## Portsmouth Hospitals NHS Trust
### Individual Placement (Job) Descriptions for Foundation Year 2

<table>
<thead>
<tr>
<th>Placement</th>
<th>F2 – Acute Medicine</th>
</tr>
</thead>
<tbody>
<tr>
<td>The department</td>
<td>Acute Medicine Unit/ AMU</td>
</tr>
<tr>
<td>The type of work to expect and learning opportunities</td>
<td>In-charge of a bay of patients. To clerk in new admissions from ED and GP referrals, to initiate diagnoses and investigations. Organise the post take ward rounds of your bay, directing the medical specialties to the appropriate patients and performing the jobs created from these post take ward rounds. Reassessing the acutely unwell patient. As part of the hospital at night team-cover the main wards, holding the crash bleep. Twice weekly lunchtime teaching sessions, an audit is expected during the placement. Opportunities to learn clinical skills—lumbar punctures, chest drains, ascitic drains.</td>
</tr>
<tr>
<td>Where the placement is based</td>
<td>Acute Medical Unit, QAH</td>
</tr>
<tr>
<td>Clinical Supervisor(s) for the placement</td>
<td>To be notified at start of placement</td>
</tr>
<tr>
<td>Main duties of the placement</td>
<td>Clerking new patients Organising investigations</td>
</tr>
<tr>
<td>Typical working pattern in this placement</td>
<td>Rolling rota including long days, twilights, and nightshifts, compliant with EWTD.</td>
</tr>
<tr>
<td>On call requirements: As rota’d Rota includes pre planned leave.</td>
<td></td>
</tr>
<tr>
<td>Employer information</td>
<td>The Queen Alexandra Hospital site has gone through a major redevelopment to create a modern and ‘fit for purpose’ hospital, which was completed in 2009. The majority of the Trust’s acute services are now provided at Queen Alexandra following the opening phase of the new state-of-the-art facilities. We provide a full range of acute secondary services to a population of over half a million people. Additional specialist services are provided to a wider catchment area extending as far as Dorset and Sussex. The ‘Emergency Department’ at Queen Alexandra Hospital is one of the busiest in the UK treating in excess of 100,000 patients each year.</td>
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<td></td>
<td>The ‘Acute Medical Unit’ (AMU) and ‘Surgical Assessment Unit’ (SAU) provide rapid diagnostic assessment for patients admitted as emergencies. These can then be directed to the clinical areas most appropriate for their condition.</td>
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<tr>
<th>Placement</th>
<th>F2 – Acute Paediatrics</th>
</tr>
</thead>
<tbody>
<tr>
<td>The department</td>
<td>13 paediatric consultants all with special interests including diabetes and endocrine, oncology and neurology. The consultants work together in teams of 2 or 3 and are on call during their ‘hot week’ when they cover the wards and the children assessment unit during the day. All paediatric pathology is represented. The paediatric department covers Portsmouth and is closely linked with Southampton for oncology, neurology and surgical specialities.</td>
</tr>
<tr>
<td>The type of work to expect and learning opportunities</td>
<td>An FY2 role in the paediatric post involves clerking in children who are admitted to the child assessment unit, devising an initial management plan and performing/organising any investigations which are required. They are expected to perform venesection, cannulation and obtain urinary catheter/suprapubic catheter specimens once they are competent. They should be able to prescribe commonly used medications safely and with the use of the BNF. FY2 are expected to communicate any concerns to their seniors as well as present the children they have clerked to other members of the paediatric team clearly and concisely. They should be able to manage common paediatric conditions and emergencies with the guidance of their seniors. They should be involved in audits, teaching sessions, as well as attending resuscitation courses.</td>
</tr>
<tr>
<td>Where the placement is based</td>
<td>Paediatrics, Queen Alexandra Hospital, Portsmouth</td>
</tr>
<tr>
<td>Clinical Supervisor(s) for the placement</td>
<td>Allocated at start of placement</td>
</tr>
<tr>
<td>Main duties of the placement</td>
<td>During a ‘standard day’ FY2s are either based on the ward or in the child assessment unit. If they are working on the ward they are involved in organising the notes and preparing them for the ward round with the consultant, and ensuring that all of the up to date investigations are recorded in the notes. They work with the consultant during the ward round and complete</td>
</tr>
</tbody>
</table>
any jobs accumulated from the round. They are involved in the handover to the late team in the afternoon. If the FY2 is on the child assessment unit they clerk patients that come in from GP/ED and carry the on-call bleep accepting these referrals. They work closely with a registrar. There are also late and night shifts where an FY2s role is similar to a standard day. They may have an opportunity to attend outpatient clinics. Every morning FY2s are expected to attend formal teaching.

<table>
<thead>
<tr>
<th>Typical working pattern in this placement</th>
<th>Mon:</th>
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<tbody>
<tr>
<td></td>
<td>AM: journal club, handover, ward round/CAU</td>
</tr>
<tr>
<td></td>
<td>PM: Handover, complete any remaining jobs</td>
</tr>
<tr>
<td>Tues:</td>
<td>830-9 junior doctor teaching</td>
</tr>
<tr>
<td></td>
<td>then as for Monday</td>
</tr>
<tr>
<td>Wed:</td>
<td>830-9 specialist teaching</td>
</tr>
<tr>
<td></td>
<td>then as for Monday</td>
</tr>
<tr>
<td>Thurs:</td>
<td>830-9 radiology teaching</td>
</tr>
<tr>
<td></td>
<td>then as for Monday</td>
</tr>
<tr>
<td>Fri:</td>
<td>830 hand over (change over of consultants)</td>
</tr>
<tr>
<td></td>
<td>then as for Monday</td>
</tr>
<tr>
<td></td>
<td>Grand round at 1-2.</td>
</tr>
<tr>
<td>Sat:</td>
<td>9-9 handover in the morning and evening</td>
</tr>
<tr>
<td>Sun:</td>
<td>9-9 as above</td>
</tr>
</tbody>
</table>

On call requirements: work approximately 1 in 3 weekends. Also work nights, long days and Twilight shifts. Rota has pre-planned leave within the rota.

| Employer information | The Queen Alexandra Hospital site has gone through a major redevelopment to create a modern and ‘fit for purpose’ hospital, which was completed in 2009. The majority of the Trust's acute services are now provided at Queen Alexandra following the opening phase of the new state-of-the-art facilities. We provide a full range of acute secondary services to a population of over half a million people. Additional specialist services are provided to a wider catchment area extending as far as Dorset and Sussex.

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<thead>
<tr>
<th>Placement</th>
<th>F2 – AUDIOVESTIBULAR MEDICINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Department</td>
<td>Audiovestibular Medicine (AVM)</td>
</tr>
<tr>
<td><strong>The type of work to expect and learning opportunities</strong></td>
<td>The post is out-patient based with no in-patient or out-of-hours commitments.</td>
</tr>
<tr>
<td></td>
<td>The post holder will be expected to clerk and examine patients presenting with hearing loss, tinnitus, vertigo, dizziness and imbalance. The supervising consultant will discuss the cases, using them as the focus of teaching. There will be ample opportunity to learn how to treat BPPV, one of the commonest causes of vertigo.</td>
</tr>
<tr>
<td></td>
<td>AVM by its nature collaborates closely with other specialties such as ENT, Geriatrics, Neurology and Audiology and the post-holder will have the opportunity of seeing patients referred to and from these sources.</td>
</tr>
<tr>
<td></td>
<td>Learning opportunities:</td>
</tr>
<tr>
<td></td>
<td>• Junior doctor teaching sessions in ENT once weekly</td>
</tr>
<tr>
<td></td>
<td>• Management of patients presenting with acute vertigo referred from MAU</td>
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<tr>
<td></td>
<td>• Opportunity to undertake and present audits.</td>
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<td></td>
<td>• Weekly Grand Rounds (Trust wide)</td>
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<tr>
<td></td>
<td>• Opportunity to learn how to do a hearing test.</td>
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<tr>
<td></td>
<td>There is an regional ENT course at the Wessex Deanery you will be encouraged to attend.</td>
</tr>
<tr>
<td>Where the placement is</td>
<td>Department of Audiovestibular Medicine (based in The ENT</td>
</tr>
<tr>
<td>Based Department</td>
<td>QAH but clinics are held in the Community at Gosport War Memorial and Fareham Community Hospitals.</td>
</tr>
<tr>
<td>------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Clinical Supervisor(s) for the placement</td>
<td>Dr Victor Osei-Lah</td>
</tr>
<tr>
<td>Main duties of the placement</td>
<td>Outpatient management of hearing and balance disorders.</td>
</tr>
</tbody>
</table>
| Typical working pattern in this placement | Typical working pattern in this post:  
- Outpatient clinics (daily – specific timetable to be arranged)  
- Weekly radiology meetings – Friday afternoon  
- Weekly Junior doctor teaching /Audit presentations– Friday afternoon  

*There are no on-call commitments.* |
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<thead>
<tr>
<th>Placement</th>
<th>F2 – Cardiology</th>
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</thead>
<tbody>
<tr>
<td><strong>The department</strong></td>
<td>Cardiology/Coronary Care Unit</td>
</tr>
<tr>
<td><strong>The type of work to expect and learning opportunities</strong></td>
<td>Ward rounds and jobs generated from this&lt;br&gt;Clerking new patients&lt;br&gt;Covering treadmill testing if required</td>
</tr>
<tr>
<td><strong>Where the placement is based</strong></td>
<td>QA Hospital on the general cardiac ward or CCU</td>
</tr>
<tr>
<td><strong>Clinical Supervisor(s) for the placement</strong></td>
<td>To be notified at start of placement.</td>
</tr>
<tr>
<td><strong>Main duties of the placement</strong></td>
<td>As above</td>
</tr>
</tbody>
</table>
| **Typical working pattern in this placement** | 7 x per 2 months<br>Mon: ward round<br>Tues: ward round<br>Wed: ward round<br>Thurs: ward round<br>Fri: ward round<br>Sat: Sun:  
1 x per 2 months<br>Mon: Twilight cover 16.30-22.30<br>Tues: Twilight cover 16.30-22.30<br>Wed: Twilight cover 16.30-22.30<br>Thurs: Twilight cover 16.30-22.30<br>Fri: Twilight cover 14.30-20.30<br>Sat: Day cover 8-5pm<br>Sun: Day cover 8-5pm  
*On call requirements: As above + one extra long day on-call weekend.*<br>Nights are covered by the Hospital at Night Team. |
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<tr>
<th>Placement</th>
<th>F2 - Clinical Oncology</th>
</tr>
</thead>
<tbody>
<tr>
<td>The department</td>
<td>Clinical Oncology</td>
</tr>
<tr>
<td>The type of work to expect and learning opportunities</td>
<td>Ward work, Twilights, Day Unit Cover and Admissions</td>
</tr>
<tr>
<td>Where the placement is based</td>
<td>Oncology Unit, QAH</td>
</tr>
<tr>
<td>Clinical Supervisor(s) for the placement</td>
<td>To be notified at start of placement</td>
</tr>
</tbody>
</table>
| Main duties of the placement | Ward cover – Ensuring all patients are seen and responsible for their care during their admissions. Liaising with consultants and registrars if you have any problems.  
Twilights – Cover all oncology wards and clerk admissions. Day Unit – Cover the day unit and see all admissions to the ward during the day from clinic or GPs. Weekends – Cover all oncology wards and admissions. Nights covered by Hospital At Night Team. Annual leave is pre-planned into the rota. |
| Typical working pattern in this placement | Ward cover 0830-1830  
Twilights 1400-2230  
On call 8 till 5 (twilight SHO carries bleep from 4)  
Weekends 0800-2030  

On call requirements:  
~ 2 or 3 weeks of twilights  
~ 2 or 3 weeks of day-unit  
~ 3 weekends in 4 months |
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<th>Placement</th>
<th>F2 - Critical Care (ITU)</th>
</tr>
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<tbody>
<tr>
<td>The department</td>
<td>Critical Care</td>
</tr>
<tr>
<td>The type of work to expect and learning opportunities</td>
<td>See below</td>
</tr>
<tr>
<td>Where the placement is based</td>
<td>Critical Care Department, QAH</td>
</tr>
<tr>
<td>Clinical Supervisor(s) for the placement</td>
<td>To be notified at start of placement.</td>
</tr>
</tbody>
</table>
| Main duties of the placement | The day commences in handover which is at 8:30. This involves the consultants, registrar, junior doctors and senior nurses. A handover is given by the night team as to the patients progress overnight and plans are made for the day by the senior clinicians. Among the junior grade, patients are divided up and normally each doctor will take over and be the first point of medical contact for around four patients. During the morning, it is expected - A detailed assessment of the patient be made - Jobs generated from handover are done/commenced - Morning lab results are reviewed During the afternoon, jobs generated by the ward round are done and the patients should be continually informally reassessed and the appropriate interventions made if needed. Jobs of ITU FY2:  - Invasive Line Insertion (Arterial Line, Vascath, Central Line).  - Other practical procedures (Chest drains, Lumbar Punctures etc..).  - Liaising with other hospital specialties.  - Family Communication  - Organisation of investigations.  - Assisting in patient transfer.  - Clerking and assessments of new patients.  - Assistance with airway management.  - Carry baton Bleep (attend all cardiac arrest and trauma calls). When all is under control on the unit and jobs have been done, it is actively encouraged that one go out and see referrals with the ITU Registrar or occasionally see them alone and report back. This is an invaluable learning opportunity involving assessment and stabilization of the acutely ill patient and often one gets involved with a variety of practical procedures. A normal day ends as it began with handover. ICU teaching is every Friday and is very valuable, it involves 3 presentations - one by a consultant, one by a junior and and MDT session. All juniors are allocated a week where they are
expected to teach a topic.

Annual leave is pre-planned within the rota.

<table>
<thead>
<tr>
<th><strong>Typical working pattern in this placement</strong></th>
<th>In doing F2 in ITU one is on the junior doctor rota which carries with it varying grades from an F2 to an acute medical registrar. The rota is shift work with all shifts being 13 hours long and either in the form of a long day shift or a night shift. Ward rounds occur normally at 11:30 on one side of the unit and 13:00 on the other but depending on the workload this can be very variable. It is the duty of the doctor looking after the patient to present that patient on the ward round.</th>
</tr>
</thead>
</table>

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<tr>
<th>Placement</th>
<th>F2 - Diabetes &amp; Endocrinology</th>
</tr>
</thead>
<tbody>
<tr>
<td>The department</td>
<td>Diabetes &amp; Endocrinology has 4 consultants, 3 SpR’s and one research registrar. The team is comprised of 3 SHO’s (including 2 CT2’s and one FY2) and two FY1’s.</td>
</tr>
<tr>
<td>The type of work to expect and learning opportunities</td>
<td>D&amp;E is mainly ward work, with daily ward rounds beginning at 8am. The main base ward is D3 which is mainly General Medicine although we regularly have a heavy outlier quota. The jobs of the FY2 are the same as those expected of an FY1 in a general medical firm (including clerking, venepuncture, cannulation and prescribing). However you can also be asked to do the ward rounds alone (with all levels of support available should it be required), and the management of acutely ill patients. You are expected to be able to manage pts with high/low blood sugars and DKA/HONK, and also to manage a number of endocrine disorders such as hyponatraemia or Addison’s disease. Consultant teaching happens once a week minimum with a journal club on a Thursday, in which you are expected to present a paper during your rotation. There is teaching daily on the ward round from all levels.</td>
</tr>
<tr>
<td>Where the placement is based</td>
<td>Diabetes &amp; Endocrine department, QAH</td>
</tr>
<tr>
<td>Clinical Supervisor(s) for the placement</td>
<td>Allocated at start of placement</td>
</tr>
<tr>
<td>Main duties of the placement</td>
<td>Ward rounds/ward work. Clinics happen every day and the consultants are always happy for foundation doctors to attend. In these clinics junior doctors see patients, examine, propose treatment (as most have already had a diagnosis) and discuss with the consultant. There is also the opportunity to sit in and participate with the antenatal clinic, which is encouraged as it provides a level of familiarity with insulin and dose adjustment. There is also the opportunity to get involved in audits and research as there is a specialist research registrar and several projects ongoing. A large proportion of the ward work will be general medicine in nature.</td>
</tr>
<tr>
<td>Typical working pattern in this placement</td>
<td>Mon: Ward round 8am-11am. Ward work 11am-5pm Tues: As above Wed: As above with consultant teaching 1-2pm Thurs: As above, with journal club 1-2pm Fri: As above Sat: 8am-8.30pm 2 in 9 Sun: As above Daily clinics available vary depending on consultant availability. On call requirements: On call 1 in 9 8am-5pm, 1 in 9 in Twilight shift 4pm-10.30pm and weekends 2 in 9 (8am-8.30pm) Nights are covered by the Hospital at Night Team.</td>
</tr>
<tr>
<td>Employer information</td>
<td>The Queen Alexandra Hospital site has gone through a major</td>
</tr>
</tbody>
</table>
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<thead>
<tr>
<th>Placement</th>
<th>F2 – Elderly/ Neuro Rehab</th>
</tr>
</thead>
<tbody>
<tr>
<td>The department</td>
<td>F4 (ward) is an Acute Stroke Unit with 30 beds where the work is shared between 4 specialist stroke consultants, a registrar and up to 6 junior doctors. F1 (Phoenix Rehab Centre) is an 12 bedded neurological rehab ward for patients under the age of 65. There are two consultants that share the patients between them and on the ward one registrar and one F2 doctor.</td>
</tr>
<tr>
<td>The type of work to expect and learning opportunities</td>
<td>Both F4 and F1 involve mostly ward work for junior doctors. There is a daily ward round after which the jobs and medical needs of all of the patients are addressed. On F4 there is also the opportunity to attend and follow through thrombolysis cases from their arrival at ED with senior support.</td>
</tr>
</tbody>
</table>
F1 offers the opportunity to work closely with other professions. The focus on the ward is not on medical care, but the rehab and so multidisciplinary work and an understanding of it becomes more important.

Other educational opportunities;
- Monday lunchtime journal club
- Wednesday lunchtime Grand Round
- Friday lunchtime departmental teaching

<table>
<thead>
<tr>
<th>Where the placement is based</th>
<th>F4 &amp; Neuro Rehab Ward, QAH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Supervisor(s) for the placement</td>
<td>To be notified at start of placement.</td>
</tr>
<tr>
<td>Main duties of the placement</td>
<td>Daily ward work</td>
</tr>
<tr>
<td>Typical working pattern in this placement</td>
<td>Post includes on calls – days, Twilights and 1 in 4 weekends. Nights are covered by the Hospital at Night Team.</td>
</tr>
</tbody>
</table>

F4
**0900 Everyday** = board round where medical team, nurse in charge, physio and OT discuss each patient with an emphasis on discharge and rehab planning.

**Afternoons** = complete morning jobs, checking for investigation results and clerk in new patients to ward including direct admissions.

**Mon:**
Consultant ward round
12.00 – Stroke Xray meeting
13.00 – lunch and journal club meeting

**Tues:**
Registrar/CT ward round
13.00 - MOPRS Xray meeting

**Wed:**
Consultant ward round

**Thurs:**
Registrar or CT ward round

**Fri:**
Consultant ward round
13.00 – MOPRS lunchtime teaching

**F1 (days and times very flexible on this ward)**
Consultant ward round for Consultant A’s patients usually Monday and Wednesday
Consultant ward round for Consultant B’s patients usually Wednesday and Friday.
Other ward rounds shared between FY2 and registrar.
Daily lunchtime MDT board meeting with ward team.
Once weekly MDT to discuss all patients between whole team.
Employer information

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<table>
<thead>
<tr>
<th>Placement</th>
<th>F2 – Emergency Medicine</th>
</tr>
</thead>
<tbody>
<tr>
<td>The department</td>
<td>Emergency Department</td>
</tr>
<tr>
<td>The type of work to expect and learning opportunities</td>
<td>Work within a busy ED, expected to see and treat a whole range of presentations from very minor to critical trauma.</td>
</tr>
<tr>
<td>Where the placement is based</td>
<td>Emergency Department, QAH</td>
</tr>
<tr>
<td>Clinical Supervisor(s) for the placement</td>
<td>To be notified at start of placement.</td>
</tr>
<tr>
<td>Main duties of the placement</td>
<td>See and treat all patients. Refer to appropriate specialties. Experience in resuscitation bay dealing with major trauma. Regular departmental teaching.</td>
</tr>
<tr>
<td>Typical working pattern in this placement</td>
<td>Rolling Rota including days, twilights, and nightshifts, compliant with EWTD.</td>
</tr>
</tbody>
</table>
On call requirements: As rota'd  
Annual leave is pre-planned in the rota

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<tr>
<th>Placement</th>
<th><strong>F2 – Gastroenterology</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>The department</td>
<td>Gastroenterology</td>
</tr>
</tbody>
</table>

**The type of work to expect and learning opportunities**
- Ward based work
- Great exposure to complex medical patients
- Opportunities to perform practical skills (paracentesis etc.)
- Weekly teaching

**Where the placement is based**
Gastro Department, QAH

**Clinical Supervisor(s) for the placement**
To be notified at start of placement.

**Main duties of the**
Ward rounds
| Placement | Practical skills  
|-----------|-----------------
| On call rota |

**Typical working pattern in this placement**

- Daily ward round followed by ward related jobs
- The job includes an on call rota (weekends and twilights).
- Nights are covered by the Hospital at Night Team.

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<table>
<thead>
<tr>
<th>Placement</th>
<th>F2 - General Practice (Palliative Medicine component)</th>
</tr>
</thead>
<tbody>
<tr>
<td>The department</td>
<td>General Practice (Palliative Medicine component)</td>
</tr>
</tbody>
</table>

**The type of work to expect and learning opportunities**

This is a 19-bedded specialist inpatient unit, where the doctor gains experience of palliative medicine in the context of an extensive multi-professional team.

The medical team make-up varies over time and is made clear in the doctor's job plan at the outset of the post; a consultant in palliative medicine will be the nominated clinical supervisor and
liaise with the doctor’s educational supervisor.

The unit serves a population of south eastern Hampshire and Portsmouth (two Trusts), including the practice area of the doctor's concurrent GP placement.

Admissions are for symptom management; "rescue" (breakdown of care at home); and specialist rehabilitation as well as terminal care. There is a 40% discharge rate and generally the doctor will see more than one patient in their attachment whom they have seen with their GP trainer or on whom they can follow up after discharge.

Ward rounds balance service and education and are conducted by experienced Specialty doctors and consultants. Presenting cases is for the trainee's development and to promote experiential learning as well as the obvious need to ensure optimum patient care.

A weekly one-to-one tutorial with a consultant is conducted whenever possible.

There is an average of one to two medical education sessions per month and the FY2 doctor will take a turn in presenting a paper or topic.

<table>
<thead>
<tr>
<th>Where the placement is based</th>
<th>The Rowans Hospice, Purbrook (near Waterlooville) in south eastern Hampshire.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Supervisor(s) for the placement</td>
<td>To be notified at start of placement.</td>
</tr>
</tbody>
</table>
| Main duties of the placement | The Foundation doctor works alongside Specialty Trainees (GPST) and Staff Grade specialty doctors to complete the inpatient ward work. This includes review of patients, alone and in ward rounds with seniors including Consultants in Palliative Medicine. The FY2 will usually conduct one admission assessment, with an experienced nurse, per day and will always present this to a senior. Administrative tasks and a small amount of phlebotomy are shared among the ward doctors. The FY2 will be supervised in completion of medical certificates of death etc and discharge letters. All doctors are required to:  
  - Prescribe safely  
  - Keep an accurate and relevant medical record according to the in-house standard of record-keeping  
  - Manage time and clinical priorities effectively  
  - Communicate effectively with patients, relatives and colleagues  
  - Use evidence, guidelines and audit to benefit patient care  
  - Act in a professional manner at all times  
  - Cope with ethical and legal issues which occur during the management of patients with general medical problems |
- Know their limitations and seek advice and support from experienced colleagues, of an appropriate profession (e.g., physiotherapist & nursing colleagues as well as doctors).

**Typical working pattern in this placement**

Typical working pattern in this post: Weekly:

<table>
<thead>
<tr>
<th>Day</th>
<th>Working Pattern</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mon</td>
<td>Worked, along with *Thur and Fri, in General Practice</td>
</tr>
<tr>
<td>Tues</td>
<td>Handover, ward work, admission &amp; present admission to Staff Grade doctor</td>
</tr>
<tr>
<td>Wed</td>
<td>Handover, ward work, admission &amp; hour with consultant including review of cases seen</td>
</tr>
<tr>
<td>Thurs</td>
<td>*one swap in 4 months to work Thursday in order to attend a ward multi-disciplinary meeting</td>
</tr>
<tr>
<td>Fri</td>
<td>No Friday or weekend work in palliative medicine</td>
</tr>
<tr>
<td>Sat</td>
<td></td>
</tr>
<tr>
<td>Sun</td>
<td></td>
</tr>
<tr>
<td></td>
<td>*On call requirements: un-banded, no on-call</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>Placement</th>
<th>F2 - General Practice (CASH)</th>
</tr>
</thead>
<tbody>
<tr>
<td>The department</td>
<td>General Practice &amp; CASH (Contraception &amp; Sexual Health clinic)</td>
</tr>
<tr>
<td>The type of work to expect and learning opportunities</td>
<td>All aspects of Primary Care. In hours consultations and home visits. Use of electronic patient records. Community Contraception and Sexual Heath Clinics with e-learning to support independent practice in testing for STI and prescribing contraception. Young people’s services offering health promotion and advice in ‘non-health’ settings. Experience of working with adolescents and also to develop consultation skills around difficult personal issues. Audit project, report writing and presentation to staff. Teaching medical students.</td>
</tr>
<tr>
<td>Where the placement is based</td>
<td>Hub clinic at St Mary’s Community Health Campus in Portsmouth. Spoke clinics across S.E. Hampshire (GP VARIES)</td>
</tr>
<tr>
<td>Clinical Supervisor(s) for the placement</td>
<td>To be advised at start of placement.</td>
</tr>
<tr>
<td>Main duties of the placement</td>
<td>Working as part of multi-disciplinary team in community clinics seeing and treating predominantly female patients. Undertaking e-learning modules in contraception &amp; STI. Attending health promotion events with youth and chlamydia screening teams. Audit project. Both GP &amp; SRH services are paperless.</td>
</tr>
</tbody>
</table>
| Typical working pattern in this placement | Mon: GP surgery, visits, surgery  
Tues: Clinic, tutorial, audit/study  
Wed: morning off, clinic, clinic  
Thurs: GP surgery antenatal clinic  
Fri: GP surgery, tutorial/study  
Sat:  
Sun:  

*On call requirements: none, unbanded post*

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<th>F2 - General Practice</th>
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<tbody>
<tr>
<td>The department</td>
<td>General Practice</td>
</tr>
<tr>
<td>The type of work to expect and learning opportunities</td>
<td>You don’t know what a GP does until you see it yourself! GP practices are not mini-hospitals. Few patients seen in primary care are referred to secondary care; most are managed in the community. This is the ideal opportunity to see how most of the healthcare system in the UK works. You will gain the opportunity to work in an approved GP practice where you will work closely with a named GP supervisor to develop your skills in primary care. You will see anything, but not everything in 4 months!</td>
</tr>
<tr>
<td>Where the placement is based</td>
<td>Practices throughout Portsmouth and South East Hampshire.</td>
</tr>
<tr>
<td>Clinical Supervisor(s) for the placement</td>
<td>To be notified at start of placement.</td>
</tr>
<tr>
<td>Main duties of the placement</td>
<td>• Developing your communication skills • Management of acute minor and major illness in the community • Learn about chronic disease management</td>
</tr>
</tbody>
</table>
- See patients in their own homes
- Managing risk and uncertainty
- Liaison with the primary and secondary healthcare teams.

**Typical working pattern in this placement**

There is no ‘typical’ day in GP…

…but you can expect to see a mixture of urgent and routine appointments together with supervised home visits each day. You will have an hour protected time for a tutorial with your supervisor each week.

Hours of work are 0900-1700 Monday-Friday.

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<tr>
<th>Placement</th>
<th>F2 - General Practice (Substance Misuse)</th>
</tr>
</thead>
<tbody>
<tr>
<td>The department</td>
<td>SUBSTANCE MISUSE SERVICES:</td>
</tr>
</tbody>
</table>

The department works with the community to develop, promote and provide an effective integrated service. The service offers an accessible, confidential, non-judgemental approach to anyone experiencing difficulties associated with substance misuse and works to minimise the incidence and effects of substance misuse to the client and the community as a whole.

**COMMUNITY SERVICES**

In order to provide effective local provision the service is split into eight locally based Community Resources Centres, which are currently situated in Southsea, Fareham, Leigh Park, New Forest, Basingstoke, Aldershot, Winchester and Andover. All these services work to ensure that they all provide the same standard of treatment to clients, over the age of eighteen, across the district.

The teams work closely with colleagues from a range of disciplines and agencies to provide appropriate services to people requiring help. The teams are based in purpose designed centres, set in the heart of each community, offering people easy access to help with substance misuse problems. Each resource centre brings together specialist health workers, social workers and representatives from local drug and alcohol agencies, to offer a co-ordinated approach.

These teams offer a comprehensive assessment of individual needs as well as a range of treatment intervention packages including:

- Substitute Prescribing Programmes
- Home Detoxification from Drugs and Alcohol
- One to One focused Counselling
- Controlled drinking/drug taking packages
- Referral into Residential detoxification and rehabilitation services

**RESIDENTIAL SERVICES**

Baytrees, sited within the grounds of St James Hospital opened in 2006 and provides drug and alcohol detoxification for patients within the Hampshire district and has 23 single bedded rooms. This service is available to residents, over the age of eighteen years, of Portsmouth, Hampshire and surrounding Regions who have drug/alcohol related problems. Regional residents are accepted into the unit with prior service level agreements with the hosting Primary Care Trust.

The Service provides care for those service users registered within the GP practices in the PCT areas that require specialist Tier 4 care and caters for both residential and daily programmes. The unit contains an admissions area,
observation beds, rooms for treatment (varying from medical to group and individual therapy), and residential facilities for patients at various stages of their treatment programme. This service has considerable specialist knowledge and experience over many years, which benefits users of the service and other professionals working in this field.

### The type of work to expect and learning opportunities

AIMS OF THE POST:
The post offers the trainee many opportunities whilst working in a dynamic integrated substance misuse service.

**EDUCATIONAL AND CLINICAL SUPERVISION:**
The trainee’s ongoing and nominated educational supervisor provides educational supervision. The substance misuse consultant (along with the clinical team) will provide clinical supervision considering the foundation curriculum. The clinical team will also perform appropriate workplace assessments.

**TRAINING:**
The trainee will be expected to participate in the foundation year 2 training programme and to engage actively in the ongoing work place assessments that will determine progress through the foundation programme. The work place assessments should also contribute towards the ongoing appraisal process within educational supervision. The trainee will be expected to attend the multi-specialty foundation programme educational mornings once a month.

### Where the placement is based

| Kingsway house (community) |
|Baytrees, St James Hospital (Inpatient)|

### Clinical Supervisor(s) for the placement

To be advised at start of placement

### Main duties of the placement

**JOB CONTENT:**
See time table – duties will involve the admission process and clinical management of the inpatients admitted to the residential detoxification unit. In addition there is one outpatient clinic a week (joint clinic with a key worker), managing patients with co-morbid substance misuse and mental health needs as well as facilitating community detoxification programmes. The emphasis of the service is on multi-disciplinary working and the post holder will be expected to work closely with the community teams and outside agencies.

### Typical working pattern in this placement

The F2 doctor will spend three days a week in a Primary Care Service and two days a week (Wednesdays & Thursdays) within the Portsmouth Substance Misuse Service

| Mon: GP |
| Tues: GP |
| Wed: 0900 – 1230 Kingsway house joint clinic. 1345 - 1530 Multi professional review & prescriptions 1530 - 1630 Clinical supervision |
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<th>Placement</th>
<th>F2 - General Surgery</th>
</tr>
</thead>
<tbody>
<tr>
<td>The department</td>
<td>Transplant/ General Surgery</td>
</tr>
</tbody>
</table>
| The type of work to expect and learning opportunities | General ward care duties  
Care of pre-op and post-op patients  
Opportunities to work in theatre  
Regular FY2 teaching sessions |
| Where the placement is based | G6, QAH |
| Clinical Supervisor(s) for the placement | To be notified at start of placement. |
| Main duties of the placement | 1) Clerking pre-op patients  
2) Managing patients pre-op and post-op  
3) Assist in theatre  
4) Review sick surgical patients  
5) Accept and review surgical referrals from GP/other departments  
6) Cover breast, urology, plastics as well as general surgery on nights, twilights and weekends. |
| Typical working pattern in this placement | Daily  
0800: Ward round and ward jobs  
0900: Theatre (a.m) till 12:30  
13:00: Transplant ward round  
13:30: Theatre (p.m.) till 5p.m.  
In between theatre, clerk and manage renal patients in for elective surgery i.e. ensure that they have their dialysis or up to date blood tests.  
Mon: 0830 Meeting- discuss TCI elective surgery  
On call requirements: 1 in 2 on call, 1 in 4 weekend |
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<tr>
<th>Placement</th>
<th>F2 - General Surgery (Upper GI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>The department</td>
<td>General Surgery</td>
</tr>
<tr>
<td><strong>The type of work to expect and learning opportunities</strong></td>
<td>Involved in the care of surgical patients, both by assisting in their operations and by providing peri-operative ward based care. Managing surgical complications as they arrive, with input from your seniors. Participating in the general surgical on-call, seeing patients admitted from GPs and ED, assessing them, formulating an initial management plan, organizing and following up on investigations and assisting in operations as required. Learn about peri-operative care of elective and emergency surgical patients, including surgical complications. Gain experience in elective and emergency operations and have the opportunity to develop surgical skills such as suturing.</td>
</tr>
<tr>
<td>Where the placement is based</td>
<td>Upper GI, QAH</td>
</tr>
<tr>
<td>Clinical Supervisor(s) for the placement</td>
<td>To be notified at start of placement.</td>
</tr>
</tbody>
</table>
| Main duties of the placement | As FY2 UGI Surgery, you will be participating in the general surgical on-call rota. Duties in UGI Surgery include  
- Ward rounds  
- Assisting in theatre  
- Supervising FY1s in ward work  
- Monthly morbidity and mortality audit meeting  
Duties as General Surgical FY2 on call include:  
- taking referrals from A&E and GPs for general surgical |
patients
- clerking in of patients and review of patients clerked by FY1s and nurse practitioners
- assisting in emergency theatre
- covering general surgery, urology, breast, plastics and ENT (ENT 12am-8am only) out of hours as part of on call rota.

### Typical working pattern in this placement

| Daily: ward rounds (usually led by consultant or registrar), assisting in theatre, supervising FY1s in ward work |
| Monthly: Morbidity and mortality audit meeting |

**On call requirements:** 5 weeks every 13 weeks as part of general surgical on-call rota, including 7 nights. 3 weekends every 13 weeks.

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<tr>
<th>Placement</th>
<th>F2 – Microbiology and Virology</th>
</tr>
</thead>
<tbody>
<tr>
<td>The department</td>
<td>The department of Microbiology &amp; Virology includes 5 consultant Medical Microbiologists and 1 Consultant Virologist in addition to Laboratory and Secretarial staff. It performs 350,000 tests annually and provides an analytical and consultative service to general and specialist departments of the hospital and to General Practitioners. There are close links with the in-hospital Infection Control team.</td>
</tr>
</tbody>
</table>
| The type of work to expect and learning opportunities | The F2 is based within the Microbiology department and is involved in analysing results from the laboratory and advising staff caring for patients about the results of investigations. Learning objectives of the placement  
- Understand the work of the laboratory including safe handling of samples  
- Have a basic understanding of the variety of pathogens detected within Microbiology and Virology and methods of detection  
- Gain an understanding of diagnosis and management of commonly encountered infections  
- Have a basic understanding of the range of therapies available in the management of infectious disease  
- Gain an understanding of the routes and prevention of transmission of nosocomial infections  
- Have performed an audit with feedback to the relevant departments  
- Be able to communicate effectively the results of investigations to other departments. |
| Where the placement is based | Microbiology Dept, QAH |
| Clinical Supervisor(s) for the placement | To be notified at start of placement |
| Main duties of the placement | The initial six weeks of the placement are spent becoming familiar with the laboratory and the way in which the department works. This includes spending a week on each of the benches to learn basic techniques and interpretation. During this time the F2 is expected to shadow Consultants and Registrars on ward rounds in order to identify patients for follow-up. There are twice weekly clinical handovers in which feedback is expected of follow-ups. From week seven the F2 is expected to take an active role in the department – dealing with blood culture and CSF results and answering queries from clinicians The F2 is expected to attend the twice monthly in-house teaching sessions and present a topic and attendance at the monthly Registrar Training Day is encouraged. There is ample opportunity for audit and teaching of other departments and staff within Microbiology. |
| Typical working pattern in this placement | Placement is effectively split into two with the first six weeks being spent in the Laboratory on different benches and the |
final ten weeks involved in clinical work.

**Mon:** Clinical Handover, Laboratory work, Medical ward round, ITU ward round, blood cultures  
**Tues:** Lab work, Renal ward round, MOPRS ward round  
**Wed:** Lab work, patient follow-up, phone calls  
**Thurs:** Lab work, patient follow-up, MOPRS ward round  
**Fri:** Lab work, ITU ward round, surgical ward round, blood cultures  
**Sat:** off  
**Sun:** off

You are also encouraged to attend:  
Twice monthly department teaching  
Once monthly whole day Registrar training  
Weekly Hospital Grand Round  
Opportunity for audit and teaching

**On call requirements:** None, unbanded post.

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<table>
<thead>
<tr>
<th>Placement</th>
<th>F2 – MOPRS</th>
</tr>
</thead>
<tbody>
<tr>
<td>The department</td>
<td>MOPRS (Medicine for Older People, Rehabilitation &amp; Stroke).</td>
</tr>
<tr>
<td>The type of work to</td>
<td>The team consists of the FY2, a registrar and a consultant. The FY2 is</td>
</tr>
<tr>
<td>expect and learning</td>
<td>the only member of the team permanently based on the ward. The patients</td>
</tr>
<tr>
<td>opportunities</td>
<td>on the ward are mainly transferred from the hip fracture ward. Other</td>
</tr>
<tr>
<td></td>
<td>patients come from around the hospital and include patients who should</td>
</tr>
<tr>
<td></td>
<td>be medically stable but have rehab potential and require on-going</td>
</tr>
<tr>
<td></td>
<td>physiotherapy. The work involves conducting ward rounds, independent</td>
</tr>
<tr>
<td></td>
<td>ward work, assessing falls patients and dealing with acute medical</td>
</tr>
<tr>
<td></td>
<td>issues as they arise. The consultant ward round is an opportunity for</td>
</tr>
<tr>
<td></td>
<td>teaching and addressing any concerns about the patients. You will see a</td>
</tr>
<tr>
<td></td>
<td>broad range of medical issues—both chronic and acute.</td>
</tr>
<tr>
<td>Where the placement is</td>
<td>MOPRS Ward, QAH</td>
</tr>
<tr>
<td>based</td>
<td></td>
</tr>
<tr>
<td>Clinical Supervisor(s)</td>
<td>To be notified at start of placement.</td>
</tr>
<tr>
<td>for the placement</td>
<td></td>
</tr>
<tr>
<td>Main duties of the</td>
<td>Interaction with AHPs regarding rehabilitation goals and social issues</td>
</tr>
<tr>
<td>placement</td>
<td>Communicating with relatives</td>
</tr>
<tr>
<td></td>
<td>Full clerking of new patients to the ward</td>
</tr>
<tr>
<td></td>
<td>Highlight outstanding medical issues and begin/follow up relevant</td>
</tr>
<tr>
<td></td>
<td>investigations</td>
</tr>
<tr>
<td></td>
<td>Referring to relevant specialties</td>
</tr>
<tr>
<td></td>
<td>Link with GPs re complex discharges</td>
</tr>
<tr>
<td></td>
<td>Attend Consultant led ward rounds</td>
</tr>
<tr>
<td></td>
<td>Learning to rationalise patient’s medications</td>
</tr>
<tr>
<td></td>
<td>General MOPRS on-call</td>
</tr>
<tr>
<td></td>
<td>Once a week MDT with physiotherapists, nurses and OTs.</td>
</tr>
<tr>
<td>Typical working pattern</td>
<td>Mon: 08:00-17:00 ward round, (journal club at lunch time)</td>
</tr>
<tr>
<td>in this placement</td>
<td>registrar review of patients in afternoon if needed</td>
</tr>
<tr>
<td></td>
<td>Tues: 08:00-17:00 (radiology meeting at lunchtime) ward round</td>
</tr>
<tr>
<td></td>
<td>Wed: 08:00-17:00 (grand round/teaching at lunchtime) ward round</td>
</tr>
<tr>
<td></td>
<td>Thurs: 08:00-17:00 ward round+MDT</td>
</tr>
<tr>
<td></td>
<td>Fri: 08:00-17:00 (teaching at lunchtime) ward round and handover for the</td>
</tr>
<tr>
<td></td>
<td>weekend</td>
</tr>
<tr>
<td></td>
<td>On call requirements: as per MOPRS rotas covering the MOPRS wards at</td>
</tr>
<tr>
<td></td>
<td>weekends and on twilights. Nights covered by Hospital at Night Team.</td>
</tr>
<tr>
<td>Employer information</td>
<td>The Queen Alexandra Hospital site has gone through a major redevelopment</td>
</tr>
<tr>
<td></td>
<td>to create a modern and ‘fit for purpose’ hospital, which was completed</td>
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<tr>
<td></td>
<td>in 2009. The majority of the Trust’s acute services are now provided at</td>
</tr>
<tr>
<td></td>
<td>Queen Alexandra following the opening phase of the new state-of-the-art</td>
</tr>
<tr>
<td></td>
<td>facilities. We provide a full range of acute secondary services to a</td>
</tr>
<tr>
<td></td>
<td>population of over half a million people. Additional</td>
</tr>
</tbody>
</table>
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<table>
<thead>
<tr>
<th>Placement</th>
<th>F2 – Neonates</th>
</tr>
</thead>
<tbody>
<tr>
<td>The department</td>
<td>The neonatal department consists of six neonatal consultants and consists of NICU (neonatal ICU) and SCBU (special care baby unit). This is a large tertiary unit with many interesting and complex cases and several very premature babies.</td>
</tr>
</tbody>
</table>
| The type of work to expect and learning opportunities | FY2 doctors will join the Neonatal SHO rota and will be involved in looking after babies on NICU, SCBU and the postnatal wards as well as attending deliveries to provide initial newborn resuscitation. Learning opportunities:
  - Managing common problems on the post natal unit (infection, hypoglycaemia, jaundice).
  - Developing practical skills in venesection, cannulation, capillary blood sampling, intubation and insertion of umbilical arterial and venous catheters.
  - Working in a multidisciplinary environment with different specialties (radiology, surgery, orthopaedics, obstetricians, midwifery).
  - Performing newborn baby checks.
  - Newborn resuscitation.
  - Safe prescribing in newborns.
  - Accurate record keeping and documentation. |
<table>
<thead>
<tr>
<th>Where the placement is based</th>
<th>Neonatal Unit, QAH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Supervisor(s) for the placement</td>
<td>To be notified at start of placement.</td>
</tr>
<tr>
<td>Main duties of the placement</td>
<td>NICU, SCBU ward rounds and the jobs after. Morning handover is led by the junior medical staff. Managing common problems on the post natal wards and initial baby checks. Attending deliveries where there may be newborn compromise and providing initial resuscitation. You will be given the opportunity to attend the Neonatal Life Support course and there is a lot of teaching, some general paediatrics but also lots of opportunities for junior medical staff led teaching, journal club and paediatric grand round.</td>
</tr>
<tr>
<td>Typical working pattern in this placement</td>
<td>NICU – long days or nights (0800-2130, or 2100-0930) SCBU- 0830-1530 Postnatal Baby Checks – 0830-1630 Cover – 0830-1630 You will tend to do 2 weeks on postnatal baby checks, 1-2 weeks of SCBU, a 1-2 weeks of cover and the rest of the time will be on NICU On call requirements: Weekends 1-2/3</td>
</tr>
<tr>
<td>Employer information</td>
<td>The Queen Alexandra Hospital site has gone through a major redevelopment to create a modern and 'fit for purpose' hospital, which was completed in 2009. The majority of the Trust's acute services are now provided at Queen Alexandra following the opening phase of the new state-of-the-art facilities. We provide a full range of acute secondary services to a population of over half a million people. Additional specialist services are provided to a wider catchment area extending as far as Dorset and Sussex. The 'Emergency Department' at Queen Alexandra Hospital is one of the busiest in the UK treating in excess of 100,000 patients each year. The 'Acute Medical Unit' (AMU) and 'Surgical Assessment Unit' (SAU) provide rapid diagnostic assessment for patients admitted as emergencies. These can then be directed to the clinical areas most appropriate for their condition. The Trust is also home to the Wessex Renal and Transplant Unit and it holds prestigious Cancer Beacon Status for the Head and Neck Cancer Services. Hosting the largest Ministry of Defence Hospital Unit (MDHU) in the country, the Trust enjoys strong military connections and is proud of this association. This means that as a Trust, we</td>
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<table>
<thead>
<tr>
<th>Placement</th>
<th>F2 – Acute Medicine</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The department</strong></td>
<td>Acute Medicine Unit/ AMU</td>
</tr>
<tr>
<td><strong>The type of work to expect and learning opportunities</strong></td>
<td>In-charge of a bay of patients. To clerk in new admissions from ED and GP referrals, to initiate diagnoses and investigations. Organise the post take ward rounds of your bay, directing the medical specialties to the appropriate patients and performing the jobs created from these post take ward rounds. Reassessing the acutely unwell patient. As part of the hospital at night team-cover the main wards, holding the crash bleep. Twice weekly lunchtime teaching sessions, an audit is expected during the placement. Opportunities to learn clinical skills-lumbar punctures, chest drains, ascitic drains.</td>
</tr>
<tr>
<td><strong>Where the placement is based</strong></td>
<td>Acute Medical Unit, QAH</td>
</tr>
<tr>
<td><strong>Clinical Supervisor(s) for the placement</strong></td>
<td>To be notified at start of placement</td>
</tr>
<tr>
<td><strong>Main duties of the placement</strong></td>
<td>Clerking new patients Organising investigations</td>
</tr>
</tbody>
</table>
| **Typical working pattern in this placement** | Rolling rota including long days, twilights, and nightshifts, compliant with EWTD.  

*On call requirements: As rota’d*  
Rota includes pre planned leave. |
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<table>
<thead>
<tr>
<th>Placement</th>
<th>F2 - Obstetrics &amp; Gynaecology</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The department</strong></td>
<td>Obstetrics &amp; Gynaecology.</td>
</tr>
<tr>
<td><strong>The type of work to expect and learning opportunities</strong></td>
<td>The work is divided between on-calls, night shifts, clinics and theatre time. The average week will consist of one call duties on the labour ward and gynaecology emergencies (GEM). On the labour ward you will be expected to clerk and triage patients, review patients on the wards and assist in emergency and elective caesarean sections. During GEM you will take referrals from GP’s, ED and the wards. You will clerk patients in, examine them, decide on necessary investigations and devise an appropriate management plan. You will also be required to assist in theatre and in gynaecology/antenatal/fertility and PMB clinics. There are ample learning opportunities and regular departmental teaching as well as opportunities to perform practical procedures such as vaginal examinations, speculum examinations, female catheterization etc.</td>
</tr>
<tr>
<td><strong>Where the placement is based</strong></td>
<td>Obstetrics &amp; Gynaecology, QAH</td>
</tr>
<tr>
<td><strong>Clinical Supervisor(s) for the placement</strong></td>
<td>To be notified at start of placement</td>
</tr>
<tr>
<td><strong>Main duties of the placement</strong></td>
<td>FY2 doctors are to attend ward rounds on labour wards and carry out jobs generated. They also review patients on the labour ward and postnatal wards and ensure accurate note keeping and handover is carried out. If covering the postnatal</td>
</tr>
</tbody>
</table>
wards the FY2 will review patients and sign them over to midwifery-led care when necessary.

A ward round table is attached to the rota on a weekly basis and it’s necessary for the junior doctor allocated to conduct the ward round of post-op patients before their clinic or attending theatre.

Pre-clerking occurs in the mornings where results from the previous day are to be checked. There are usually 4-8 patients attending for pre-clerking which is carried out alongside the pre-clerking nurses. Notes for the next day’s theatre list must be checked as well. If allocated to theatre, the junior doctor will see the patient and check the notes and consent form before attending to assist in theatre.

Clinics run on a daily basis and you will work alongside consultants, registrars, junior medical staff and nurses to see new and follow-up patients and arrange necessary investigations or procedures needed.

Opportunity for FY2 to attend weekly teaching and prepare topics to teach fellow colleagues. You will be given the opportunity to attend the PROMPT course and have study leave days to attend other learning interests.

<table>
<thead>
<tr>
<th>Typical working pattern in this placement</th>
<th>Mon: 0800-2030 GEM</th>
<th>Tues: Pre-clerking AM / Clinic PM</th>
<th>Wed: Theatre all day list – Gynae oncology/Gynae</th>
<th>Thurs: 0800 Gynae oncology ward round/ 0830-1230 pre clerking Ward cover PM</th>
<th>Fri: Elective Cesarean section list/ward cover</th>
<th>Sat: 0800 – 2030 Labour ward</th>
<th>Sun: 0800 – 2030 Labour ward</th>
</tr>
</thead>
</table>

On call requirements: work nights, long days and 1 in 3 weekends.

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<thead>
<tr>
<th>Placement</th>
<th>F2 - Otolaryngology ENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>The department</td>
<td>ENT</td>
</tr>
<tr>
<td>Where the placement is based</td>
<td>Head &amp; Neck Unit, QAH</td>
</tr>
<tr>
<td>Clinical Supervisor(s) for the placement</td>
<td>To be notified at start of placement.</td>
</tr>
<tr>
<td>Main duties of the placement</td>
<td>Ward cover – pre-op + post op patients. Cover of the ENT emergencies and minor procedures. Triage of referrals for senior review. Theatre assistance when needed. Individual clinics (approx. one a week)</td>
</tr>
<tr>
<td>Typical working pattern in this placement</td>
<td>Mon: WR, AM on call, PM float. Tues: WR, AM float, PM clinic. Wed: WR, AM on call, PM float. Thurs: WR, AM float, PM float. Fri: WR, AM ward cover, PM ward cover</td>
</tr>
<tr>
<td>Day</td>
<td>Shift Details</td>
</tr>
<tr>
<td>---------</td>
<td>--------------------------------------------------------</td>
</tr>
<tr>
<td>Mon</td>
<td>WR, AM ward cover, PM ward cover</td>
</tr>
<tr>
<td>Tues</td>
<td>WR, AM on call, PM float</td>
</tr>
<tr>
<td>Wed</td>
<td>WR, AM float, PM clinic</td>
</tr>
<tr>
<td>Thurs</td>
<td>WR, AM float, PM float</td>
</tr>
<tr>
<td>Fri</td>
<td>Twilight shift – 1430hrs-0000 on call</td>
</tr>
<tr>
<td>Sat</td>
<td>Twilight shift – 1430-0000hrs on call</td>
</tr>
<tr>
<td>Sun</td>
<td>Twilight shift – 1430-0000hrs on call</td>
</tr>
<tr>
<td></td>
<td>Plus Twilight Mon-Thurs shifts.</td>
</tr>
</tbody>
</table>

**On call requirements:** 6 weekends/16wk placement. Nights are covered by the Hospital at Night Team.

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| Placement | F2 - Renal Medicine and Transplantation |
| **The department** | The Wessex Renal Unit, based in Portsmouth, covers the whole of the region and provides the only inpatient dialysis service outside of intensive care departments. There are 8 consultant nephrologists, each with differing specialist interests eg. Peritoneal dialysis or immunology etc. For the purposes of ward work the consultants are divided into three teams, each of which has an allocated CT/FY2 and Registrar. There is also an onsite haemodialysis unit (Monday to Saturday), day ward (Monday to Friday) and an outpatient department (Monday to Friday). In addition to this there are a number of satellite units where haemodialysis is performed. There are also 4 Consultant Transplant Surgeons, who also carry out a number of general surgical procedures on the renal patients – such as hernia repairs and cholecystectomies. |
| **The type of work to expect and learning opportunities** | The FY2 has a variety of responsibilities depending on whether you are on call or on the wards. On the wards you will carry out all the generic ward duties associated with your team’s patients. Almost all patients known to the renal department are admitted directly to the unit, with specialist advice sought as required from outside the Renal “base”. This means that during weeks on call you have the opportunity to clerk in acutely unwell patients with a variety of medical and surgical pathologies. There are also opportunities to insert temporary vascaths and watch the registrars insert tunneled lines, peritoneal dialysis catheters and undertake renal biopsies. This placement encourages you to improve knowledge of the pharmacokinetics of common drugs (especially those which are nephrotoxic/renally excreted) and the basic management of common renal pathologies. |
| **Where the placement is based** | Ward G6 (transplant and surgery), G7 (Renal High Care), G9 (general nephrology), Renal outpatients, Haemodialysis unit and the Day Ward – all based within the Renal Unit on G Level, QAH |
| **Clinical Supervisor(s) for the placement** | Allocated at start of placement. |
| **Main duties of the placement** | The F2 doctor, with the support of their seniors, is responsible for the day to day management of the patients within their team on the wards. While on call you are responsible for the initial investigation and management of patients admitted that day, until their usual team take over their care the next morning. During your time on call you can expect to take calls from patients at home, some will be looking for advice and others will be calling to say they are unwell. In this case, during daylight hours, they can be brought to the outpatient department for bloods and assessment. The renal unit is like a GP surgery for patients so expect all sorts. Other on call responsibilities include attending the Transplant ward rounds, usually at around 1300 – attended by the transplant surgeon and consultant nephrologist of the week. |
Opportunity to clerk in the elective surgical admissions and ensure they are ready for theatre the next day. You may be involved in the preparation of patients for renal transplant.

There are a number of meetings and teaching sessions you are able to attend. On Monday morning there is an MDT covering all the patients on the wards and outlying (eg ITU). On Wednesday afternoons there is a teaching afternoon including histopathology, formal lectures and the presentation of audits. On Thursday morning a renal radiology meeting is held in the XRay department where images can be discussed and specialist investigations requested.

**Typical working pattern in this placement**

The rota is a rolling 7 week schedule with leave allocated within this.

The rota runs as follows:
Mon – Fri On call 0800-2030 (handover in junior docs office between G6 and G7 wards)  
3 weeks of 0900-1700 ward work, based on one of the 3 consultant teams (red, green or blue). Consultant ward rounds occur at varying times, but they will always let you know when and where they plan to go around – usually twice a week minimum

During the 3 ward weeks you will work 1 weekend on call, 0800-2030.

Following this are 7 night shifts from 2000-0830.

Followed by 1 week of pre-planned leave

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<table>
<thead>
<tr>
<th>Placement</th>
<th>F2 – Respiratory</th>
</tr>
</thead>
<tbody>
<tr>
<td>The department</td>
<td>Respiratory</td>
</tr>
<tr>
<td>The type of work to expect and learning opportunities</td>
<td>FY2s work as part of the ward based teams to look after inpatients in the Respiratory Department. This involves working with senior colleagues, junior doctors, nurses and other health professionals to deliver medical care. The normal working day entails a senior-led ward round, followed by doing ward jobs. Patients are transferred to the department from MAU and ED. Most have respiratory conditions, but some general medical patients are also included. There is also a Respiratory High Care Unit where patients requiring non-invasive ventilation are cared for. A significant amount of the patients admitted have terminal conditions, so good communication skills and empathy are important for when talking with them and their relatives. (Breaking bad news is done by senior colleagues.) The senior respiratory doctors are keen to enhance educational opportunities for junior trainees. The department facilitates an effective learning environment through teaching on ward rounds, informal tutorials and formal presentations. As a foundation doctor, there are opportunities to carry out procedures, such as putting in chest drains, under registrar supervision.</td>
</tr>
<tr>
<td>Where the placement is based</td>
<td>Respiratory, QAH</td>
</tr>
<tr>
<td>Clinical Supervisor(s) for the placement</td>
<td>To be notified at start of placement</td>
</tr>
<tr>
<td>Main duties of the placement</td>
<td>Daily, FY2s take part in the ward round, by preparing the notes, presenting patients and documenting ward round</td>
</tr>
</tbody>
</table>
entries. At times, there are opportunities for foundation doctors to lead the ward round, and discuss any problems or decisions with senior doctors after. After the ward round the junior doctors complete the jobs and chase the results of investigations.

Junior doctors are responsible for reviewing patients that deteriorate or need medical attention on the wards, and initiating investigations and management plans. They also carry out procedures, such as pleurodesis and pleural taps when required. Doctors are often requested to talk to relatives of patients to keep them updated about their medical care.

FY2s work closely with the other junior doctors and nursing staff to ensure that all the patients in their care are being appropriately managed, in accordance with directions from senior respiratory physicians.

<table>
<thead>
<tr>
<th>Typical working pattern in this placement</th>
<th>Daily: Ward round with Consultant or Registrar starting from 0800-0830.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Wed: MDT meeting 0800</td>
</tr>
<tr>
<td></td>
<td>Thurs: Radiology meeting 0800</td>
</tr>
<tr>
<td></td>
<td>Fri: lunch time teaching meeting</td>
</tr>
<tr>
<td></td>
<td>Sat: 2/8</td>
</tr>
<tr>
<td></td>
<td>Sun: 2/8</td>
</tr>
<tr>
<td></td>
<td><strong>On call requirements:</strong></td>
</tr>
<tr>
<td></td>
<td>The current shift pattern is a rolling rota over 8 weeks. There</td>
</tr>
<tr>
<td></td>
<td>is one week of twilight (evening) shifts in the eight weeks. The</td>
</tr>
<tr>
<td></td>
<td>weekend after the twilight week is on-call (8am-5pm), and the</td>
</tr>
<tr>
<td></td>
<td>subsequent Thursday and Friday are zero hours days. There is</td>
</tr>
<tr>
<td></td>
<td>also a long day weekend (8am-8.30pm) as part of the</td>
</tr>
<tr>
<td></td>
<td>eight week rota.</td>
</tr>
<tr>
<td></td>
<td>Nights are covered by the Hospital at Night Team.</td>
</tr>
</tbody>
</table>

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|                                          | redevelopment to create a modern and 'fit for purpose'          |
|                                          | hospital, which was completed in 2009. The majority of the      |
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|                                          | following the opening phase of the new state-of-the-art        |
|                                          | facilities. We provide a full range of acute secondary services |
|                                          | to a population of over half a million people. Additional       |
|                                          | specialist services are provided to a wider catchment area     |
|                                          | extending as far as Dorset and Sussex.                          |
|                                          | The 'Emergency Department' at Queen Alexandra Hospital is one   |
|                                          | of the busiest in the UK treating in excess of 100,000 patients |
|                                          | each year.                                                     |
|                                          | The 'Medical Assessment Unit' (MAU) and 'Surgical Assessment   |
|                                          | Unit' (SAU) provide rapid diagnostic assessment for patients    |
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<thead>
<tr>
<th>Placement</th>
<th>F2 – Rheumatology</th>
</tr>
</thead>
<tbody>
<tr>
<td>The department</td>
<td>Rheumatology, Level C, QAH</td>
</tr>
<tr>
<td>The type of work to expect and learning opportunities</td>
<td>Clinic work, joint injections, ward work</td>
</tr>
<tr>
<td>Where the placement is based</td>
<td>Rheumatology Dept</td>
</tr>
<tr>
<td>Clinical Supervisor(s) for the placement</td>
<td>To be allocated at start of placement</td>
</tr>
<tr>
<td>Main duties of the placement</td>
<td>Wards, clinics, helping in day case</td>
</tr>
</tbody>
</table>
| Typical working pattern in this placement | Mon: Ward work/ pm WR  
Tues: Clinic/ward work  
Wed: Ward work/xray meeting/education meeting pm  
Thurs: WR/ward work  
Fri: Ward work/ injection clinic  
Sat:  
Sun:  |

On call requirements: none, unbanded post.

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