Portsmouth Hospitals NHS Trust  
Individual Placement (Job) Description

<table>
<thead>
<tr>
<th>Placement</th>
<th>F2 - Critical Care (ITU)</th>
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<td>The department</td>
<td>Critical Care</td>
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<td>The type of work to expect and learning opportunities</td>
<td>See below</td>
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<td>Where the placement is based</td>
<td>Critical Care Department, QAH</td>
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<td>Clinical Supervisor(s) for the placement</td>
<td>To be notified at start of placement</td>
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| Main duties of the placement | The day commences in handover which is at 8:30. This involves the consultants, registrar, SHOs 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 SHO grade, patients are divided up and normally each SHO 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 SHO:  
 - Invasive Line Insertion (Arterial Line, Vascath, Central Line)  
 - Other practical procedures (Chest drains, Lumbar Punctures etc..)  
   Liasing 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.

**Typical working pattern in this placement**

In doing F2 in ITU one is on the SHO 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.

**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.

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 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 have wider responsibilities than those of standard NHS organisations. Military staff now account for 3% of the total workforce and the Trust has responsibility to ensure the staff have exposure to the appropriate clinical experience required during their times of deployment throughout the world.

It is important to note that this description is a typical example of your placement and may be subject to change.