

2006/2007

FOUNDATION YEAR 2

ROTATION FOUR

**General Medicine & Cardiology / General Practice / Accident &
Emergency**

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

GENERAL MEDICINE /CARDIOLOGY

THE WORK OF THE DEPARTMENT

This Unit includes facilities for stress testing using a modern computerised unit. There is a state of the art Echocardiography (including transoesophageal imaging). There are also facilities for 24-hour ambulatory Holter recording and 24-hour ambulatory blood pressure analysis. Approximately 400-500 cardiac radioisotope tests are carried out per year (technetium ventriculograms and thallium myocardial imaging). A cardiac rehabilitation program is co-ordinated by a full time rehabilitation sister. A full time research nurse is in post and cardiac resuscitation is taught and updated by the cardiac resuscitation officer. Cardiac catheters (500-600 per year) and permanent pacemakers (100- 140 per year) are carried out on site.

DUTIES OF THE POST

Attendance at 2-3 Out-Patient Clinics per week. Responsible for Medical Emergencies arising in other departments of the hospital. There are Consultant ward rounds each week. One non-invasive cardiology session involving exercise testing and radioisotope cardiology.

Students are regularly seconded from the University of Sheffield and the post holder will be involved in the teaching of these students.

Research available according to personal initiative.

TIMETABLE

	Dr RJI Bain/Walters AM	Dr RJI Bain/Walters PM
MONDAY	Ward Round (MW)	OPD (alternate weeks)
TUESDAY	Ex-testing (alternate weeks)	OPD (alternate weeks)
WEDNESDAY	Post-Take Ward Round (MW)	
THURSDAY	OPD	Ward Round (RJIB)
FRIDAY	Thallium Scans (alternate weeks)	Teaching

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.

ACCIDENT AND EMERGENCY

THE WORK OF THE DEPARTMENT

The A & E Department is located on the ground floor of Diana, Princess of Wales Hospital. It is a dynamic and friendly department and at the present time is going through a period of exciting changes and development.

In the last few years:

- * Become fully computerised
- * Received accreditation as a Major Trauma Receiving Hospital
- * Opened a dedicated Triage Area
- * Increased the number of "Middle" Grades to support our Junior Doctors
- * Established protected rota time for teaching and audit purpose

The A & E department is a major unit, which provides services 24 hours a day 7 days a week. Total attendance 62,000, of this number 51,000 are new patients.

DUTIES OF THE POST

It is essential that there is a member of the Medical Staff physically present in the Department twenty-four hours a day. This means breaks for coffee and lunch will have to be staggered.

On completion of a shift, it is essential that the duty Casualty Officer does not leave the Department until his relief arrives.

If his relief does not arrive, he should take steps to ascertain the reason.

Duty Casualty Officers should not leave the hospital without permission from the Consultant or his Deputy.

It should be noted that there is always a second on-call, usually a Staff Doctor or Consultant. The second on-call should always be contacted in cases of difficulty.