

2006/2007

FOUNDATION YEAR 2

ROTATION TWO

Paediatrics / General Practice / General & Vascular Surgery

NORTHERN LINCOLNSHIRE AND GOOLE HOSPITALS NHS TRUST

Job Description

**Senior House Officer – Foundation Training Year 2
Based at either Scunthorpe or Grimsby**

From August 2004 we are able to offer a number of new SHO rotations. Each rotation comprises of three four monthly placements and offers the candidate a wide range of experience in the different specialities. The posts are supported by the Postgraduate Dean. A named Educational Supervisor will carry out regular appraisals and assessments.

THE TRUST

Northern Lincolnshire and Goole Hospitals NHS Trust was created on 1st April 2001 following the merger of North East Lincolnshire NHS Trust (Grimsby) with Scunthorpe and Goole Hospitals NHS Trust to form an acute Trust serving a catchment area of 500 square miles and a population of circa 410,000. The Trust has a budget of £145 million and employs approximately 4700 staff. Its name reflects the wider geographical area in which the Trust is a major provider of health care.

The strategic direction for local service provision has been recast in the light of a Service Review. The strategic direction is based upon:

The development of unified Clinical services across South Humber, delivered in three hospital settings, (namely Diana, Princess of Wales Hospital, Grimsby, Scunthorpe General Hospital and Goole & District Hospital)

- The development of specialist and sub-specialist expertise within these services
- Ensuring local services achieve both service and training accreditation requirements
- Maximising local service provision to local people
- The use of modern technology to support those unified services

This strategy is supported by South Humber Health Authority, the North East Lincolnshire and North Lincolnshire Primary Care Trusts and Local Authorities.

DIANA, PRINCESS OF WALES HOSPITAL

GRIMSBY

The Diana, Princess of Wales Hospital in Grimsby is situated on a single site, having been built in 1983 but has subsequently undergone considerable expansion. There are currently 530 beds and the latest developments are a £1 million dedicated Day Surgery Unit, which opened in January 2003, a £11.8 million Women and Children's Unit which opened in July 2004 and a planned purpose built Endoscopy Unit and Cardiology Unit.

The Rotation

| ROTATION | 4 MONTHS | 4 MONTHS | 4 MONTHS |
|----------------------------|---|--|--|
| 1 3 POSTS | General Medicine/ Elderly Medicine Dr J A Adiotomre | Obstetrics & Gynaecology Mr I I Bolaji | General Surgery Mr M Tilston |
| 2 3 POSTS | Paediatrics Dr S Herber | General Practice Dr S Topham | General Surgery/ Vascular Surgery Mr H Souka |
| 3 3 POSTS | General Medicine/ Diabetes Dr F Abourawi | General Practice Dr R Crombie | Orthopaedics Mr J A Roberts |
| 4 3 POSTS | General Medicine/ Cardiology Dr M Walters | General Practice Dr A Finch | Accident & Emergency Mr A Shweikh |
| 5 3 POSTS | General Medicine/ Respiratory Dr H O'Flynn/Dr D Jones | Psychiatry Dr I Rehman | Ophthalmology Mrs P Bagga |

PAEDIATRICS

The Grimsby Maternity Hospital comprises 40 midwifery beds and a Special Care Baby Unit with 12 cots of which 3 are designated for intensive care and one for high dependency care. A weekly follow-up clinic is held for infants who have had parental difficulties.

DESCRIPTION OF DUTIES ASSIGNED TO SENIOR HOUSE OFFICER FOR ACUTE PAEDIATRICS

Children's Ward.

- Admission of cases are from GP, A&E Department or Consultant. If in doubt the referring doctor should be put in touch with the Middle Grade doctor on-call to discuss admission.
- Examination and initiation of treatment of patients under the supervision of the Consultant on-call, or the Consultant admitting the patient.
- Maintaining patients' records accurately and computer generated discharge summaries. More detailed letters may be dictated in a few cases.
- Informing the GP, by telephone when the patient is discharged on treatment or requires supervision by the GP.
- Maintaining accurate written instructions for treatment and therapy including i.v. fluids.
- The SHO should not discharge an inpatient or a ward outpatient without review by the Middle Grade Staff or Consultant.

Grimsby Maternity Hospital. (GMH)

- Admission, emergency treatment and continuing care of patients in the Special Care Baby Unit.
- Attendance at Labour Ward as required.
- Routine examination and care of the newborn in post natal wards.
- Attendance at Outpatient Clinic (follow up of newborn) at Kingsley Grove and Hope Street Clinics when other duties permit.

OutPatient Clinics.

- Attend 2 outpatient sessions per week Diana, Princess of Wales Hospital, Grimsby
- Take case histories and clerk.
- Visits to Clinics in the Child Development Centre and Clinics in the Community.
- The SHO is responsible for patients in the acute Paediatric ward, the Special Care Baby Unit, Labour ward and Postnatal wards at GMH.

It is important that the SHO should become familiar with the work in all these areas and that time should be used and work planned efficiently.

GENERAL PRACTICE

SHO's who have a GP component in their rotations will be attached to training practices. These are practices that have undergone the rigorous quality assurance programme by the Director of Postgraduate GP Education. As such they are used to providing training for GP registrars. During the course of the GP component you would be encouraged to develop a particular interest. With the help of your supervisor or one of the local GP course organisers (who can be contacted through you GP supervisor) you may write a specific educational programme for yourself which would allow you to gain experience in an area of practice that could not be covered successfully by simply attending General Practice. This would mean perhaps attending a specialty outpatient or community clinic. The possibilities are numerous.

However you will need to write a proposal, which includes the following headings:

- Why you wish to undertake this. You should be specific in your reasons
- Specific objectives. You should specify those objectives, which you think you will attain by doing this post; you should also include an argument, which will show you could not obtain these objectives during the course of your GP attachment.
- The methods by which you have obtained these objectives. You should clearly specify how your learning would progress.
- Assessment - you should show a strategy which enables you to be sure that you have obtained your learning objectives, this might be an audit, preparing a piece of work for presentation, collection of some feedback etc. You should provide as much detail as possible in this section.
- You should specify how much time per week you would need to spend on this. In general this should be of the order of one day out of the practice per week.
- Financially there is no specific budget for this process; therefore the extra training will need to be cost neutral, you undertake to have made this clear to anyone from whom you are seeking supervision.

During the 4 months the SHO will have experience of primary care and will be able to work towards the aims of the post:

Educational aims for the GP Component Patients During the placement the doctor will:

- gain an understanding of the person-centred approach, oriented to the individual
- work with patients in their own context and community
- gain an understanding of the impact of the patient as a person in the family
- gain an understanding of the physical, psychological, social and cultural dimensions of the problems presented
- gain understanding of the difference between disease and illness

Illnesses During the placement the doctor will:

- see illnesses at an early age and undifferentiated stage
- understand the different epidemiology and the prevalence and incidence of illness in the community.

Processes During the placement the doctor will:

- gain an understanding of the advantages of medical generalism in the community setting
- work in, and understand the roles of the primary care team in providing care to individual patients
- gain an understanding of the importance of effective communication between patient and doctor and the relationship built over time
- gain an understanding of effective communication between health care professional and the carers of patients
- gain an understanding of the role of primary care in promoting health in the community
- learn about decision making and risk management in the absence of support services (pathology, imaging, senior colleagues)
- understand the impact of working at the point of first contact to the health service with open access to patients
- gain an understanding of the impact and analysis of evidence based medicine and its application in the primary care setting
- understand the importance of continually developing personal knowledge

Specific timetables will be agreed early in the post with the educational supervisor. Protected study leave will be provided for your attendance at regionally organised foundation study days.

GENERAL SURGERY/ VASCULAR SURGERY

THE WORK OF THE DEPARTMENT

The Department serves a population of 160,000 for General Surgery, comprising of list cases, emergencies and outpatient clinics. There are 7 Consultant Surgeons who work closely together for on-call duties and admissions.

The Department is extremely busy and the person appointed will take part in regular operating and outpatient sessions as well as having on ward duties. They will occasionally help with the care of patients under the Oncologist.

Emergency duty will be worked on a partial shift, which incorporates prospective cover and flexibility.

The appointee will be encouraged to take part in case presentations and a Journal Club.

There are 43 adult and 10 children's beds involved as well as beds on a surgical day ward.

DUTIES OF THE POST

Each Consultant has an allocated SHO rotating Urology SHO to one of the others.

There are good working relationships with Nursing, Professional and Technical staff.

All SHO's are expected to take part in prospective cover for annual leave and study leave.

Mr Pearson (Breast & Colorectal) has 3 personal operating lists a week and usually one second side. He also has 3 out patient clinics and an endoscopy list, and has frequent ward rounds.

Mr Donaldson (Breast & Vascular) has 3 personal operating lists and usually one second side list per week. He has 3 out patient clinics a week.

Mr Samy (vascular, endocrine & endoscopy) has 3 personal operating lists a week and 2 out patient clinics.

Mr Souka (vascular) has 3 personal operating lists a week and 2 outpatient clinics.

Mr Tilston (upper GI/Laprosopic) has 2 personal operating lists and one second side a in twin theatre a week. He has 2 out patient sessions a week and also 2 endoscopy sessions a week.

Mr McAdam (Colorectal) has 2 personal operating lists. He has 2 outpatient sessions per week and 1 endoscopy session per week.

There are multi-disciplinary pathology meetings, usually on a weekly basis. There are usually multi-disciplinary breast meetings on a weekly basis. There are shortly to be routine radiological meetings on a weekly basis. There is regular vascular / radiological meeting.

There are dedicated SHO teaching sessions twice weekly.