vary as to the clinical circumstance, but include making referrals, taking bloods and ordering investigations, writing discharge letters, prescribing, further patient examination and assessment and liaising with allied health professionals.</p> <p>Liaising with patient's relatives is frequent responsibility of the FY2 doctor, including discussions with families regarding end of life care, discussion but not completion of Do Not Attempt Resuscitation decisions (Completion of which is reserved for ST3+ staff), breaking bad news, as well as obtaining collateral history and simply updating relatives. Senior support is available if needed.</p> <p>Towards the end of the day, outstanding investigations should be reviewed, problems overnight (Or over the weekend) anticipated and addressed, and patients / jobs handed over to on call doctors if needed. On a Friday, patients highlighted for possible discharge, or those needing senior review should be highlighted for the weekend ward round.</p> <p>Departmental teaching takes place on a Friday at midday. Junior staff will be allocated a session during the placement in which to present a case or provide teaching on a topic of their choice.</p> <p>Additionally there is opportunity to attend neuroradiology meetings (Between radiology and stroke consultants), and TIA clinics which take place daily.</p> <p>Doctors are provided with a bleep to enable ease of communication.</p> <p>An additional role for doctors based on the acute stroke unit within the</p>
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department for elderly medicine is to clerk new admissions which present to the ward directly from ED, as per national standards. A stroke consultant is available throughout the day for senior review of these individuals. A stroke MDT takes place at 9am on the stroke unit (Including physiotherapy, occupational therapy teams, speech and language and nursing staff). Doctors are expected to attend and contribute within the meeting.

On call

As part of the placement FY2 doctors are allocated to on call teams. This will include either working within the medical assessment unit, or providing medical ward cover (For any of the medical wards, medical outlier patients as well as taking referrals/answering medical calls for non-medical wards).

Duties on the Medical Assessment Unit largely involve the clerking of new medical admissions (Such as from ED, clinic and community). This includes history taking, examination, ordering and reviewing of investigations, and formation of a plan. Patients will then be reviewed by senior patient, which may generate further jobs requiring completion. Consultant led ward rounds occur each morning, and FY2 doctors are expected to present patients they have seen during the round.

FY2 doctors are regularly needed to hold a crash bleeps during the on call component of the placement as part of a crash team (Incorporating staff from critical care/outreach teams, life support teams, junior doctors and ST3+ doctors). As such they are expected to manage medical emergencies, including cardiac arrest.

Medical students are often present within the medical department, and FY2 doctors are expected to play a role in their teaching and continued education. Furthermore, FY2 doctors are expected to identify and meet their own teaching and learning leads. In conjunction with senior staff, clinical and educational supervisors and local/departmental teaching.

Whilst there is provision for optional clinic attendance during the placement as outlined above, there is additionally scheduled/protected clinic attendance which is incorporated into the rota.

See Work Schedule provided.

There may or may not be out of hours work included.

It is important to note that this job description is a typical example of your placement and may be subject to change to meet the demands of the trainee or service.

Specific Learning Objectives for this Post

(other generic aspects of the Foundation Programme curriculum such as ‘professionalism’ will also be encountered and can be mapped accordingly in the trainees portfolio)

Each objective should be achieved to the standard laid out in the outcomes for F1 and F2 years stated in the curriculum

Learning Outcomes for the Post

- Placement has scope to cover all competence outcomes within national curriculum

Additional, specific objectives:

- Develop holistic clinical decision making process, particularly for individuals with multiple and complex comorbidities.
- Breaking bad news in a sensitive and professional manner
- Liaising with relatives, including discussions regarding escalation of care, Do Not Attempt Resuscitation and End of Life care.
- Participate and present at MDT meetings
- Opportunity to lead a ward round
- Present teaching presentation/case study at departmental teaching
- Attend and participate in clinics (Geriatric, TIA most easily accessible within the department)
- Develop leadership and teaching roles for junior staff / medical students
- Develop team working skills with a large team of allied health professionals
- Develop further knowledge regarding the assessment and management of patients who have suffered a stroke (With reference to latest standards/guidance)
- Rationalise medications, and develop awareness / address issues of polypharmacy
- Increase awareness of dementia and strategies to manage.
- Understanding nutritional requirements, artificial feeding / hydration, decisions of the appropriateness (Or inappropriateness) of invasive feeding to a particular patient or using a particular method of artificial feeding. Understanding issues around swallowing difficulty (Particularly post stroke).