

London and Kent, Surrey & Sussex Foundation Schools Individual Placement Descriptors

Hillingdon Hospital NHS Trust

Last Updated: January 2019



For more information relating to the detail of the Individual Placement Descriptors (IPDs) please contact the relevant trust Post Graduate Centre team.



F1 - Individual Placement Descriptors

Trust	The Hillingdon Hospital NHS Foundation Trust
Site	The Hillingdon Hospital NHS Foundation Trust
Trainee Information System (TIS) Post Code (and local post number if known)	
Placement details (i.e. the specialty and sub-specialty)	F1 Emergency Assessment Unit (EAU)
Department	The Department consists of 4 Consultant Physicians - Dr Edwards, Dr Baburaj, Dr Gerry, Dr Barnes
Type of work to expect and learning opportunities	Each placement will work towards achieving the competencies in the foundation curriculum. There will be an emphasis on managing the acutely sick patient in a variety of specialties. This will be supplemented by a teaching programme that will augment the F1's practical experience mapped to the curriculum including topics relating to patient safety.
Where the placement is based	The Hillingdon Hospital NHS Foundation Trust
Clinical supervisor(s) for the placement	Dr Edwards, Dr Baburaj, Dr Gerry, Dr Barnes
Main duties of the placement	In the EAU the job of the F1 is very similar to that of the F2s. The team looks after acute admissions that are only expected to stay for 1-2 days. There is thus a quick turn around of patients. Typical jobs include, discussion of investigation requests with various services, discharge summaries, seeing patients in the EAU review clinic, seeing patients in the EAU HOT clinic, usually with a diagnosis, DVT and other typical ward work. Phlebotomy is generally done by the nursing staff, but there is always the opportunity to practice it. When the EAU team is not busy they are expected to help out the take and see medical patients admitted to hospital with acute medical problems. This includes clerking, organising investigations, discussing with and presenting to seniors.
Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions)	Full Shift system Daily The F1 attends the Post Take ward round and takes patients who are likely to be discharged within 24-48 hours. They organise diagnostic and review patients.

They do TTAs, and the DVT/ HOT clinic. They also help the on-call medics.

On call requirements: Full shift. On call team SpR, F2 and CT trainee and 2 F1.Unselected medical take, most patients are assessed on EAU which is run by the acute physician. Consultant medical mid-take ward approx 5pm, with PTWR following morning. Handover of all patients at 9.00am.F1s, one is part of acute team and one covers the ward. There is a Hospital at Night team.

Local education provider (LEP) / employer information

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Innovation and improvement. Financial stewardship.
Banding is dependent on rota. However, all bandings conform to EWTD and New Deal regulations.

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Trainee Information System (TIS) Post Code (and local post number if known)	
Placement details (i.e. the specialty and sub-specialty)	F1 Anaesthetics / Intensive Care
Department	The Department of Anaesthetics consists of 20 Consultant Anaesthetists and approximately 40 non-consultants.
Type of work to expect and learning opportunities	Each placement will work towards achieving the competencies in the Foundation curriculum. There will be an emphasis on managing the acutely sick patient in a variety of specialities. This will be supplemented by a teaching programme that will augment your practical experience mapped to the curriculum including topics relating to patient safety.
Where the placement is based	The Hillingdon Hospital NHS Foundation Trust
Clinical supervisor(s) for the placement	Dr Jeremy Weinbren
Main duties of the placement	At the start of the attachment the F1 will be put on a rota where they will be scheduled to various operating lists or to Intensive Care Unit., where they help with the daily patient list. These are usually in DCU (females) or Lister ward (male) or they may be on a ward if they are not day cases. During their first week the F1 will be taught how to do anaesthetic assessments and as the placement progresses they will be expected to present patients to the consultant. On ICU (2 months) they will form part of the ICU team, looking after the most acutely unwell patients in the hospital.
Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions)	The Standard Working Day is 0800- 1800, although earlier finishes are common. Monday: Most lists begin at 8:30am. Once the patients have been seen, the F1 goes to theatre. The ODP will be there setting things up. The F1 should start to draw up the routine and emergency drugs. Tuesday: Junior anaesthetists teaching in the morning which F1s can go to. Wednesday: F1 teaching at the education centre 1-3pm

Thursday: Same as Monday

Friday: Same as Monday

During the day the F1 will be helping out the consultant on their list and getting 1:1 teaching. The F1 may be asked to go and see the afternoon patients on the list.

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Trainee Information System (TIS) Post Code (and local post number if known)	
Placement details (i.e. the specialty and sub-specialty)	F1 Cardiology
Department	The Department consists of 2 Consultant Cardiologists
Type of work to expect and learning opportunities	Each placement will work towards achieving the competencies in the foundation curriculum. There will be an emphasis on managing the acutely sick patient in a variety of specialties. This will be supplemented by a teaching programme that will augment the F1s practical experience mapped to the curriculum including topics relating to patient safety.
Where the placement is based	The Hillingdon Hospital NHS Foundation Trust
Clinical supervisor(s) for the placement	Dr Grocott-Mason & Dr Dubrey
Main duties of the placement	Following plan from ward rounds, monitoring particularly unwell patients. Clerking in new transfer post-cardiac procedures. Listing inpatients to go over to other hospitals for PCI or pacemaker insertion. Procedures e.g. cannulation, venepuncture, catheterisation.
Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions)	Monday 8:30am – CCU ward round 9:00am – handover 9:30am – reviews of new patients from handover + ward round 12.00pm– jobs from round till the end of the day Tuesday 8:30am – CCU ward round 9:00am – handover 9:30am – reviews of new patients from handover + ward round 12:00pm – jobs from round till the end of the day Cardioversions may take place in CCU Wednesday 8:30am – CCU ward round 9.00am – handover 9.30am – reviews of new patients from handover + ward round 12.00pm– jobs from round till the end of the day

Thursday

8:30am - CCU ward round

9.00am – handover in canteen seminar room

9.30am- reviews of new patients from handover + ward round

12.00pm – jobs from round till the end of the day

Friday

8:30am - CCU ward round

9.00am – handover in canteen seminar room

9.00am – reviews of new patients from handover + ward round

12.00pm – jobs from round till the end of the day

16.00pm – handover to weekend team

On call requirements: Full shift. On call team SpR, F2 and CT trainee and 2 F1. Unselected medical take, most patients are assessed on EAU which is run by the acute physician. Consultant medical mid-take ward approx 5pm, with PTWR following morning. Handover of all patients at 9.00am. F1s, one is part of acute team and one covers the ward. There is a Hospital at Night team.

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Placement details (i.e. the specialty and sub-specialty)	F1 Emergency Medicine
Department	The Department consists of 6 Consultants
Type of work to expect and learning opportunities	Each placement will work towards achieving the competencies in the foundation curriculum. There will be an emphasis on managing the acutely sick patient in a variety of specialties. This will be supplemented by a teaching programme that will augment the F1s practical experience mapped to the curriculum including topics relating to patient safety.
Where the placement is based	The Hillingdon Hospital NHS Foundation Trust
Clinical supervisor(s) for the placement	The F1 will be assigned to Dr Martin Sweatman as their named clinical supervisor.
Main duties of the placement	Trainees will begin their placement with a full two day local induction programme and orientation to the Department. This includes, among other things, child protection training (to level two) and resuscitation training. We are sometimes able to secure an ALS course place for our F1 doctors.
	Trainees will spend their mornings supporting the ED consultants' ward rounds on the Department's Observation Ward. This is a twelve bedded, high turnover, short stay unit, primarily reserved for ED patients. Trainees will take an active role in reviewing patients' responses to acute treatment, as well as making discharge decisions under the guidance of a consultant. They will gain a thorough grounding in essential ward based clinical and administrative duties that will be invaluable to future work in other specialities.
	Trainees will spend their afternoons in the main department, and will be actively involved in the acute assessment, investigation, initial management and disposal of the full spectrum of Emergency Department presentations, including acute medicine, surgery, orthopaedics, paediatrics, psychiatry, obstetrics and gynaecology, as well as minor injuries and illness. Trainees are well supported with a consultant 'shop floor' throughout their shifts.

Our department attaches great importance to the education, training and development of its trainees. We therefore provide one whole day of protected teaching per month, at which attendance is mandatory (unless trainees are on annual leave). These sessions are consultant led, and cover topics relevant to Emergency Medicine practice, as well as to allied specialties, that trainees may ultimately pursue.

Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions)

Trainees work 08:00-17:00 shifts from Monday to Friday, and one in five weekends (also 08:00-17:00). They will work a half day (08:00-12:00) on the Fridays immediately before and after weekend duties.

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Trainee Information System (TIS) Post Code (and local post number if known)	
Placement details (i.e. the specialty and sub-specialty)	F1 Endocrinology & Diabetes
Department	The Department consists of 3 Consultants
Type of work to expect and learning opportunities	Each placement will work towards achieving the competencies in the foundation curriculum. There will be an emphasis on managing the acutely sick patient in a variety of specialties. This will be supplemented by a teaching programme that will augment the F1's practical experience mapped to the curriculum including topics relating to patient safety.
Where the placement is based	The Hillingdon Hospital NHS Foundation Trust
Clinical supervisor(s) for the placement	Dr Mitchell or Dr Baburaj
Main duties of the placement	This is a busy job with endocrinology and diabetes patients. It is interesting and well supported, offering a good opportunity to learn endocrinology and diabetic specific problems. This job gives a great opportunity to improve organizational skills and managing patients effectively, which will be useful as the F1 will participate in the medical on-call rota too.
Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions)	Monday The week starts with handover at 09.00. At this meeting patients who have been admitted the previous day and overnight will be distributed amongst the medial teams. It may help to come in prior to handover to be ready for the day without any outstanding jobs before taking over more patients. Handover is at 9am every weekday. Dr Mitchell consultant ward round. Tuesday 9:30am radiology meeting to review imaging of inpatients/clinic patients with Dr Kantor radiologist. Dr Baburaj consultant ward round. Wednesday
	No consultant ward round today but registrars will do a round
	Thursday

MDT at 12pm with all members of the multidisciplinary team. Doctors, nurses, OTs, physios and diabetic nurses all attend.

Dr Mitchell consultant ward round.

Friday

There are often organised endocrine tests in clinic which the house officers perform. They are usually short synacthen tests or a growth hormone day curve. Dr Baburaj consultant ward round/16.00 handover to the weekend on call team.

On call requirements: Full shift. On call team SpR, F2 and CT trainee and 2 F1.Unselected medical take, most patients are assessed on EAU which is run by the acute physician. Consultant medical mid-take ward approx 5pm, with PTWR following morning. Handover of all patients at 9.00am. F1s, one is part of acute team and one covers the ward. There is a Hospital at Night team.

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Trainee Information System (TIS) Post Code (and local post number if known)	
Placement details (i.e. the specialty and sub-specialty)	F1 Breast Surgery
Department	The Department consists of 2 Consultant Surgeons
Type of work to expect and learning opportunities	Each placement will work towards achieving the competencies in the foundation curriculum. There will be an emphasis on managing the acutely sick patient in a variety of specialties. This will be supplemented by a teaching programme that will augment the F1's practical experience mapped to the curriculum including topics relating to patient safety.
Where the placement is based	The Hillingdon Hospital NHS Foundation Trust
Clinical supervisor(s) for the placement	Mr Babu, Mr Kelly, and Mr Kaplan
Main duties of the placement	The List: At the beginning of each day the F1 adds new patients to the list. This may be all new patients if the F1 is "on take" or one or two each day as "hand backs" e.g. patients known to the F1s' consultants or recently discharged to the breast team. This information can be found on the handover list which the night SHO will update. Check on EPRO to see where the patients are and check ICE to see when they last had bloods. Put out blood requests for the phlebotomists (there are allocated areas or "phleb boxes" on each ward) if necessary. This needs to be done before handover at 8am as the phlebotomists come around just after 8. Handover: Attend handover at 8am in the canteen. The F1 will hear about the patients who have come into the hospital in the last 24 hours. They will take note of any jobs handed over for their patients by the on call team. The F1 hands out the updated list to their team at handover. Ward round: The F1 must ensure that they know where their teams'

observation/fluid balance chart. The F1 will then scribe for the consultant/registrar ensuring that each patient has a plan in the notes for that day (or for the weekend on a Friday morning). They will check whether patients can eat/drink

and ensure any discharge plans are in the notes along with their bleep number so the nursing staff can contact them with any concerns/questions. They will make a note of any jobs for each patient.

Ward Jobs:

The rest of the day is spent doing the jobs requested on the ward

round, for example requesting scans or procedures. The F1 will be called to review any patients that the nurses have concerns about and will be fast bleeped to Patient At Risk (PAR) calls for their patients. They will need to check any blood tests or scans from the day and relay these results to their seniors as appropriate. The F1will also need to talk to relatives and patients to explain their current treatment and progress and to answer any questions they may have. The nurses on surgical wards generally are not able to cannulate or take bloods so any extra blood tests or cannula insertions are the F1s' responsibility.

Pre operative assessment:

On the breast team the F1 will be expected to do paediatric and adult preoperative assessment. This is essentially assessment of fitness for anaesthetic and there will be a proforma in the patients' notes when the F1 goes to see them. They will be expected to clerk the patients (e.g. past medical history, current medications and any allergies etc) and ask questions to do with anaesthetic risk (past GA, limitations to neck movement, ability to lie flat etc) and then examine them.

Paediatric patients require an ENT examination. The F1 will order investigations if necessary based on their examination findings e.g. CXR or ECHO. If they have doubts about fitness for anaesthetic they should ask for an anaesthetic review.

Theatre:

If it is quiet on the wards the F1 may be able to go to theatre.

Sometimes they will be required to attend and assist the registrars and consultants will let them know on the day if they need them in theatre.

On call requirements:

All surgical F1s are on the on call rota. During the week they work

with their normal team until 5pm when they are responsible for ward cover until 8pm. If it is very busy you may be asked to clerk patients in A&E. On the weekend you provide ward cover from 8am to 8pm.

Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions)

Daily 08.00 handover ward round

Monday:

Two consultants in theatre.

AM Adult Pre-operative Clinic

AM lymph node/ neck joint clinic

PM paeds

General Surgical Teaching: 13.00

Tuesday:

AM breast clinic

PM one consultant in theatre

Wednesday:
AM breast clinic
11am Paeds Pre-op
PM one consultant in theatre
3pm Adult Pre-operative Clinic

Thursday: No theatre AM clinic

F1 should pick up theatre list for Friday and Monday

Friday:

Theatre:

AM Paeds list in theatre PM consultant in theatre

The F1 should add patients to weekend list, put out weekend bloods and anticipatory weekend TTAs.

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Placement details (i.e. the specialty and sub-specialty)	F1 Breast Surgery
Department	The Department consists of 4 Consultant Surgeons
Type of work to expect and learning opportunities	Each placement will work towards achieving the competencies in the foundation curriculum. There will be an emphasis on managing the acutely sick patient in a variety of specialties. This will be supplemented by a teaching programme that will augment the F1's practical experience mapped to the curriculum including topics relating to patient safety.
Where the placement is based	The Hillingdon Hospital NHS Foundation Trust
Clinical supervisor(s) for the placement	Mr. Mohsen, Mr. Harris, Mr. Prabhudesai, Mr. Myers
Main duties of the placement	Apart from the general skills of organisation and efficiency that this job demands and cultivates, it is particularly good for learning very quickly how to manage acute surgical admissions and colorectal cases, as well as experience of the management of the deteriorating surgical patient. There are plenty of opportunities to perform practical procedures on the wards, assist in theatre as well as attend outpatient clinics, all of which are integral to personal and professional development.
	There is a lot of interaction with the consultants, not just on ward rounds but also in forums such as the weekly radiology meeting, the MDT meeting and on the regular teaching ward rounds. The consultants are all very approachable and friendly, ensuring a very well supported, robust learning environment.
Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions)	Monday: 8am Handover followed by a Consultant/SpR Ward round 10am X-ray meeting (F1 to prepare list of patients, F2 to write up results) Consultant Ward round- all patients seen by entire colorectal team 2pm: Consultant OP clinic 4pm Paper round 8pm Handover to night F2

Tuesday:

8am Handover followed by Consultant/SpR Ward round

There is a Consultant all day theatre list.

9:30am Consultant OP clinic

12:30- MDT

2pm: Consultant OP clinic

4pm Paper round

8pm Handover to night F2

Wednesday:

8am Handover followed by SpR Ward round Consultant all day theatre list

2pm F1/2 Teaching in postgraduate centre

4pm Paper round

8pm Handover to night F2

Thursday:

8am Handover followed by Consultant/SpR Ward round

Two consultant have an all day theatre list.

1pm Surgical team teaching

4pm Paper round

8pm Handover to night F2

Friday:

8am Handover followed by Consultant/SpR Ward round

One consultant in theatre, another in clinic

4pm Paper round

8pm Handover to night F2

End of day is variable but involves a catch up of results and selected review of patients held sometime between 1530 and 1700.

Saturday:

8am Handover followed by Consultant/SpR ward round with F1 + F2 (on call) of all surgical patients 8pm Handover to night F2

Sunday:

8am Handover followed by SpR ward round with F1 + F2 (on call) of sick surgical patients 8pm Handover to night F2

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Trainee Information System (TIS) Post Code (and local post number if known)	
Placement details (i.e. the specialty and sub-specialty)	F1 Acute Care of the Elderly
Department Department	The Department of Care of the Elderly consists of 6 Consultant Geriatricians with 2 Consultant Geriatricians on Beaconsfield East ward.
Type of work to expect and learning opportunities	Each placement will work towards achieving the competencies in the foundation curriculum. There will be an emphasis on managing the acutely sick patient in a variety of specialties. This will be supplemented by a teaching programme that will augment the F1s' practical experience mapped to the curriculum including topics relating to patient safety. Structure: 2 consultants, 1 registrar, 1 GP or CT1, 1 F2, 1 F1. The F1 is primarily based on one ward but have outliers throughout the hospital. They have responsibility on this placement as it is very busy but they are well supported.
Where the placement is based	The Hillingdon Hospitals NHS Foundation Trust Acute Care of the Elderly
Clinical supervisor(s) for the placement	Dr Barnes & Dr Baldwin / Dr D'Souza/Dr McCusker
Main duties of the placement	Ward rounds occur every morning – F1s are expected to document in the notes, review x rays and bloods and come up with management plans (with senior support). CT and MRI request forms need discussing with the radiologist. The rest of the day is spent reviewing the days' blood results, submitting request forms and carrying out jobs from the morning ward round. The F1 is also expected to be able to update families. On call requirements: Generally the medical on call rota means the F1spenad about 2 months doing acute work- on calls & day shifts in EAU and 2 months Care of the Eldery. A day on call during the week will see the F1 clerking in patients on EAU (very well supported). Intil 5 when they cause the
	EAU (very well supported), until 5 when they cover the wards until the night team arrives at 9.30. Weekend days, nights and week nights see the F1 covering the wards. They are expected to be able to review patients,

	attend crash calls, bloods, cannulas, fluids and medications. The on call rota is very well supported.
Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions)	9-5 Monday to Friday with the on call pattern outlined above.
Local education provider (LEP) / employer information	The Hillingdon Hospitals NHS Foundation Trust became an NHS Foundation Trust on 1st April 2011. This new legal status gives us greater freedom to run our own affairs and more formal links with our local patient and staff communities. We are accountable to these groups through an elected and appointed Board of Governors, formed of elected representatives of patients, local residents and staff. Foundation Trusts operate independently of the Department of Health and the Strategic Health Authority, although they remain part of the National Health Service.
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	We aim to provide high quality emergency and specialist patient-focused care which is accessible and responsive. This care is delivered by skilled and motivated staff, in conjunction with partners in the local community to promote dignity, choice and good health.
	Our Principal Aims
	Provide the best possible care, cure and comfort to the local community Recognise the dignity and rights of each person and their individual needs Promote good health and preventing sickness
	Trust Objectives:
	Vision: To be the best general hospital in the country. We will achieve our vision through providing excellence in:
	 Treatment and care which is safe, sensitive and responsive to the individual Recruiting, retaining and developing our staff. Relationships with the people we serve and those with whom we work Innovation and improvement. Financial stewardship.

Banding	is	depend	dent	on	Ro	ta. F	loweve	r, all
bandings		onform	to	EW	ΓD	and	New	Deal
regulation	S.							

^{*}It is important to note that this description is a typical example of the placement and may be subject to change.

Trust	The Hillingdon Hospitals NHS Foundation Trust
Site F	Hillingdon and Mount Vernon Hospitals
Trainee	
Information	
System (TIS)	
Post Code	
(and local post	
number if	
known)	
Placement F	F1 Integrated Haematology & Palliative Care
details (i.e.	
the specialty	
and sub-	
specialty)	
	Haematology – based at Hillingdon Hospital
h w c	The FY1 post will be based at Hillingdon Hospital, which provides a level 2 naematology services for Hillingdon and Ealing boroughs. The FY1 doctor will join the existing haematology team at Hillingdon hospital, which currently consists of, three haematology consultants, three specialist registrars, and two specialist nurses.
tl c T tı a	The haematology patients are principally located on Bevan ward, although they can be occasionally located throughout the hospital. Bevan ward consists of 24 side rooms and is shared with the gastroenterology team. There is also a haematology/medical day care unit (DCU) which consist of 7 creatment chairs, one bed (where diagnostic procedures are carried out) and a phlebotomy chair. This is where the bulk of the diagnostic work and ambulatory patient care is accommodated.
Т Т	Palliative Care – based at Mount Vernon The FY1 doctor will join the existing palliative care team which currently consists of two consultants and an F1.
Type of work E	Each placement will work towards achieving the competencies in the
to expect and learning sopportunities to	foundation curriculum. There will be an emphasis on managing the acutely sick patient in a variety of specialities. This will be supplemented by a teaching programme that will augment your practical experience mapped to the curriculum including topics relating to patient safety.
placement is based	The Hillingdon Hospitals NHS Foundation Trust
	Haematology - Dr Ketan Patel, Dr Taku Sugai, Dr Riaz Jan-Mohamed
supervisor(s) F for the placement	Palliative Care –Dr Yolande Sauders and Dr Jean Potters
	The postholder will be based in Haematology and Palliative Care each for 2 months of a 4-month post.
-	Haematology – based at Hillingdon Hospital

The FY1 doctor will be working with and closely supervised by the specialist registrar that is allocated to the wards. The FY1 doctor will undertake daily ward rounds with the SpR and twice weekly ward rounds with the Consultant as well reviewing in-patient referrals.. Together they will be in charge of the day-to-day in-patient care and will assess and manage patients attending the day care unit who may require admission.

The FY1 doctor will also be expected to attend the weekly Histopathology and radiology meetings.

The FY1 doctor will gain experience in managing patients with a variety of haematological conditions including haemto-oncological conditions requiring chemotherapy. They will obtain experience in the management of complications of chemotherapy (such as neutropenic sepsis), haematological emergencies and medical emergencies. They will also have an opportunity to learn how to perform both Bone marrow procedures and Lumbar punctures. There will also be a opportunities to perform an audit during the post.

Palliative Care – based at Mount Vernon Hospital

During this placement you review patients in the community with a variety of diseases who require palliative care input This post would offer development of generic and specialist skills which are applicable in all specialties and care settings and therefore highly relevant to junior doctors.

This post would help develop

- communication skills including breaking bad news
- skills in cancer pain assessment and symptom management
- an understanding of management of patients approaching the end of life and in the terminal phase, including use of syringe drivers
- Individualising the application of treatment algorithms so that they are appropriate to the patient's performance status and wishes

This post provides exposure to the delivery of health care in a hospice setting. The current service is consultant led and gives a high level of support to newly qualified doctors. There is exposure to a range of patients with cancer, advanced neurological disease and end stage organ disease. There will also be exposure to complex ethical situations and decision making. Special visits can be arranged e.g. to visit the cancer centre, attend GSF meetings with District nursing teams and general practice, etc.

Learning Objectives:

- How to talk to patients and their carers at the end of life
- Management of cancer pain and other symptoms
- Management of patients in the terminal phase
- How to break bad news

Typical	Haemat	ology				
working		Monday	Tuesday	Wednesday	Thursday	Friday
pattern in this						_
placement						
(e.g. ward						
rounds, clinics,						
theatre sessions)						
363310113)						

-	-						_
	am	Medical Hand over meeting in order to establish if any haematology patients were admitted over the weekend that have been handed back to the team. Ward round with Specialist Registrar followed by Ward work	Medical Hand over meeting. Ward round and ward work with the SpR	Medical Handover meeting. Ward round and ward work with SpR	Medical Handover meeting. Ward Round and ward work with SpR	Medical Handover meeting. Consultant ward round	
	Lunch time			Foundation Mandatory Teaching			
	pm	2.00pm Histopathology Meeting. 2.45pm Ward work	13.00 Grand Round 14.00 Haematology Radiology Meeting 14.30 Consultant Ward Round	14.00 FY teaching 15.00 Ward work	Ward work	Ward work. (Opportunity to join the SpR's teaching on Blood films and Bone marrows	

Michael Sobell House Palliative Care Inpatient Unit, based at Mount Vernon Hospital

	Monday	Tuesday	Wednesday	Thursday	Friday
am	0900-1000 Handover 1000-1030 Referrals meeting Followed by ward work	0900 Nursing staff hand over followed by Consultant Ward round	0900 Nursing staff hand over followed by registrar/ST1 ward round	0900 Nursing staff hand over followed by registrar ward round	0830-0930 Journal club 0945-1300 Consultant ward round
Lunch time			FY1 Mandatory training	Palliative care teaching 3:4 Clinical supervision 1:4 (MSH)	
	13.30 – 1500 MSH MDT 1500-1700 Clerking admissions	Clerking admissions	Clerking admissions	Clerking new admissions	Clerking new admissions

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Trust	The Hillingdon Hospitals NHS Foundation Trust
Site	The Hillingdon Hospitals NHS Foundation Trust
Trainee Information System (TIS) Post Code (and local post number if known) Placement details (i.e. the specialty and sub- specialty)	F1 Liaison Psychiatry
Department	The current complement of the team is:
	 2 x full-time locum Consultant Liaison Psychiatrists 1 x Band 8A Team manager 3 x Band 7 Psychiatric Liaison Nurses inc. one Drug & Alcohol Nurse Specialist 9 x Band 6 Psychiatric Liaison Nurses 1 x part-time Specialist Pharmacist 1 x full-time team administrator
Type of work to expect and learning opportunities	Liaison Psychiatry is an essential component of the acute care pathway providing assessment and rapid access to primary and secondary mental health services. A placement in Liaison psychiatry can provide Foundation Year 1 Trainees with experience of common mental health and risk issues that they will encounter throughout their medical career, regardless of eventual specialty. The general hospital setting provides an appropriate and familiar context for learning skills and carrying these through to subsequent placements. The dynamic and varied nature of liaison psychiatry work provides ample opportunity for supervised learning events on a daily basis. Key learning may include, but not limited to, managing acute mental or behavioural disturbances, recognising normal and abnormal psychological reactions to illness, managing co-existent alcohol and drug problems and becoming familiar with relevant legislation such as the Mental Capacity Act and the Mental Health Act. It can equip these trainees at an early stage in their careers with the necessary level of skill in rapid mental health assessment and risk management to enable them to manage acute mental health related issues alongside physical co-morbidity.
Where the placement is based	The Hillingdon Hospitals NHS Foundation Trust
Clinical supervisor(s)	Dr Panthratan Grewal (Consultant Liaison Psychiatrist) Dr Gira Patel (Consultant Old Age Liaison Psychiatrist)

for the placement						
Main duties of the placement	from	the Accident 8	rred from med & Emergency I hour supervisi	Department at	Hillingdon Ho	spital.
	liaiso	n handover m	atry Consultani eetings and re gactivities both	views in acco	rdance with th	eir timetable.
	Trust	staff.	nical projects			
	be su	pervised by th				
	and s	statutory secto e with the staff	rs advising on f providing out	patient matte of hours psyc	rs as appropri hiatry input at	ate. Hillingdon
	each	working day.	adequate clin			
	Acute	•	the process of the Trust and			
	• With	senior clinical	support will actes) as listed b	•	etencies* (ba	sed n core
Typical	There is	no on call res	ponsibility rela	ited to psychia	atry in this pos	it.
working		Monday	Tuesday	Wednesday	Thursday	Friday
pattern in						
this placement		9.15-9.45	9.15-9.45	9.15-9.45	9.15-9.45	9.15-9.45
(e.g. ward rounds, clinics,		Handover	Handover	Handover	Handover	Handover
theatre	am	9.45 -11	10-12	9.45 -11	10-12	10-11
sessions)		Joint HTT	Clinical work		Clinical	Supervision
		follow up assessment		follow up assessment	work	11-1
		clinic		clinic	12-1 Care	Clinical
		Cillic		Cillic	Of the	work
		11-1 Clinical		11-1 Admin	Elderly	WOIK
		work		time	(Medical	
					team) MDT	
		2-2.30	1- 2 Medical	1-2.30	2-2.30	2-2.30
		Handover	grand round	FY Academic Programme	Handover	Handover
		2.30-3.30	2-2.30		2.30 – 3	2.30-5.00
		Team	Handover	2.30-5	Team	Audit /
	pm	business		Psychiatry	reflective	project
			1 2 2 2 4 2 2	A I ! -	1	Liverale
		meeting	2.30-4.30	Academic	supervision	work
	P		Team	Programme	group	time
		3.30-5			•	

Local education provider The Hillingdon Hospitals NHS Foundation Trust

programme

(2-5 Integrated

Care

Pathway meeting monthly 3-5 Clinical

work

Clinical

work

(LEP) / employer information

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Trust	The Hillingdon Hospitals NHS Foundation Trust
Site	The Hillingdon Hospitals NHS Foundation Trust
Trainee Information System (TIS) Post Code (and local post number if known)	
Placement details (i.e. the specialty and subspecialty)	F1 Obstetrics and Gynaecology
Department	The Department consists of 8 Consultants and 2 Associate Specialists
Type of work to expect and learning opportunities	Each placement will work towards achieving the competencies in the foundation curriculum. There will be an emphasis on managing the acutely sick patient in a variety of specialties. This will be supplemented by a teaching programme that will augment your practical experience mapped to the curriculum including topics relating to patient safety.
Where the placement is based	The Hillingdon Hospitals NHS Foundation Trust
Clinical supervisor(s) for the placement	Mr Nicholas, Mr Watson, Mr Chilcott, Ms Kothari, Ms Law, Ms Sharma, Ms Cook, Ms Joash, El-Sayed, Firkett
Main duties of the placement	F1s alternate one week Gynae and one week obstetrics. Gynae week is predominantly ward work and helping review patients in the early pregnancy unit working with the SHO.
	Obstetric week: mostly post natal ward rounds in morning the obstetric triage (>18/40 gestation – ground floor maternity building) in the afternoon, may be scheduled to help with elective CS/ Labour ward/ ANC 5pm handover on Labour Ward for both Gynae and Obs
Typical working pattern in this placement (e.g. ward	Monday AM: 07:30 teaching Gynae ward round PM: Early pregnancy unit/ A&E Tuesday AM: Paeds meeting then Gynae ward round
rounds, clinics, theatre sessions)	PM: Early pregnancy unit/ Å&E 5pm: teaching
	Wednesday AM: Gynae ward round 8am PM: EPAU meeting Early pregnancy/ A&E

Thursday

AM: Gynae ward round 8am

12:30: lunch meeting

PM: Early pregnancy unit/ A&E

Friday

AM: Gynae ward round 8am PM: Early pregnancy unit/ A&E

On call requirements: Full shift. On call team Spr, F2 and CT trainee and 2 F1.Unselected medical take, most patients are assessed on EAU which is run by the acute physician. Consultant medical mid-take ward approx 5pm, with PTWR following morning. Handover of all patients at 9.00am takes place in Choices Restaurant. F1s, one is part of acute team and one covers the ward. There is a Hospital at Night team.

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	*		

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Trust	The Hillingdon Hospitals NHS Foundation Trust	
Site	The Hillingdon Hospitals NHS Foundation Trust	
Trainee Information System (TIS) Post Code (and local post number if known)		
Placement details (i.e. the specialty and subspecialty) F1 Paediatrics F1 Paediatrics		
Department	The Dept of Paediatrics consists of 12 Consultant Paediatricians	
Type of work to expect and learning opportunities	foundation curriculum. There will be an emphasis on managing the acutely sick patient in a variety of specialties. This will be supplemented by a teaching	
Where the placement is based	3 1	
Clinical supervisor(s) for the placement	Dr Stephen Goldring	
Main duties of the placement	inpatient ward. It is a good opportunity to gain experience managing children	
Typical	Various Shift patterns:	
working pattern in this placement (e.g. ward rounds, clinics, theatre sessions)	Long day – Present at handovers. Attend ward round on PPW. Ward work on PPW. Short day – New Born Examinations, new baby checks AM, out patient Dept PM Half day – Covers A & E every day from 0800-1300. Half day Post Natal ward – Covers Post natal wards.	
,	Afternoon shift – Cover A&E Night Shift – Cover the A&E & PPW overnight with Registrar supervision.	

Long day – Attend handover and neonatal ward rounds. Ward work on neonatal unit. Admission & Discharge checks.

Day Neonatal – Newborn examinations. Cover PNW until 2pm. OPD after 2pm. Night shift Neonatal – Covers NNU, PNW & LW.

Wendy Ward – Attend WW until 2pm and then clinic.

Half day Neonatal – New born examinations. Cover labour ward. Neonatal/GP training – take as holiday, opportunity to do audit etc

On call requirements:

Full shift. On call team SpR, F2 and CT trainee and 2 F1s.Unselected medical take, most patients are assessed on EAU which is run by the acute physician. Consultant medical mid-take ward approx 5pm, with PTWR following morning. Handover of all patients at 9.00am. F1s, one is part of acute team and one covers the ward. There is a Hospital at Night team.

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Trust	The Hillingdon Hospitals NHS Foundation Trust
Site	Frays Ward, Riverside Centre, Pield Heath Road, Uxbridge, UB8 3NN
Trainee Information System (TIS) Post Code (and local post number if known)	
Placement details (i.e. the specialty and sub- specialty)	F1 Inpatient – General adult psychiatry
Department	The inpatient psychiatric service in Hillingdon is provided through Frays Ward (23 bed male ward), Crane Ward (18 bed female ward), Colne Ward (8 bed male PICU).
	On Frays Ward the medical team currently consists of 1 Consultant Psychiatrist, 1 Specialty Doctor, 1 CT1 psychiatry trainee and 1 ST4-6 (1 day per week). We have inpatients with a broad range of psychiatric, medical and psychosocial diagnoses and of ages from 18 to 75+.
Type of work to expect and learning opportunities	Working on Frays Ward would give Foundation Year doctors exposure to common as well as some rarer mental health problems. There is preponderance of psychosis, but with a broad range of presentations, as well as affective disorders, anxiety disorders, personality disorders, drug and alcohol problems, cognitive problems and organic mental disorders. The doctor would develop skills in taking a psychiatric history and performing mental state examinations, presenting these to colleagues and contributing to a formulation and management plan. They would gain an understanding of the biological, psychological and social components to the aetiology of mental illness as well as the need for the management plan to address these areas.
	Because of the patient group, we often see medical conditions that require intervention and there can be interesting medical dilemmas. These may be acute onset or long term conditions and there are many opportunities for health promotion such as smoking cessation. Trainees would have opportunity to develop practical skills such as physical examination and phlebotomy and ordering appropriate investigations and liaising with doctors from other specialties.
	Patient safety and assessing and managing risks are core skills to all who work in the acute service.
	We would expect in a four month rotation that a Foundation trainee would be introduced to medical ethical issues, including capacity and consent to

treatment and gain an understanding of the Mental Health Act. They would also get an understanding of the joint working of Health services with the Local Authority such Social Services, Children and Family Services and Housing. In the four month rotation the trainee could observe Mental Health Act assessments, Mental Health Act Tribunals and Managers Hearings. There are opportunities for being involved in audits and Quality Improvement projects on the ward and with HTT that can be presented at regular Audit Meetings. The Foundation Year trainee would be expected to take notes during ward reviews showing their record keeping skills. There would also be need for the doctor to complete written communications in the form of discharge summaries and letters to other bodies. All of the above experience would be closely supervised by both the Ward Consultant. The Foundation Trainee would have the opportunity to assess patients independently in the knowledge that this would contribute to a team plan. Where the The Hillingdon Hospitals NHS Foundation Trust placement is based Dr Claire Woolcock Clinical supervisor(s) for the placement Main duties The F1 doctor is working with the team to ensure the care of the patients on the of the ward and maintaining their medical records. placement They would participate in the daily ward reviews, documenting the minutes and changes to care plans and following up tasks that come from those meetings with the other medical members of the team that often includes managing physical health conditions. There are likely to be occasions where they will be involved in the management of psychiatric or medical emergencies, under the supervision of senior medical colleagues. They would be involved in completing discharge summaries detailing the care delivered to patients. They would be expected to participate in the weekly educational programme. **Typical** The ward team and MDT team meet every morning at 9.20am for a handover. working This meeting is when everyone contributes and shares information about all the patients on the ward, plans for the day ahead and updates risk and care pattern this plans. placement ward (e.g. The medical team then lead the patient review meetings. This gives an rounds, clinics, opportunity to observe senior clinicians interviewing patients and formulating theatre care plans. There are also times when trainees can do workplace based sessions) assessments or have supervised learning events. The afternoons are times for ward work. This would be working with the CT1 trainee ensuring that the daily jobs were completed. The academic meetings are held on a Wednesday that the Foundation trainee would be expected to attend. The trainee would also receive weekly supervision with the Consultant Psychiatrist from Frays or HTT for an hour as well as regular clinical supervision throughout the week.

	Opportunities on a ad hoc basis could be made for spending time with other services to gain experience of the interfacing services (ie HTT and Psychological medicine).
Local education provider (LEP) / employer information	Hillingdon Hospital will remain the employer and the F1 will have an honorary contract with CNWL.

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Trainee Information System (TIS) Post Code (and local post number if known)		
Placement details (i.e. the specialty and subspecialty)	F1 Respiratory Medicine	
Department	The Department consists of 2 Consultant Physicians	
Type of work to expect and learning opportunities	Each placement will work towards achieving the competencies in the foundation curriculum. There will be an emphasis on managing the acutely sick patient in a variety of specialties. This will be supplemented by a teaching programme that will augment the F1's practical experience mapped to the curriculum including topics relating to patient safety.	
Where the placement is based	The Hillingdon Hospitals NHS Foundation Trust	
Clinical supervisor(s) for the placement	Dr. Haselden, Dr. Wills	
Main duties of the placement	The main duties are to care for the inpatients on the Respiratory firm, and to take part in the on call general medical rota, attending acute admissions and medical problems arising in existing inpatients. The F1 will be expected to be familiar with the status of their patients on the respiratory firm. There will be the need to perform basic tests such as arterial puncture, and there is usually the opportunity to perform thoracocentesis.	
Typical working	Daily: morning handover	
pattern in this placement (e.g. ward rounds, clinics, theatre	Monday: 09.00 Ward round of one consultant's patients then SpR ward round of other consultant's patients 14.00 – Discharge Multidisciplinary meeting	
sessions)	Tuesday: 09.00 consultant ward round 13.00– Grand round	

Wednesday 09.00– SpR ward round 13.00– Teaching for F1/ F2 14.00 – X-ray meeting

Thursday:

08:30 - Lung cancer MDT

09.30 - Outpatients clinic and ward rounds

Friday:

09.00 Ward round of one consultant's patients then SpR ward round of other consultant's patients

1600 Handover

On call requirements: Full shift. On call team SpR, F2 and CT trainee and 2 F1.Unselected medical take, most patients are assessed on EAU which is run by the acute physician. Consultant medical mid-take ward approx 5pm, with PTWR following morning. Handover of all patients at 9.00am. F1s, one is part of acute team and one covers the ward. There is a Hospital at Night team.

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Innovation and improvement. Financial stewardship.
Banding is dependent on rota. However, all bandings conform to EWTD and New Deal regulations.

^{*}It is important to note that this description is a typical example of the placement and may be subject to change.

Trust	The Hillingdon Hospitals NHS Foundation Trust	
Site	The Hillingdon Hospitals NHS Foundation Trust	
Trainee Information System (TIS) Post Code (and local post number if known) Placement details (i.e.	F1 Trauma & Orthopaedic Surgery	
the specialty and subspecialty)		
Department	The Department consists of 14 Consultants	
Type of work to expect and learning opportunities	Each placement will work towards achieving the competencies in the foundation curriculum. There will be an emphasis on managing the acutely sick patient in a variety of specialties. This will be supplemented by a teaching programme that will augment the F1's practical experience mapped to the curriculum including topics relating to patient safety.	
Where the placement is based The Hillingdon Hospitals NHS Foundation Trust		
Clinical supervisor(s) for the placement	TBC	
Main duties of the placement	Main duties include:- Ward based, post op check reviews, attending to sick patients, reviewing bloods, orthogeriatric ward round, daily ward rounds with ward SHO, writing in notes, discharge summaries, admin. Experience:- daily trauma meeting, reviewing post take patients with their x-rays is a good learning opportunity. Examining post op patients and ensuring that their Hb is stable, no infection and neurovascularly intact (this is a very good learning opportunity to learn how to care for post op patients). Also an opportunity to go to theatres and clinics. All Consultants are extremely approachable and very keen to teach and the team is very friendly and on hand to help. Not very stressful as there are no on calls. Good opportunity to learn for those interested in Orthopaedics.	
Typical working pattern in this placement (e.g. ward	Monday Morning: 8am Trauma meeting Trauma ward and ward work until 12pm with ward SHO then update list with new trauma patients, ward round and relevant jobs Afternoon:	

rounds, clinics, theatre sessions) Theatre/clinic/Ward work

Tuesday Morning:

8am Trauma meeting

9:30am orthogeriatric ward round

Ward round until 12pm with ward SHO then update list with new trauma patients, ward round and relevant jobs.

Afternoon:

Theatre/clinic/Ward work

Wednesday

Morning:

Trauma and radiology meeting 8am.

Trauma ward and ward work until 12pm with ward SHO update list with new trauma pts, ward round and relevant jobs.

Afternoon:

Theatre/clinic/FY1 teaching/Ward work

Thursday

Morning:

Trauma meeting 8am education centre

Trauma and ward work till 12pm with ward SHO then update list with new trauma patients, ward round and relevant jobs.

Afternoon:

Theatre/clinic/orthogeriatric ward round.

Friday

Morning:

8am Trauma meeting.

Trauma ward and ward work till 12pm with ward SHO then update list with new trauma patients, ward round and relevant jobs

Afternoon:

Theatre/clinic/Ward work

On call requirements: None

Local education provider (LEP) / employer information

The Hillingdon Hospitals NHS Foundation Trust became an NHS Foundation Trust on 1st April 2011. This new legal status gives us greater freedom to run our own affairs and more formal links with our local patient and staff communities. We are accountable to these groups through an elected and appointed Board of Governors, formed of elected representatives of patients, local residents and staff. Foundation Trusts operate independently of the Department of Health and the Strategic Health Authority, although they remain part of the National Health Service.

Services are provided from both the Hillingdon Hospital and Mount Vernon Hospital site. The Trust has an annual budget of over £169 million and employs over 2,400 members of staff working to deliver high quality healthcare to the residents of the London Borough of Hillingdon, and increasingly to those living in the surrounding areas of Ealing, Harrow, Buckinghamshire and Hertfordshire giving us a total catchment population of over 350,000 people.

We aim to provide high quality emergency and specialist patient-focused care which is accessible and responsive. This care is delivered by skilled and motivated staff, in conjunction with partners in the local community to promote dignity, choice and good health.

Our Principal Aims

Provide the best possible care, cure and comfort to the local community Recognise the dignity and rights of each person and their individual needs Promote good health and preventing sickness

Trust Objectives:

Vision: To be the best general hospital in the country. We will achieve our vision through providing excellence in:

- Treatment and care which is safe, sensitive and responsive to the individual
- Recruiting, retaining and developing our staff.
- Relationships with the people we serve and those with whom we work
- Innovation and improvement. Financial stewardship.

Banding is dependent on rota. However, all bandings conform to EWTD and New Deal regulations.

^{*}It is important to note that this description is a typical example of the placement and may be subject to change.



F2 - Individual Placement Descriptors

Trust	The Hillingdon Hospitals NHS Foundation Trust
Site	The Hillingdon Hospitals NHS Foundation Trust
Trainee Information System (TIS) Post Code (and local post number if known)	
Placement details (i.e. the specialty and sub-specialty)	F2 Emergency Assessment Unit (EAU)
Department	The Department consists of 4 Consultant Physicians – Dr Edwards, Dr Baburaj, Dr Gerry & Dr Barnes
Type of work to expect and learning opportunities	Each placement will work towards achieving the competencies in the foundation curriculum. There will be an emphasis on managing the acutely sick patient in a variety of specialities. This will be supplemented by a teaching programme that will augment your practical experience mapped to the curriculum including topics relating to patient safety.
Where the placement is based	The Hillingdon Hospitals NHS Foundation Trust. The Department consists of 4 Consultant Physicians.
Clinical supervisor(s) for the placement	Dr Edwards, Dr Baburaj, Dr Gerry, Dr Barnes
Main duties of the placement	Monday: 7:00 PTWR by Dr Edwards 9:00 Handover medical meeting, WR by Dr Edwards on EAU patients. Organise diagnostic and review in- patients Discharge summaries for EAU patients. HOT clinic and DVT clinic patients. 12:00 Ward round with consultant, nurses and bed managers Intermittent decisions and reviews of EAU patients with Reg and consultant. Helping with Take patients when possible Tuesday: 7:00 PTWR by Dr Edwards 9:00 Handover medical meeting, WR by Dr Edwards on EAU patients. Organise diagnostic and review in- patients Discharge summaries for EAU patients HOT clinic and DVT clinic patients. 12:00 Ward round with consultant, nurses and bed managers Intermittent decisions and reviews of EAU patients with Reg and consultant. Helping with Take patients when possible Wednesday: 7:00 PTWR by Dr Gerry

Local education provider (LEP) / employer information	Hillingdon Hospitals NHS Foundation Trust.
Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions)	On call requirements: Full shift. On call team Spr, F2 and CT trainee and 2 F1.Unselected medical take, most patients are assessed on EAU which is run by the acute physician. Consultant medical mid-take ward approx 5pm, with PTWR following morning. Handover of all patients at 9.00am. There is a Hospital at Night team.
	Friday: 8:00 PTWR by Dr Barnes 9:00 Handover medical meeting, WR by Dr Barnes on EAU patients. Organise diagnostic and review in- patients Discharge summaries for EAU patients HOT clinic and DVT clinic patients. 12:00 Ward round with consultant, nurses and bed managers Intermittent decisions and reviews of EAU patients with Reg and consultant. Helping with Take patients when possible
	Thursday: 7:00 PTWR by Dr Baburaj 9:00 Handover medical meeting, WR by Dr Baburaj on EAU patients. Organise diagnostic and review in- patients Discharge summaries for EAU patients HOT clinic and DVT clinic patients. 12:00 Ward round with consultant, nurses and bed managers Intermittent decisions and reviews of EAU patients with Reg and consultant. Helping with Take patients when possible
	Discharge summaries for EAU patients HOT clinic and DVT clinic patients. 12:00 Ward round with consultant, nurses and bed managers Intermittent decisions and reviews of EAU patients with Reg and consultant. Helping with Take patients when possible
	9:00 Handover medical meeting, WR by Dr Gerry on EAU patients. Organise diagnostic and review inpatients

^{*}It is important to note that this description is a typical example of the placement and may be subject to change.

Trust	The Hillingdon Hospitals NHS Foundation Trust
Site	The Hillingdon Hospitals NHS Foundation Trust
Trainee Information System (TIS) Post Code (and local post number if known)	
Placement details (i.e. the specialty and sub-specialty)	F2 Emergency Medicine
Department	The Department consists of 5 Consultants
Type of work to expect and learning opportunities	Each placement will work towards achieving the competencies in the foundation curriculum. There will be an emphasis on managing the acutely sick patient in a variety of specialities. This will be supplemented by a teaching programme that will augment the F2's practical experience mapped to the curriculum including topics relating to patient safety.
Where the placement is based	The Hillingdon Hospitals NHS Foundation Trust
Clinical supervisor(s) for the placement	Trainees will be assigned a named consultant clinical supervisor: Dr Jas Johal (Associate Clinical Director), Dr Andrew Greenland, Dr Martin Sweatman, Dr Alagandan Sivakumar, Dr Jo Carruth
Main duties of the placement	Trainees will begin their placement with a full two day local induction programme and orientation to the Department. This includes, among other things, training in child protection (to level two) and resuscitation. Trainees will be booked onto the A&E Radiology Survival Course at Northwick Park Hospital, and the Hospital's in house ALS Provider courses, as soon as is practicable.
	Trainees will be actively involved in the acute assessment, investigation, initial management and disposal of the full spectrum of Emergency Department presentations, including acute medicine, surgery, orthopaedics, paediatrics, psychiatry, obstetrics and gynaecology, as well as minor injuries and minor illness. Trainees can expect an excellent level of senior support and supervison with a consultant 'shop floor' presence for twelve hours per day Monday to Friday and nine hours per day at weekends. There is '24-7' middle grade cover at all other times.
	The department attaches great importance to the education, training and development of its trainees. We therefore provide one whole day of protected teaching per month, and all trainees are expected to attend (unless they are working night shifts, or are on annual leave). These sessions are consultant led, and cover

Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions)	topics relevant to Emergency Medicine practice, as well as to allied specialties, that some trainees may ultimately pursue. Trainees will work as part of a sixteen person, full shift rota, in which internal cover is built in for annual and study leave. Shifts are typically nine to ten hours in duration, and include morning, afternoon, twilight, and night shifts. Unlike most Emergency Departments, we allow our trainees to choose their position on the rota, and select their annual leave weeks, subject to availability.
Local education provider (LEP) / employer information	Hillingdon Hospitals NHS Foundation Trust

^{*}It is important to note that this description is a typical example of the placement and may be subject to change.

Trust	The Hillingdon Hospitals NHS Foundation Trust				
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Site	The Hillingdon Hospitals NHS Foundation Trust				
Trainee Information System (TIS) Post Code (and local post number if known)					
Placement details (i.e. the specialty and sub-specialty)	F2 Endocrinology & Diabetes Mellitus				
Department	The Department consists of 2 Consultants				
Type of work to expect and learning opportunities	Each placement will work towards achieving the competencies in the foundation curriculum. There will be an emphasis on managing the acutely sick patient in a variety of specialties. This will be supplemented by a teaching programme that will augment your practical experience mapped to the curriculum including topics relating to patient safety. The Diabetes Specialist Nurses are excellent resources to help with diabetes education, insulin management training etc and can provide the F2 with training during the placement.				
Where the placement is based	The Hillingdon Hospitals NHS Foundation Trust				
Clinical supervisor(s) for the placement	Dr Baburaj, Dr Mitchell				
Main duties of the placement	This is a busy job with endocrinology and diabetes patients. It is interesting and well supported offering a good opportunity to learn endocrinology and diabetic specific problems. This job gives a great opportunity to improve organizational skills and managing patients effectively, which will be useful as you will participate in the medical on-call rota too.				
Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions)	Monday: 9am: Handover meeting - At this meeting, patients who have been admitted the previous day and overnight will be distributed amongst the medical teams. 9:30am: Ward rounds 5pm: Team handover to run through entire list Tuesday: 9am: Handover meeting 9:30am: X-ray meeting to discuss any patients from the wards/ out patients. 10am: Ward rounds 1pm Grand Round PGME lecture theatre Afternoon: Renal ward round 5pm: Team handover				

	Wednesday: 9am: Handover meeting No consultant ward rounds, done by SpR/ F2 instead. 5pm: Team handover
	Thursday: 9am: Handover meeting 10am: ward rounds 12:15pm: MDT meeting in Diabetic care (Doctors, nurses, OTs, physios and diabetic nurses all attend). Member of medical team needs to present each patient. 2pm: F2 ward follow up clinic (alternate weeks) 5pm: Team handover
	Friday: 9am: handover meeting 10am: ward rounds 4pm: handover for weekend team.
Local education provider (LEP) / employer information	The Hillingdon Hospitals NHS Foundation Trust

^{*}It is important to note that this description is a typical example of the placement and may be subject to change.

Trust	The Hillingdon Hospitals NHS Foundation Trust				
Site	The Hillingdon Hospitals NHS Foundation Trust				
Trainee Information System (TIS) Post Code (and local post number if known)					
Placement details (i.e. the specialty and sub-specialty)	F2 Gastroenterology				
Department	The Department consists of 3 Consultants				
Type of work to expect and learning opportunities	Each placement will work towards achieving the competencies in the foundation curriculum. There will be an emphasis on managing the acutely sick patient in a variety of specialties. This will be supplemented by a teaching programme that will augment your practical experience mapped to the curriculum including topics relating to patient safety. Busy and very friendly gastroenterology and general medicine firm. F2s will mainly be involved in ward work, looking after a mixture of gastroenterology, hepatology and general medical inpatients (usually around 20 patients). They will be responsible for supervising F1s and teaching medical students. There are regular teaching activities and they will be expected to attend and participate in grand rounds and clinical audit. They will be on the general medical on-call rota.				
Where the placement is based	The Hillingdon Hospitals NHS Foundation Trust				
Clinical supervisor(s) for the placement	Dr Aymer Postgate, Dr Bob Grover, Dr Sarah Lean				
Main duties of the placement	 Day-to-day care of gastroenterology, hepatology and general medical in-patients. Supervised and unsupervised ward rounds Ordering and chasing up investigations. Procedures such as abdominal paracentesis, aspiration, lumbar puncture. Supervising F1 trainees Teaching medical students Participation in teaching activities, grand rounds and audit. 				
Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions)					

Local education provider (LEP) / employer information	Hillingdon Hospitals NHS Foundation Trust
	On call requirements: Full shift. On call team Spr, F2 and CT trainee and 2 F1.Unselected medical take, most patients are assessed on EAU which is run by the acute physician. Consultant medical mid-take ward approx 5pm, with PTWR following morning. Handover of all patients at 9.00am. F1s, one is part of acute team and one covers the ward. There is a Hospital at Night team.
	Friday: Usual handover and ward round (registrar or Consultant led). It is also important to optimize patients for the weekend and handover jobs to the weekend team.
	Thursday: Ward round mostly SHO led and catch up with SPR in afternoon There is also an ERCP list so the F1 needs to clerk these patients and assess them pre-procedure.
	Wednesday: There is a registrar ward round and endoscopy list in the afternoon. We also have 2 hours of valuable foundation training. An opportunity to catch up with the other juniors and learn a lot.
	Tuesday: There is a radiology meeting to discuss investigations and imaging results for patients. Great learning opportunity for juniors. There is a registrar ward round and MDT. There is an Endoscopy list in the afternoon, and daily jobs from the ward round should be done.

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Trust	The Hillingdon Hospitals NHS Foundation Trust				
Site	The F2 will be placed in a GP Practice local to Hillingdon.				
Trainee Information System (TIS) Post Code (and local post number if known)					
Placement details (i.e. the specialty and sub-specialty)	F2 General Practice				
Department	GP				
Type of work to expect and learning opportunities	F2s are expected to run their own surgeries, with one or two clinics daily. The workload is a mixture of emergency appointments and long-term care. There are opportunities to do supervised home visits, work with the district nurses, participate in minor surgery and attend nurse-led sessions.				
Where the placement is based	The Hillingdon Hospitals NHS Foundation Trust				
Clinical supervisor(s) for the placement	Dr Aymer Postgate, Dr Bob Grover, Dr Sarah Lean				
Main duties of the placement	 To see patients in a GP setting. At first in emergency clinics, dealing with acute conditions and learning the appropriate management. Taking part in joint clinics learning how to deal with chronic conditions e.g. diabetes, asthma, hypertension. To take part in flu clinics, diabetes clinics, antenatal clinics and post natal checks. Prescribe safely and use national guidelines. To learn about the running of a GP practice by attending practice meetings, learning about QOF. Checking blood results and pathology. Checking and filing letters from the hospital. 				
Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions)	Mon: 0900 - 1200 Own surgery 1530 - 1800 Own surgery Tues: 0900 - 1200 Own surgery F2 teaching at CXH Wed: Sitting in with supervisor Thurs: 0900 - 1200 Own surgery 1530 - 1800 Own surgery Fri: 0900 - 1200 Own surgery 1530 - 1800 Own surgery On call requirements: Nil				

	The FY2 will remain an employee of Hillingdon				
employer information	Hospital NHS Trust but will have an honorary				
	contract with the GP practice.				

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Trust	The Hillingdon Hospitals NHS Foundation Trust				
Site	The Hillingdon Hospitals NHS Foundation Trust				
Trainee Information System (TIS) Post Code (and local post number if known)					
Placement details (i.e. the specialty and sub-specialty)	F2 General Surgery (Subspecialty TBC. Likely to be Colorectal or Breast Surgery)				
Department	The Colorectal department consists of 4 Consultant Surgeons The Breast department consists of 2 Consultant Surgeons				
Type of work to expect and learning opportunities	Each placement will work towards achieving the competencies in the foundation curriculum. There will be an emphasis on managing the acutely sick patient in a variety of specialties. This will be supplemented by a teaching programme that will augment the F2s practical experience mapped to the curriculum including topics relating to patient safety.				
Where the placement is based	The Hillingdon Hospitals NHS Foundation Trust				
Clinical supervisor(s) for the placement	Colorectal: Mr Harris, Mr Mohsen, Mr Prabhudesai and Mr Myers Breast: Mr Babu, Mr Kelley				
Main duties of the placement	Colorectal: This is a busy and varied attachment with time spent looking after ward patients, attending outpatient clinics and learning practical skills in theatre. Involvement in audits and projects is also actively encouraged within the team. The job is well supported with a large team of junior and middle grade doctors. SHOs are on-call once a month for a seven 12 hour shifts, alternating between seven consecutive long days (8am-8pm) or nights (8pm-8am).				
	Breast: Ward work: attending surgical handovers in the morning and ward rounds subsequently. Help F1s with ward jobs when needed, and manage sick patients when seniors are unavailable.				
	Clinical duties: attend as many clinics as possible of either consultant, see patients individually and make decisions under consultant supervision; participate in theatre lists when possible.				
	On-call requirements:				

Share the on-call surgical SHO rota with CT1/CT2s. Day on-calls are between 8am-8pm, and night on-calls are between 8pm-8am, both of which run 7 days in a roll separately. Over the course of the job (4months), there are usually 2 sets of day on-calls (total of 14 days) and 2 sets of night on-calls (total of 14 nights). During day on-calls, you would take referral calls from GP/A&E/other specialties in the hospital.

The F2 will provide the 1st line of surgical input, usually followed by the on-call registrar review and further decision-making. During night on-calls, the F2 will additionally cover for the ward too, as there is no on-call F1 at night. Registrars are usually not on-site over night, but accessible via mobile phones, should an urgent case or decision need to be discussed.

Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions)

Colorectal:

Monday: 8am Handover then registrar ward round 10am Xray meeting in radiology followed by Consultant ward round

1.30pm clinics pm

Tuesday: 8am handover and ward round

clinics am Ward work pm

Wednesday: 8am handover and ward round Ward work during day

Thursday: 8.30am surgery list – F2 to see and consent patients before. If no registrars or SHOs then F2 needs to do a ward round with F1s

Friday: 8.30am surgery list at Mt Vernon 1.30pm clinics at Mt Vernon MVH

Breast:

Monday:

AM - Lymph node and neck clinic

PM - General surgery clinic

Tues: Full day theatre

Wed: Wards

Thursday:

AM - Breast clinic

PM - Wards

Fri:

AM - Breast clinic

PM - Theatre

Local education provider (LEP) / employer information

The Hillingdon Hospitals NHS Foundation Trust

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

Trust	The Hillingdon Hospitals NHS Foundation Trust			
Site	The Hillingdon Hospitals NHS Foundation Trust			
Trainee Information System (TIS) Post Code (and local post number if known)				
Placement details (i.e. the specialty and sub-specialty)	F2 Geriatric Medicine			
Department Department	The Department consists of 4 Consultants Geriatricians			
	This is an acute COTE firm. In general the firm will take patients 3-4 times/ week from the acute medical take. The F2 will work for 2 consultants. In the team there is an F1, F2, CT2 and SpR.			
Type of work to expect and learning opportunities	Each placement will work towards achieving the competencies in the foundation curriculum. There will be an emphasis on managing the acutely sick patient in a variety of specialties. This will be supplemented by a teaching programme that will augment your practical experience mapped to the curriculum including topics relating to patient safety.			
Where the placement is based	The Hillingdon Hospitals NHS Foundation Trust			
Clinical supervisor(s) for the placement	Dr. Gerry, Dr. Vowles, Dr Barnes, Dr Vasileiadis			
Main duties of the placement	Main duties include: - Managing patients from acute medical takes and existing ward patients. Running own ward rounds with supervision from seniors. Daily SHO jobs such as taking bloods, ordering investigations e.g. Chest x-ray, CT, MRI, prescribing drugs. Frequent discussion with patients and relatives with regard to patient care options, advanced directives and end of life care decisions. Managing acutely unwell patients on the ward.			
Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions)	Monday 9.00am Medical handover followed by COTE handover. AM: Two consultants on ward round at same time and junior team members divide. Morning: Ward round. 12 midday: MDT PM: Ward jobs 3.00pm MDT Tuesday 9.00am Medical handover followed by COTE handover.			

	AM: SpR/ F2 ward round
	AM: Consultant ward round. 11am: X ray meeting.
	PM: Ward jobs
	Wednesday 9.00am: Medical handover followed by COTE handover. AM: SpR/ F2 ward round 13:00 COTE Teaching PM: Ward jobs Thursday 9.00am: Medical handover followed by COTE handover. AM: Consultant ward round. SpR/SHO ward round.
	PM: Ward jobs.
	Friday 9.00am: Medical handover followed by COTE handover. AM: Consultant ward rounds followed by SpR/SHO ward round 4:00pm: Weekend handover.
	On call requirements: Full shift. On call team SpR, F2 and CT trainee and 2 F1.Unselected medical take, most patients are assessed on EAU which is run by the acute physician. Consultant medical mid-take ward approx 5pm, with PTWR following morning. Handover of all patients at 9.00am. F1s - one is part of acute team and one covers the ward. There is a Hospital at Night team.
Local education provider (LEP) / employer information	Hillingdon Hospitals NHS Foundation Trust

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Trust	The Hillingdon Hospitals NHS Foundation Trust
Site	The Hawthorne Intermediate Care Unit, Central and North West London NHS Foundation Trust (based at the Woodlands Centre, Hillingdon Hospital site)
Information System (TIS) Post Code (and local post number if known) Placement details (i.e. the specialty and subspecialty) Departmen	FY2 Integrated Geriatrics 7 Consultants, 4 Higher Specialist trainees, 3 Core Trainees, 2
t	GPVTS, 3 FY2's, 6 Fy1's including this post, trust SHO's
Type of work to expect and learning opportunities	During this post, you will be exposed to Care of the Elderly at the interface between primary and secondary care, as part of the Early Supported Discharge team in the acute trust and in the Hawthorne Intermediate Care Unit (HICU)
Where the placement is based	The Hillingdon Hospitals NHS Foundation Trust
Clinical supervisor (s) for the placement	Dr Louise McCusker, Dr Stella Barnes, Dr Eleni Baldwin
Main duties of the placement	Early Supported Discharge Team (ESD)- Hillingdon Hospital The postholder will work as part of the consultant lead multidisciplinary team, performing complex geriatric assessments on frail older adults admitted to the Emergency Assessment Unit. They will arrange & follow up urgent investigations and help facilitate early supported discharge, with the Rapid Response Team, where appropriate. They will liaise with other community & voluntary sector workers, attending weekly multidisciplinary meetings. There will be ample opportunity to perform supervised learning events (SLE's) & achieve related foundation competencies. They will attend the Care of the Elderly (COTE) departmental induction and weekly teaching, where they will have an opportunity to present and weekly x ray meetings Intermediate care- Hawthorne Intermediate Care Unit You will be responsible, with consultant supervision, for the care of older adults on a 22 bedded intermediate care unit, which is run by community services but located in a building on the acute trust site. The unit provides

	intermediate care beds for multidisciplinary rehabilitation and step-up beds for short term bed-based care to prevent acute hospital admission, following assessment by the rapid response team in the community. You will attend weekly multidisciplinary team meetings, and in between, work closely with the multidisciplinary team, and the patients' families to effect safe, supported discharge. You will be supervised by the Care of the Elderly consultants from Hillingdon Hospital and will perform SLE's to demonstrate foundation competencies.					
Typical	Sampl	e timetable for	ESD			
working		Monday	Tuesday	Wednesday	Thursday	Friday
pattern in	Am	ESD- EAU	ESD- EAU	ESD- EAU	ESD- EAU	ESD- EAU
this placement (e.g. ward rounds, clinics, theatre sessions)	Pm	ESD- EAU	13.00 Grand Round ESD- EAU	12.15 MDM 13.00 Foundation programme teaching ESD- EAU	13.00 COTE teaching ESD- EAU	ESD- EAU 16.00 wee handover
Sessions)	Sample timetable for HICU					
		Monday	Tuesday	Wednesday	Thursday	Friday
	Am	HICU	HICU consultant ward round & MDM		HICU consultant ward round	HICU
	Pm	HICU	13.00 Grand Round	Family meetings	13.00 COTE teaching	HICU
Local education provider (LEP) / employer informatio n	Hillingo	don Hospitals	NHS Foundati	on Trust		

^{*}It is important to note that this description is a typical example of the placement and may be subject to change.

Trust	The Hillingdon Hospitals NHS Foundation Trust
Site	The Hillingdon Hospitals NHS Foundation Trust
Trainee Information System (TIS) Post Code (and local post number if known)	
Placement details (i.e. the specialty and sub-specialty)	F2 Neonatal Paediatrics
Department	The Department of Paediatrics consists of 8 Consultant Paediatricians
Type of work to expect and learning opportunities	Each placement will work towards achieving the competencies in the Foundation curriculum. There will be an emphasis on managing the acutely sick patient in a variety of specialities. This will be supplemented by a teaching programme that will augment the F2s practical experience mapped to the curriculum including topics relating to patient safety.
Where the placement is based	The Hillingdon Hospitals NHS Foundation Trust. The Department of Paediatrics
Clinical supervisor(s) for the placement	TBC
Main duties of the placement	Neonatal experience will be obtained in NICU, labour ward & on post-natal wards. The NICU is fully equipped level 2 unit with HFOV & conventional ventilators, vapotherm, nitric oxide & CFAM facilities. There will be opportunities to gain experience in the out-patient unit and child development centre but there is a separate rota assigning SHOs to outpatient clinics. You are well supported by senior medical staff in this role. The department runs an extensive teaching programme. In addition there are journal and case presentation sessions.
Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions)	There are various shift patterns: Short day – PNW & LW. Out patient Dept PM Half day – PNW & LW until 2pm Long day –Neonatal ward rounds. Ward work on neonatal unit, LW & PNW from 2pm Long day (wkds) NNU & LW and PNW once WR/urgent jobs done Day Neonatal – Newborn examinations. Cover PNW until 2pm. OPD after 2pm. Night shift Neonatal – Cover NNU, PNW & LW. Wendy Ward – Attend WW until 2pm and then clinic. Float – AL/SL or cover others on leave or for audit/clinical experience. Or at work if not on leave.

Local education provider (LEP) / employer information	Hillingdon Hospitals NHS Foundation Trust

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Trust	The Hillingdon Hospitals NHS Foundation Trust		
Site	The Hillingdon Hospitals NHS Foundation Trust		
Trainee Information System (TIS) Post Code (and local post number if known)			
Placement details (i.e. the specialty and sub-specialty)	F2 Obstetrics & Gynaecology		
Department	The Department consists of 8 Consultants and 2 Associate Specialists		
Type of work to expect and learning opportunities	Each placement will work towards achieving the competencies in the foundation curriculum. There will be an emphasis on managing the acutely sick patient in a variety of specialities. This will be supplemented by a teaching programme that will augment your practical experience mapped to the curriculum including topics relating to patient safety.		
Where the placement is based	The Hillingdon Hospitals NHS Foundation Trust.		
Clinical supervisor(s) for the placement	TBC		
Main duties of the placement	Gynae week starts with daily Consultant ward-round at 8am on Marina ward with a F1, SHO, SpR and Consultant. During Gynae week the F2 also covers A&E/GP gynae admissions and EPAU (early pregnancy assessment). The EPAU is run by experienced senior nurses and the F2s main role is discussing treatment options for delayed miscarriage-ERPC, ectopic pregnancy etc.		
	Obs Ward: an F1 and F2 cover postnatal wards in the morning starting with a ward round at 8am. The midwives will highlight on a patient list the postnatal patients that need to be seen.		
	Labour Ward: This starts with handover at 8.30am with night-staff and day staff including a Consultant followed by a ward-round. Labour ward is very Spr led and the F2's main role is using their generic skills such as IV access, arranging Ix for unwell people, assist in EMCS. F2s are not expected to make decisions about patients on labour ward.		
	Elective CS: There are lists Mon-Thurs and usually a SpR and F2 are assigned to the elective c-section which happen in the labour ward theatre. This is a great opportunity to practice surgical skills if you are keen in surgery/O&G.		

	Obs Triage: This is in the maternity unit and is essentially like a mini-A&E for pregnant women. Women come to triage by GP, A&E or M/W or self referral. In the morning the labour ward F2 covers triage and in the afternoon an F2 and an F1 covers triage, usually the ones who have been on ward cover in the morning. Theatre: Colposcopy/Hysteroscopy. Late: The late is from 5pm-8pm, you will go to the labour-ward handover at 5pm, usually consultant led, collect the labour ward/on-call bleep and your main role
	is covering A&E, obs triage and to help the Spr on labour ward such as assist in emergency c-sections. Generally nights
Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions)	F2s tend to do a full week of Gynae at a time and in total will do between 2-3 gynae weeks over the 4 month attachment. On Gynae week there is an F1 as well.
Local education provider (LEP) / employer information	Hillingdon Hospitals NHS Foundation Trust

^{*}It is important to note that this description is a typical example of the placement and may be subject to change.

Trust	Central & North West London NHS Foundation
Site	Trust (CNWL) Central & North West London NHS Foundation Trust (CNWL), one of the largest non-acute trusts in the UK, caring for people with a wide range of physical and mental health needs. With approximately 7,000 staff, CNWL provides healthcare to a third of London's population and across wider geographical areas, including Milton Keynes, Kent and Surrey.
	CNWL is a University Teaching Trust and participates in the training of both undergraduate medical students and postgraduate psychiatrists. The Hillingdon catchment area spans diverse communities (population 273 000), with a sizeable Asian population (25%). It contains areas of affluence as well as areas of much deprivation.
	Primary base: Hillingdon Drug & Alcohol Services (HDAS) Old Bank House, 64 High Street Uxbridge, Middlesex UB8 1JP
	Secondary base: Riverside Centre, Hillingdon Hospital (Alcohol detox beds)
Trainee Information System (TIS) Post Code (and local post number if known)	
Placement details (i.e. the specialty and sub-specialty)	F2 Psychiatry - Addictions
Department	Addictions Recovery Community Hillingdon (Arch), previously known Hillingdon Drug & Alcohol Services (HDAS), provides treatment to Hillingdon residents presenting with drug and alcohol problems.
	Arch comprises a large multidisciplinary team that includes 1x consultant psychiatrist, 1x CT2-3 in Psychiatry, 1x specialty doctor, nurses, psychologists, a range of allied professionals and voluntary sector practitioners.
	Arch assesses and treats patients who typically present with a range of mental health and physical health disorders - there are well established treatment pathways with other secondary care services (eg. community & inpatient Mental Health

	Services, Gastroenterology and Accident & Emergency).	
Type of work to expect and learning opportunities	The post is primarily community-based, but it also includes inpatient experience (there are two detoxification beds at the Riverside Centre which is Hillingdon Hospital's Mental Health Unit). The post is well supported within a large multidisciplinary team - the team's consultant offers supervision of day to day clinical work (on occasions when he is not present, support is offered by other more senior medical staff based at the service and experienced NHS staff). Patient assessments and reviews take place with another member of the multidisciplinary team ('keyworker') present, facilitating a collaborative approach to treatment and creating a supportive and supervised working environment.	
	 The F2 will gain experience of the assessment and management of addictions (including binge pattern alcohol use, prescribed and illicit opiate misuse and alcohol detoxification - both inpatient and community). The placement will provide unique experience of the interface of addictions with a spectrum of commonly encountered health problems, including mental health disorders (eg. depression and anxiety) and physical disorders (eg. liver disease, COPD, infections and neuropathy). There are opportunities to manage acutely ill patients as well as those with long-term conditions, working closely with both medical and mental health teams. The placement will allow the F2 doctor to achieve core foundation programme learning outcomes including taking a history, examining both mental state and physical health, assessment of risk and safe prescribing. In such a busy and varied service, vast opportunities exist to undertake Supervised Learning Events (SLEs) and Work Place Based Activities (WPBA's) with the supervising consultant, other doctors, nurses and a range of experienced allied health and social care professionals. There are also opportunities to engage in quality improvement projects. By the end of the placement, the F2 will be familiar with the particular legal provisions relating to the prescribing of controlled drugs (eg. opiates and benzodiazepines). They will also develop a detailed awareness of how these medications are prescribed for licensed clinical indications. The F2 will gain experience of how to effectively work in partnership with patients in an open and non-judgemental manner, remaining respectful and utilising effective communication skills. 	
Where the placement is based	Central & North West London NHS Foundation Trust (CNWL)	

One hour of timetabled weekly clinical and training Clinical supervisor(s) for the supervision will be provided by Dr Jeffrey Fehler, placement Consultant Psychiatrist. Dr Fehler is an enthusiastic teacher, who has significant undergraduate responsibilities in the Trust. Main duties of the placement The main duties of the F2 include the following teambased functions (working closely with the consultant and the patient's care coordinator): Community The assessment of patients referred for detoxification (pre-detox assessments) and their management during detox Managing a variety of addictions, including opiates and 'legal' highs The assessment of mental health conditions The assessment of physical health conditions Facilitating ongoing treatment of physical and mental illness (either 'in-house' or via established treatment pathways with primary and secondary care) Inpatient Clerking of patients admitted for detox Prescribing detox treatment Ongoing management of patient during inpatient stay, with onward planning regarding future care. The F2 will work closely with the team's consultant at all times, but will also be supported by other senior doctors within an experienced MDT. The F2 will be expected to attend the local weekly academic programme for Foundation Programme Trainees at Hillingdon Hospital which is followed by teaching session at the Riverside Centre (Mental Health Unit), attended also by F1's and Core trainees in Psychiatry. Typical working pattern in this Typical Working Pattern: placement (e.g. ward rounds, clinics, theatre sessions) Mon: 9am - 5pm Community base AM - Opiate Prescribing Clinic PM - Outpatient Reviews Tues: 9am - 5pm Community base AM - 9.30am Team Meeting 11.30am Team Training session PM - Outpatient Reviews / FY Teaching Wed: 9am - 5pm Riverside Centre ('Detox' patients) AM - Clerking Inpatient and Inpatient Reviews PM - Academic Afternoon including acute site teaching at Hillingdon Thurs: 9am - 5pm Community base AM - Opiate Prescribing Clinic / Outpatients

(alternates)

PM - 2pm: Supervision

	3pm Admin
	Friday: 9am - 5pm Riverside Centre: 'Detox' patients AM - Inpatient reviews PM - Hospital Liaison (this involves assessing patients with substance-related disorders within the hospital or mental health unit setting, with a view to engaging them with the HDAS community service for further treatment).
	There are no on call commitments in this placement.
Local education provider (LEP) / employer information	The trainee will remain an employee of Hillingdon Hospital NHS Trust while in this placement but will have an honorary contract with CNWL.

^{*}It is important to note that this description is a typical example of the placement and may be subject to change.

Trust	Central & North West London MHT
IIIIII	Contral & North West London Willin
Site	Central & North West London MHT, Mill House, 38 Riverside Way, Off Rockingham Road Uxbridge UB8 2YF
Trainee Information System (TIS) Post Code (and local post number if known)	
Placement details (i.e. the specialty and subspecialty)	F2 Psychiatry – Assessment & Brief Treatment Service
Department	The Hillingdon Assessment and Brief Treatment Team works with people with mental health problems who are newly referred to the service. An assessment of their mental health needs will be carried out by a member of the team, feedback given, and time-limited treatment offered if appropriate.
	The post holder will work alongside a GP trainee, staff grade doctor and 2 consultant psychiatrists (1 working on a part time basis within ABT and the other on a Full time basis). They will also work closely with the multidisciplinary staff members including clinical psychologists, occupational therapists, Psychiatric nurses, social workers, support workers and our admin staff.
Type of work to expect and learning opportunities	The main type of experience will be in carrying out initial psychiatric assessments for both routine and urgent referrals as well as holding a small caseload to carry out brief intervention (under supervision of either the consultant psychiatrist or a clinical psychologist).
	Formal assessments including the SLEs will be an encouraged form of formal assessment throughout the post. The FY2 will be assessed using mini-CEX, CBDs and 'Developing the Clinical Teacher'. The last assessment tool will be used during the academic meeting where the post holder will have the opportunity to carry out a case presentation.
	The FY2's log book and reflective notes will be part of the post evaluation, with regular review during weekly supervision.
Where the placement is based	Central & North West London NHS Foundation Trust (CNWL)
Clinical supervisor(s) for the placement	Dr Ruchit Patel (Consultant Psychiatrist) The trainee will have a weekly 1-hour supervision to discuss their educational needs and to reflect on the post.

Main duties of the placement

The current structure of feedback within ABT allows for a high level of clinical supervision to be provided. The FY2 will not have a large and historical caseload to manage independently. They will be expected to carry out full psychiatric assessments including risk assessments on newly referred patients to the service. They will also be expected to discuss every new assessment with a senior clinician (either consultant psychiatrist or staff grade doctor) on the same day.

During the first 2 weeks of starting this post, the FY2 will be expected to observe senior doctors carry out assessments.

If required, patients will be reviewed with the FY2 following an initial discussion of the assessment.

All necessary documentation for each new assessment carried out will also be subject to close supervision. This will be done during feedback meetings. This will be part of the learning outcome to instil the importance of systems for quality assurance.

Feedback meetings occur daily, at 2 pm.

Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions)

Sample Timetable

	Monday	Tuesday	Wed	Thursday	Friday
AM	Clinical	Clinical	MDT	1-hour	Clinical
	assessments	assessments		Consultant	assessments
				Supervision	
				+ Clinical	
				Audit / SLEs	
PM	Feedback +	Feedback +	Teaching	Caseload	Feedback +
	Admin	Admin		management	Admin

Clinical assessments: 1 - 2 new patient assessments

Thursday mornings: 1-hour weekly consultant supervision & Clinical audit or pre-arranged SLEs (mini-CEX / CBDs).

Caseload Management involves 2-3 follow-up patients.

There are no on call commitments in this placement.

Induction arrangements

As well as the trust and local induction (held at Riverside Unit), there will be a 2 week induction at Mill house where the post holder will observe assessments carried out by senior doctors. There is also an induction pack specifically for ABT (attached).

Local education provider (LEP) / employer information

The trainee will remain an employee of Hillingdon Hospital NHS Trust while in this placement but will have an honorary contract with CNWL

^{*}It is important to note that this description is a typical example of the placement and may be subject to change.

Trust	Central & North West London MHT
IIIIII	Contral & North West London Willin
Site	Central & North West London MHT, Mill House, 38 Riverside Way, Off Rockingham Road Uxbridge UB8 2YF
Trainee Information System (TIS) Post Code (and local post number if known)	
Placement details (i.e. the specialty and subspecialty)	F2 Psychiatry – Assessment & Brief Treatment Service
Department	The Hillingdon Assessment and Brief Treatment Team works with people with mental health problems who are newly referred to the service. An assessment of their mental health needs will be carried out by a member of the team, feedback given, and time-limited treatment offered if appropriate.
	The post holder will work alongside a GP trainee, staff grade doctor and 2 consultant psychiatrists (1 working on a part time basis within ABT and the other on a Full time basis). They will also work closely with the multidisciplinary staff members including clinical psychologists, occupational therapists, Psychiatric nurses, social workers, support workers and our admin staff.
Type of work to expect and learning opportunities	The main type of experience will be in carrying out initial psychiatric assessments for both routine and urgent referrals as well as holding a small caseload to carry out brief intervention (under supervision of either the consultant psychiatrist or a clinical psychologist).
	Formal assessments including the SLEs will be an encouraged form of formal assessment throughout the post. The FY2 will be assessed using mini-CEX, CBDs and 'Developing the Clinical Teacher'. The last assessment tool will be used during the academic meeting where the post holder will have the opportunity to carry out a case presentation.
	The FY2's log book and reflective notes will be part of the post evaluation, with regular review during weekly supervision.
Where the placement is based	Central & North West London NHS Foundation Trust (CNWL)
Clinical supervisor(s) for the placement	Dr Ruchit Patel (Consultant Psychiatrist) The trainee will have a weekly 1-hour supervision to discuss their educational needs and to reflect on the post.

Main duties of the placement

The current structure of feedback within ABT allows for a high level of clinical supervision to be provided. The FY2 will not have a large and historical caseload to manage independently. They will be expected to carry out full psychiatric assessments including risk assessments on newly referred patients to the service. They will also be expected to discuss every new assessment with a senior clinician (either consultant psychiatrist or staff grade doctor) on the same day.

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If required, patients will be reviewed with the FY2 following an initial discussion of the assessment.

All necessary documentation for each new assessment carried out will also be subject to close supervision. This will be done during feedback meetings. This will be part of the learning outcome to instil the importance of systems for quality assurance.

Feedback meetings occur daily, at 2 pm.

Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions)

Sample Timetable

	Monday	Tuesday	Wed	Thursday	Friday
AM	Clinical	Clinical	MDT	1-hour	Clinical
	assessments	assessments		Consultant	assessments
				Supervision	
				+ Clinical	
				Audit / SLEs	
PM	Feedback +	Feedback +	Teaching	Caseload	Feedback +
	Admin	Admin		management	Admin

Clinical assessments: 1 - 2 new patient assessments

Thursday mornings: 1-hour weekly consultant supervision & Clinical audit or pre-arranged SLEs (mini-CEX / CBDs).

Caseload Management involves 2-3 follow-up patients.

There are no on call commitments in this placement.

Induction arrangements

As well as the trust and local induction (held at Riverside Unit), there will be a 2 week induction at Mill house where the post holder will observe assessments carried out by senior doctors. There is also an induction pack specifically for ABT (attached).

Local education provider (LEP) / employer information

The trainee will remain an employee of Hillingdon Hospital NHS Trust while in this placement but will have an honorary contract with CNWL

^{*}It is important to note that this description is a typical example of the placement and may be subject to change.

Trust	The Hillingdon Hospital NHS Foundation Trust		
Site	The Hillingdon Hospital NHS Foundation Trust		
Trainee Information System (TIS) Post Code (and local post number if known)			
Placement details (i.e. the specialty and sub-specialty)	F2 Respiratory Medicine		
Department	The Department consists of 2 Consultant Physicians		
Type of work to expect and learning opportunities	Each placement will work towards achieving the competencies in the foundation curriculum. There will be an emphasis on managing the acutely sick patient in a variety of specialties. This will be supplemented by a teaching programme that will augment the F2s practical experience mapped to the curriculum including topics relating to patient safety.		
Where the placement is based	The Hillingdon Hospital NHS Foundation Trust		
Clinical supervisor(s) for the placement	Dr. Haselden, Dr. Wills		
Main duties of the placement	The main duties are to care for the inpatients on the Respiratory firm, and to take part in the on call general medical rota, attending acute admissions and medical problems arising in existing inpatients. The F2 will be expected to be familiar with the status of their patients on the respiratory firm.		
Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions)	Daily: morning handover Monday: 09.00 Ward round of one consultant's patients then SpR ward round of other consultant's patients 14.00 – Discharge Multidisciplinary meeting Tuesday: 09.00 consultant ward round 13.00 – Grand round Wednesday: 09.00 – SpR ward round 13.00 – Teaching for F1/ F2 14.00 – X-ray meeting Thursday: 08:30 – Lung cancer MDT 09.30 – Outpatients clinic and ward rounds Friday:		

	09.00 Ward round of one consultant's patients then SpR ward round of other consultant's patients 1600 Handover On call requirements: Full shift. On call team SpR, F2 and CT trainee and 2 F1.Unselected medical take, most patients are assessed on EAU which is run by the acute physician. Consultant medical mid-take ward approx 5pm, with PTWR following morning. Handover of all patients at 9.00am. F1s, one is part of acute team and one covers the ward. There is a Hospital at Night team.
Local education provider (LEP) / employer information	Hillingdon Hospitals NHS Foundation Trust

^{*}It is important to note that this description is a typical example of the placement and may be subject to change.