

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

**Imperial College Healthcare 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   | Imperial College Healthcare   |
|---|---|
| Site  | Pembridge Palliative Care Centre  |
|   | St Charles Hospital, Exmoor Street, London. W10 6DZ.  |
| Trainee Information System (TIS)                  | Tel: +44 20 8962 4406   |
| Post Code (and local post number if               |   |
| known)  |   |
| Placement details (i.e. the specialty             | Pembridge Palliative Care Centre FY1  |
| and sub-specialty)                                |   |
| Department  | Palliative Care – hospice and community and day care  |
| Type of work to expect and learning opportunities | The duties of the FY doctor would be 80% within the hospice inpatient ward and 20% community based. Inpatient work will involve clerking new admissions, attending meetings with families and routine medical   |
|   | management of patients. The FY doctor will be closely supervised.   |
|   | We expect the FY doctor will develop an appreciation of legal and ethical issues, decision making about clinical interventions, multidisciplinary working and strong communication skills.  |
|   | The doctor will also work in the Day Unit and consultant lead Outpatient clinic. Clinical activity in the Day unit includes day care, rehabilitation, blood transfusions, bisphosphonate treatments and patient review for symptom control.   |
|   | The overall educational objectives of the F1 year are to provide the trainee with the knowledge, skills and attitudes to be able to  • Take a history and examine a patient • Identify and synthesise problems • Prescribe safely • Keep an accurate and relevant medical record • Manage time and clinical priorities effectively • Communicate effectively with patients, relatives and colleagues • Use evidence, guidelines and audit to benefit patient care • Act in a professional manner at all times • Cope with ethical and legal issues which occur during the management of patients • with general medical problems • Educate patients effectively and to become lifelong learners and teachers. |
|   | Formal learning opportunities include   |
|   | Two consultant ward rounds per week, weekly teaching sessions, weekly unit MDT meetings and weekly day unit MDTmeetings. There will also be weekly  |

|   | Foundation Doctor teaching at SMH.   |
|---|--|
|   | The Community aspects of this placement include attending community MDT meetings, accompanying CNS or consultants on community visits, GP practice discussions, participating in examination, discussion and care planning in patients homes. Interaction with a wide variety of community care agencies. Weekly MDT meetings. |
| Where the placement is based                            | Pembridge Palliative Care Centre   |
| Clinical supervisor(s) for the placement                | St Charles Hospital, Exmoor Street, London. W10 6DZ.  Dr Sam Janyasekera Dr Rasha Al-Qurainy   |
| Main duties of the placement                            | Inpatient - clerking new admissions, family meetings, medically managing patients  |
|   | Day unit – patient reviews as requested, supervised OPD clinics,   |
|   | Community placement - attending community MDT meetings, accompanying CNS or consultants on community visits, GP practice discussions, clinical examination, discussion and care planning in patients homes. Interaction with a wide variety of community care agencies.  |
| Typical working pattern in this                         | A typical working week might include   |
| placement (e.g. ward rounds, clinics, theatre sessions) | Monday<br>0900-0930 Hand over;<br>0930-1000 New admission meeting<br>1000-1300 Consultant ward round<br>1300-1700 Ward work or day unit  |
|   | Tuesday 0900-1000 Journal club (joint with St John's hospice) 1000-1400 Ward work Inpatient MDT 1400-1700 Ward work  |
|   | Wednesday 0900-0930 Hand over 0930-10.00 New admissions meeting 1000-1100 Community MDDT 10-11 – 1200-1700 Community visits 1300-1500 Foundation programme teaching SMH  |
|   | Thursday 0900-0930 Hand over; 0930-1000 New admissions meeting 1000-1300 Consultant ward round 1300-1600 Ward work 1600-1700 Audit time  |
|   | Friday<br>0900-0930 Hand over<br>0930-10.00 New admissions meeting<br>1000-1300 Ward work / day unit   |

|   | 1400-1700 Ward work                                    |
|---|--|
|   | There are no on-call duties associated with this post. |
| Local education provider (LEP) / employer information | CLCH Trust   |

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

| Trust   | Imperial College Healthcare NHS Trust   |
|---|---|
| Site  | St Mary's Hospital  |
| Trainee Information System                        |   |
| (TIS) Post Code (and local post                   |   |
| number if known)                                  |   |
| Placement details (i.e. the                       |   |
| specialty and sub-specialty)                      | (Clinical Pharmacology and Therapeutics)  |
| Department  | St Mary's Hospital is an inner London teaching hospital. Firm 5 is a General Medical firm which comprises 2 consultant physicians (1 general & cardiovascular physician and 1 consultant rheumatologist). It is the most general of the 5 firms in the hospital and the workload involves exposure to a wide range of medical conditions. |
| Type of work to expect and learning opportunities | The post is ward-based and the F1 doctor has responsibility (under supervision) for both acute admissions and ongoing clinical care responsibilities for those patients once admitted.  |
|   | The F1 doctor will undertake admission of emergencies and electives from the emergency department, clinic and community.  |
|   | They will provide ongoing care of the patient on the ward, including completing comprehensive medical notes, prescribing and discharge summaries.   |
|   | The F1 will respond to medical emergencies on the medical emergency team and will provide information for the medical response team as relevant to their patients.  |
|   | The F1 will attend the local team teaching and the F1 weekly teaching.  |
|   | They will develop their own skills particularly in the care of medical emergencies.   |
|   | The overall educational objectives of the F1 year are to provide the trainee with the knowledge, skills and attitudes to be able to:  |
|   | <ul> <li>Take a history and examine a patient;</li> <li>Learn to make accurate clinical diagnoses by synthesizing results from observation and investigation;</li> <li>To expand the range of medical procedures in which the trainee is competent;</li> <li>Prescribe safely;</li> </ul>   |

| Where the placement is based  | <ul> <li>Keep an accurate and relevant medical record;</li> <li>Manage time and clinical priorities effectively;</li> <li>Communicate effectively with patients, relatives and colleagues;</li> <li>Use evidence, guidelines and audit to benefit patient care;</li> <li>Act in a professional manner at all times;</li> <li>Cope with ethical and legal issues which occur during the management of patients with general medical problems;</li> <li>Educate patients effectively;</li> <li>Become life-long learners and teachers.</li> </ul>                          |
|---|--|
| Clinical supervisor(s) for the  | Dr Chapman or Dr Kinderlerer   |
| placement   |  |
| Main duties of the placement  | The F1 doctor is responsible with other staff for the ward care of patients and the maintenance of the patient's medical record.  They are expected to attend the structured teaching programmes provided by the hospital.  The doctor will be responsible for such other specific clinical duties as allocated by consultants including performing other duties in occasional emergencies and unforeseen circumstances.   |
| Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions) | Usual working day is 9-5  Mon: Consultant-led ward round & ward work Tues: SpR ward round & ward work Wed: SpR-led ward round & ward work Thurs: Consultant ward round, multidisciplinary meeting, X-ray meeting Fri: SpR-led ward round, hospital grand rounds & ward work  A multi-disciplinary board round will take place with consultant and/or SpR, nursing staff, therapists and discharge coordinators will take place on the days with no full consultant rounds.  On call requirements:  Average 1 in 5 daytime on-call (including weekends) and 1 in 5 nights |
| Local education provider (LEP) / employer information                                   | Imperial College Healthcare NHS Trust was created on October 1, 2007 by merging St Mary's NHS Trust and Hammersmith Hospitals NHS Trust and integrating with the faculty of medicine at Imperial College London. Now one of the largest NHS trusts in the country, we have come together   |

| with the College to establish one of the UK's first Academic |
|--|
| Health Science Centres (AHSCs).                              |

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

| Trust   | Imperial College Healthcare NHS Trust   |
|---|---|
| Site  | Charing Cross Hospital.   |
| Trainee Information System (TIS)                  | Charling Cross Flospital.   |
| Post Code (and local post number if               |   |
| known)  |   |
| Placement details (i.e. the specialty             | F1 Acute Medicine   |
| and sub-specialty)                                | T T Troute Wealenie   |
| Department  | The Dept has a number of specialty medical  |
|   | consultants who rotate through the medical take, from respiratory, gastroenterology, elderly care and endocrine firms. In addition, there are Consultant led-subspecialties within the acute medicine unit, including Older Person Assessment & Liaison (OPAL), and medical high dependency unit (HDU). The Department covers primarily the Hammersmith   |
|   | and Fulham borough. Admissions are based on the 26 bed Acute Medicine Ward and 9 bed HDU  |
| Type of work to expect and learning opportunities | During each 4 month attachment, the F1 will be based on the acute medical unit, and also rotated for two week attachments in: OPAL, medical HDU and the clinical decisions unit (CDU).  |
|   | The educational objectives of the F1 year are to provide the trainee with the knowledge, skills and attitudes to be able to   |
|   | <ul> <li>Take a history and examine a patient</li> <li>Identify and synthesise problems</li> <li>Prescribe safely</li> <li>Keep an accurate and relevant medical record</li> <li>Manage time and clinical priorities effectively</li> <li>Communicate effectively with patients, relatives and colleagues</li> <li>Use evidence, guidelines and audit to benefit patient care</li> <li>Act in a professional manner at all times</li> <li>Cope with ethical and legal issues which occur during the management of patients with general medical problems</li> <li>Educate patients effectively</li> <li>Appreciate what can be done via rapid assessment clinics, thus avoiding or reducing hospital admissions</li> <li>Appreciate what can be achieved on critical care unit, and how the decision making process occurs</li> </ul> |
| Where the placement is based                      | Charing Cross Hospital.   |
| Clinical supervisor(s) for the placement          |   |

| Main duties of the placement  | Each day the F1 is assigned to either: medical take, post take or acute medical ward duties. In addition, they will spend two weeks with responsibility and supervision on OPAL, medical HDU and CDU. F1s will work directly with medical registrars and SHO grades (CMT, ACCS, F2). F1s attend weekly Foundation teaching, as well as departmental teaching.   |
|---|---|
| Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions) | Take days: clerking acute medical patients (13 hour shift)  Post take days: managing those admitted previous day (standard working day)  Acute medical ward days: managing those on the acute medical ward (standard working day)  There is a daily 11am multidisciplinary board round to discuss all acute medical patients.  The two week blocks with sub-specialties (OPAL, HDU, CDU) are also standard working day.  In addition, there is teaching: Wed: 13:00-14:00 Hospital grand round Thurs: 13:00-15:00 F1 teaching Fri: 13:00-14:00 medical meeting  Journal club is being established for Monday lunchtimes.  On call requirements:  The F1 will do four weekends in a four month block |
|   | (two are standard days). The F1 will undertake long days for medical take and acute medical unit ward cover.  |
| Local education provider (LEP) / employer information                                   | Imperial College Healthcare NHS Trust   |

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

| Trust   | Imperial College Healthcare NHS Trust  |
|---|--|
| Site  | Charing Cross Hospital   |
| Trainee Information System (TIS) Post Code (and local post number if known) |  |
| Placement details (i.e. the specialty and sub-specialty)                    | F1 Breast Surgery 3 F1 in total  |
| Department  | 5 Consultants, four registrars (2 per Consultant), and three house officers.   |
|   | There is an operation list every day for malignant and benign disease, this includes a variety of reconstructive operations, a number of which are done in conjunction with the plastic surgery dept.  |
|   | The West London Breast Screening Unit is based at Charing Cross Hospital and 30% of patients are screening patients.   |
| Type of work to expect and learning opportunities                           | There is - a great deal of the time is spent in theatre (1-2 days per week). There is a high turnover of patients but the firm has a doctor's assistant who helps with the organization of this.   |
|   | There are a few breast inpatients surgery patients who require looking after on the wards, on average 1-3 per day.   |
|   | As a result, there is plenty of opportunity for surgical development by being first assistant, learning to suture and other important aspects of operations including anesthetics.   |
|   | Time is also spent in breast and general surgery outpatient clinics - seeing both follow up and new patients. Outpatient clinics are an educational opportunity for the F1 to sit and observe the Consultant. The F1 has the opportunity to present patients to the Consultants helping them complete their mandatory assessment requirements such as CBDs. Skills in history taking, examination and understanding of common investigations such as mammograms and ultrasounds can also be developed. |
|   | There is an arrangement with Urology allowing learning opportunities in Urology Outpatients and theatres.  |
|   | On call shifts covering breast and urology and enables one to see other patients with a variety of common surgical pathology and conditions, clerk patients in A&E, improve skills such as blood taking, cannulation   |

|   | and catheterization. There is also time spent in the emergency theatre during call shifts, in which F1s can be scrubbed in.  |
|---|--|
| Where the placement is based  | There are also plenty of opportunities to complete quality improvement projects and audits, which are essential for career progression and earning points for CT application. Last year (2014-2015) 8 out of 9 F1s completed a project, many were presented nationally. Charing Cross Hospital   |
| Clinical supervisor(s) for the placement  | Mrs Katy Hogben - Consultant breast and reconstructive surgeon. Mr Ragheed Al-Mufti - Consultant breast and reconstructive surgeon.  |
| Main duties of the placement  | <ul> <li>Theatre (assisting, suturing)</li> <li>Prospective compilation and presentation of the breast surgery department Morbidity and Mortality each month</li> <li>Contributing to and presenting in the MDT weekly</li> <li>Compilation a daily patient list</li> <li>Managing patients post operatively on the ward</li> <li>When on call in evenings there is daytime allocation for shadowing the on call surgical SHO</li> </ul> |
| Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions) | Typical week: Between the three F1s the weekly timetable of their duties is allocated to consist of theatre/clinic/admin and ward work.  |
|   | Mon: Review ward patients, pre-op clerkings for the week, admin and filling out paperwork for the week's lists, organizing investigations such as sentinel node injections. All day theatre list.  |
|   | Tues: All day theatre list- assisting, suturing, requesting pathology, monitoring ward patients and post op patients.  |
|   | Wed: AM half day theatre list Presenting the afternoon MDT meeting   |
|   | Thurs:<br>All day theatre list   |
|   | Fri:<br>All day theatre list.  |
|   | Sat: General surgical on call<br>Sun: General surgical on call   |
|   | Clinics run every day and these are attended when there is a full complement of house officers   |
|   | On call requirements:  |

|   | Over a 4-month post: - 15 long days (approx. 1 per week) covering ward, urology and breast surgery inpatients 3 weekends (approx. 1 in 5) |
|---|---|
| Local education provider (LEP) / employer information | Imperial College Healthcare NHS Trust   |

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

| Trust   | Imperial College Healthcare NHS Trust,   |
|---|--|
| Site  | Charing Cross Hospital   |
| 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 comprises 2 Consultant Cardiologists based at Charing Cross Hospital most of the time but who also have clinical commitments at Hammersmith & St Mary's Hospital. There is additional consultant support for ward rounds and clinics  |
| Type of work to expect and learning opportunities                           | Cardiology referrals are made on a daily basis on the acute medical unit with additional patients on other medical wards   |
|   | During the normal working day, the F1 is expected to deliver the supporting medical care of all the patients referred / partially managed by cardiology on the wards. During the late acute shift (5pm-9pm) the F1 is expected to help the 1st on acute medicine team, usually clerking patients in Emergency Medicine.  This placement will provide the F1 trainee with the knowledge, skills and attitudes to be able to:  Take a history and examine a patient ldentify and synthesise problems Prescribe safely Keep an accurate and relevant medical record Manage time and clinical priorities effectively Communicate effectively with patients, relatives and colleagues Use evidence, guidelines and audit to benefit patient care Act in a professional manner at all times Cope with ethical and legal issues which occur |
|   | during the management of patients with general medical problems  Educate patients effectively  Manage acutely ill patients   |
|   | Investigations carried out at Charing Cross; Echo, ETT, TOE, DSE   |
|   | There is no Cardiac Catheter Lab at Charing Cross; patients are transferred to Hammersmith Hospital  |
| Where the placement is based  | Charing Cross Hospital, 5 South Ward   |
| Clinical supervisor(s) for the  | Dr K. Fox  |
|   | -77  |

| placement   |  |  |  |
|---|--|--|--|
| Main duties of the placement  | The F1doctor is responsible with other staff for the ward care of patients and the maintenance of the patients' medical record. They will have opportunity to attend outpatient clinics, Echos, TOEs, ETTs and the cardiac catheter lab at Hammersmith Hospital.  The F1 will be responsible for such other specifical duties as allocated by consultants include. |  |  |
|   | performing other duties in occasional emergencies and unforeseen circumstances.  |  |  |
| Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions) |  |  |  |
|   | Mon: 13:00 ward cover Tues: Ward Cover Wed: 13:00 Grand Round Thurs: Ward cover  |  |  |
|   | Thurs 13:00 – 15:00 dedicated F1 teaching Fri: Ward cover Fri 13:00 Medical Meeting Weekdays finish at 16:00 to ensure EWTD compliance Sat: 09:00 – 21:00 1 in 4/5 Sun: 09:00 – 21:00 1 in 4/5   |  |  |
|   | On call requirements: 1 in 7   |  |  |
| Local education provider (LEP) / employer information                                   | Imperial College Healthcare NHS Trust  |  |  |

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

| Trust   | Imporial College Healtheare NIUS Trust  |  |  |  |
|---|---|--|--|--|
| Site  | Imperial College Healthcare NHS Trust   |  |  |  |
|   | Charing Cross Hospital  |  |  |  |
| Trainee Information System (TIS) Post Code (and local post number if                    |   |  |  |  |
| known)  |   |  |  |  |
| <b>Placement details</b> (i.e. the specialty and sub-specialty)                         | F1 Gastroenterology   |  |  |  |
| Department  | Gastroenterology. 5 Consultants.1CT1, 1F2, 1F1, 3 SpRs  |  |  |  |
|   | 5 Consultants. TCTT, TF2, TFT, 5 SpRs   |  |  |  |
| Type of work to expect and learning opportunities                                       | <ul> <li>Take a history and examine a patient</li> <li>Identify and synthesise problems</li> <li>Prescribe safely</li> <li>Keep an accurate and relevant medical record</li> <li>Manage time and clinical priorities effectively</li> <li>Communicate effectively with patients, relative and colleagues</li> <li>Use evidence, guidelines and audit to benefit patient care</li> <li>Act in a professional manner at all times</li> <li>Cope with ethical and legal issues which occurring the management of patients with gene medical problems</li> <li>Educate patients effectively</li> <li>Become life-long learners and teachers.</li> </ul> |  |  |  |
| Where the placement is based  | Charing Cross Hospital  |  |  |  |
| Clinical supervisor(s) for the placement  | Dr Will Howson / Dr Geoff Smith   |  |  |  |
| Main duties of the placement  | <ul> <li>Ward cover of General and gastro inpatients</li> <li>Wed discharge planning MDT</li> <li>Organise patient admissions from outpatients.</li> <li>Attend out-patients once every 2 weeks (either Wednesday pm or Thursday am)</li> <li>Weekly (Friday am) joint medical – surgical radiology meeting</li> </ul>  |  |  |  |
| Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions) | Mon: 8.30am-6.00pm Tues: 8.30am-6.00pm Wed: 8.30am-6.00pm Thurs: 8.30am-6.00pm Fri: 8.00am-6.00pm  On call requirements:  Weekends On call ward – 9.00am-9.00pm Acute Med – 7.30am – 7.00pm   |  |  |  |

| Local education provider (LEP) / employer information | Imperial College Healthcare NHS Trust |
|---|---------------------------------------|

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

| Trust  | Imperial College Healthcare NHS Trust   |  |  |
|--|---|--|--|
| Site   | Charing Cross Hospital, Ward 8 West/South   |  |  |
| Tueines Information Occion (TIO)                                     |   |  |  |
| Trainee Information System (TIS) Post Code (and local post number if |   |  |  |
| known)   |   |  |  |
| Placement details (i.e. the specialty                                | F1 Geriatric Medicine   |  |  |
| and sub-specialty)   | The Contains Modisins   |  |  |
| Department   | The Department consists of 8 Consultants; 3 manage the acute inpatient wards (8W and 8S), one leads Lady Skinner Rehab ward, two lead the OPAL Service (Older Persons Acute Assessment and Liaison), one leads the OPRAC Service (Older Persons Rapid Assessment Clinic) and the Frailty Unit (on CDU) and one works in Nursing Homes and a rehab unit in the community. So the department is involved in the care of complex elderly patients at all stages – the acute admission, inpatient stay, rehabilitation and in the community.  |  |  |
| Type of work to expect and learning opportunities                    | The F1 Doctor will be based on one of the acute Medicine for the Elderly Wards (8W or 8S).  |  |  |
|  | 8 West - There they will work for one Consultant looking after a total of 22 patients with a team consisting of an SpR, CT1, GP VTS doctor, F2 and F1.  |  |  |
|  | 8 South - There they will work for one Consultant looking after a total of 26 patients with a team consisting of an SpR, GP VTS doctor, F2, and 2 Foundation Year 1 doctors.  |  |  |
|  | Work involves the day-to-day management of patients on the ward. In the morning there is a board and ward round with a range of team members from Consultant to F1/F2, depending who is on-call/leave etc. The doctors on 8 West and 8 South do cross cover each other if teams are short or especially busy. After the patients have been assessed, the F1 is expected to prioritise the tasks that were generated on the ward round and finish them. These tasks range from ordering routine investigations, to doing procedures such as lumbar punctures and pleural taps (supervised as appropriate). Another key area of the job is communicating with relatives and carers. |  |  |
|  | As it is a general medical ward, this placement offers the F1 the opportunity to widen their knowledge of common medical conditions, and to practice the core skills F1s are expected to develop. They will gain an understanding of core Elderly Medicine topics such as dementia, delirium and frailty. F1s are given the chance to develop their history taking and examination  |  |  |

|   | skills, as well as clinical skills. As many of the patients have communication difficulties such as hearing problems or cognitive deficits, it will really improve communication skills – with both patients and relatives /carers. They will also learn about discharge planning, especially of complex patients.  |  |
|---|---|--|
|   | F1s in Medicine for the Elderly get the opportunity to teach students (there are regular attachments of Undergraduates) and there are teaching/learning opportunities at weekly departmental educational meetings, weekly medical meetings and weekly X-ray meetings.   |  |
|   | There are also opportunities to attend Out Patient Clinics and join one of the Consultants visiting local Care Homes.   |  |
| Where the placement is based  | Charing Cross Hospital  |  |
| Clinical supervisor(s) for the placement  | Dr Miskelly / Dr Shukla / Dr Solomon / Dr Hodgkinson  |  |
| Main duties of the placement  | The main duties of the placement are to ensure the day-to-day well being of the patients, ensuring test are ordered and followed up and abnormal results acted on. Also recognizing and dealing with any acute deteriorations in patients, ordering relevant investigations and starting preliminary treatment plans. These would then be discussed with a senior colleague, and a definitive long term plan formulated. Other duties include referring patients to other specialties, speaking to families, and monitoring patients' long term therapies such as warfarin. |  |
| Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions) | Mon: 09:00 – Ward round 13:00 - Medicine for the Elderly meeting 14:00 – Jobs in the afternoon  |  |
|   | Tues: 09:00 – Consultant Ward round 14:00 – MDT meeting 15:00 - Finish ward round/jobs  |  |
|   | Wed: 09:00 – Ward round and email subjects for X-ray meeting 13:00 – Grand round 14:00 – Jobs   |  |
|   | Thurs: 09:00 – Consultant Ward round 12:00 – X-ray meeting 13:00 – F1 Teaching 15:00 - Jobs   |  |
|   | Fri: 09:00 – Ward round 13:00 – Medical meeting 14:00 – Jobs  |  |

|   | Sat: Sun: On call requirements: Weekend ward 9-9 cover and late acutes (5-9) |
|---|--|
| Local education provider (LEP) / employer information | Imperial College Healthcare NHS Trust.                                       |

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

| Trust   | Imperial College Healthcare NHS Trust   |  |  |
|---|---|--|--|
| Site  | Imperial College Healthcare NHS Trust Charing Cross Hospital  |  |  |
| Trainee Information System (TIS)                  | Onaming Oross Flospital   |  |  |
| Post Code (and local post number if               |   |  |  |
| known)  |   |  |  |
| Placement details (i.e. the specialty             | F1 Geriatric Medicine - Integrated Medicine for the   |  |  |
| and sub-specialty)                                | Elderly   |  |  |
| , ,,  |   |  |  |
| Department  | The Department consists of 8 Consultants; 3 manage the acute inpatient wards (8W and 8S), one leads Lady Skinner Rehab ward, two lead the OPAL Service (Older Persons Acute Assessment and Liaison), one leads the OPRAC Service (Older Persons Rapid Assessment Clinic) and the Frailty Unit (on CDU) and one works in Nursing Homes and a rehab unit in the community. So the department is involved in the care of complex elderly patients at all stages – the acute admission, inpatient stay, rehabilitation and in the community.  |  |  |
| Type of work to expect and learning opportunities | The F1 Doctor will be based on the Frailty Unit They will join a team of 1 Consultant, 1 SpR in Geriatric Medicine an F2 and two F1s  |  |  |
|   | The post is based on the Frailty Unit which is in the Clinical Decisions Unit at Charing Cross.  The Frailty Unit specialises in reviewing and coordinating rapid discharges for frail elderly patients admitted to the hospital. The team oversee an 8 bedded unit – a 5 bedded frailty unit and 3 beds reserved for OPRAC patients.  The patients are reviewed by the frailty team as well as a team of therapists, pharmacists and a social worker.  |  |  |
|   | Work involves the day-to-day management of patients on the ward. In the morning there is a board and ward round with a range of team members from Consultant to F1/F2, depending who is on-call/leave etc.  After the patients have been assessed, the F1 is expected to prioritise the tasks that were generated on the ward round and finish them. These tasks range from ordering routine investigations, to doing simple medical procedures. Another key area of the job is communicating with relatives and carers.  As well as day to day duties on the ward the post-holder will also be asked to undertake the OPRAC (Older Persons Rapid Assessment Clinic). This involves the review and clerking of 3 patients daily under consultant or registrar supervision. The clinic is available for GPs and ED to refer complex elderly patients for a full comprehensive assessment including investigations all undertaken the same day. |  |  |

|   | As it is a general medical unit, this placement offers the F1 the opportunity to widen their knowledge of common medical conditions, and to practice the core skills F1s are expected to develop. They will gain an understanding of core Elderly Medicine topics such as dementia, delirium and frailty. F1s are given the chance to develop their history taking and examination skills, as well as clinical skills. As many of the patients have communication difficulties such as hearing problems or cognitive deficits, it will really improve communication skills – with both patients and relatives /carers. They will also learn about discharge planning, especially of complex patients. |  |
|---|---|--|
|   | F1s in Medicine for the Elderly get the opportunity to teach students (there are regular attachments of Undergraduates) and there are teaching/learning opportunities at weekly departmental educational meetings, weekly medical meetings and weekly X-ray meetings.   |  |
|   | There are also opportunities to attend Out Patient Clinics and join one of the Consultants visiting local Care Homes.   |  |
| Where the placement is based  | Charing Cross Hospital, Frailty Unit on CDU   |  |
| Clinical supervisor(s) for the  | Dr Shukla / Dr Solomon / Dr Hodgkinson  |  |
| placement   |   |  |
| Main duties of the placement  | The main duties of the placement are to ensure the day-to-day well being of the patients, ensuring test are ordered and followed up and abnormal results acted on. Also recognizing and dealing with any acute deteriorations in patients, ordering relevant investigations and starting preliminary treatment plans. These would then be discussed with a senior colleague, and a definitive long term plan formulated. Other duties include referring patients to other specialties, speaking to families, and monitoring patients' long term therapies such as warfarin.   |  |
| Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions) | Mon: 09:00 – Consultant Ward round / OPRAC 13:00 - Medicine for the Elderly meeting 14:00 – Jobs in the afternoon / OPRAC   |  |
|   | Tues: 09:00 – Consultant Ward round / OPRAC 14:00 – MDT meeting 14:00 – Jobs / OPRAC  |  |
|   | Wed:<br>09:00 – Consultant Ward round / OPRAC<br>13:00 – Grand round<br>14:00 – Jobs / OPRAC  |  |
|   | Thurs: 09:00 – Consultant Ward round / OPRAC 12:00 – X-ray meeting 13:00 – F1 Teaching  |  |

| 14:00 – Jobs / OPRAC  |  |
|---|--|
| Fri: 09:00 – Consultant Ward round / OPRAC 13:00 – Medical meeting 14:00 – Jobs / OPRAC |  |
| Sat:<br>Sun:  |  |
| On call requirements: None  |  |
| Imperial College Healthcare NHS Trust.  |  |
|   |  |

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

| Trust   | Imperial College Healthcare NHS Trust   |  |  |
|---|---|--|--|
| Site  | Charing Cross Hospital  |  |  |
| Trainee Information System (TIS) Post Code (and local post number if known)             |   |  |  |
| Placement details (i.e. the specialty and sub-specialty)                                | F1 Otolaryngology   |  |  |
| Department  | ENT   |  |  |
| Type of work to expect and learning opportunities                                       | Care of patients on ward Opportunities to watch and assist in clinic and theatre and on-call F2.  |  |  |
| Where the placement is based  | Charing Cross Hospital  |  |  |
| Clinical supervisor(s) for the placement  | Mr Sandhu   |  |  |
| Main duties of the placement  | Ward cover  |  |  |
| Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions) | Daily Ward Round and ward cover during day.  Opportunity to go to clinic or theatre most days if wished.  No weekend duties  On call requirements: none |  |  |
| Local education provider (LEP) / employer information                                   | Imperial College Healthcare NHS Trust   |  |  |

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

| Trust   | Imperial College Healthcare NHS Trust  |  |  |  |
|---|--|--|--|--|
| Site  | Charing Cross Hospital, 4 South ward   |  |  |  |
| Trainee Information System (TIS)                  | Channy cross ricopital, i coath ward   |  |  |  |
| Post Code (and local post number if               |  |  |  |  |
| known)  |  |  |  |  |
| Placement details (i.e. the specialty             | F1 Respiratory Medicine  |  |  |  |
| and sub-specialty)                                |  |  |  |  |
| Department  | The department involves 3 Consultants who rotate ward duties on a monthly basis, 2 SpRs,1 CMT, 1 Trust SHO and 2 F1s. Although the ward takes primarily respiratory cases  |  |  |  |
|   | there are many general medical admissions that come to 4 South.  |  |  |  |
| Type of work to expect and learning opportunities | F1 doctors are based on the ward. Jobs are created through the ward round where F1s present the new patients. The rest of the day is spent continuing the care of the patients on the ward, completing the jobs from the ward round and dealing with acutely unwell patients.  Learning opportunities include the development of:  • History taking and examination  • Managing patients using evidence based practice  • Prioritising  • Accurate record keeping  • Safe prescribing  • Communicating effectively  • Team working within the respiratory team and other healthcare workers  • Communicating with family members  • Act in a professional manner  • Deal with ethical and legal issues  • Educate patients regarding their illness and |  |  |  |
|   | Develop skills in practical procedures   |  |  |  |
| Where the placement is based                      | Charing Cross Hospital, 4 South ward   |  |  |  |
| Clinical supervisor(s) for the placement          | Dr Frances Bowen, Dr Andrew Cummin,<br>Dr Graeme Wilson  |  |  |  |
| Main duties of the placement                      | During a normal day on the ward the F1 will summarise the new patients on the ward and update the list of patients. They will present on the ward round and prioritise any jobs created during the round. After the ward round the F1 will continue with jobs and deal with unpredictable events such as deteriorating patients. They will also be involved in discussions with family members and continue to care for the patients on the wards.   |  |  |  |

| Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions) | alongside of available. Attendance Mon: Tues: | also attend the F1 teaching programme other meetings and teaching opportunities at respiratory outpatients once per week  09.00 SPR ward round 18.00 Handover 08.00-09.00 MDT Meeting 09.30 Consultant ward round 13.00 x-ray meeting 18.00 Handover 09.00 CMT/F1 ward round or respiratory ward round |
|---|---|--|
|   | Thurs:<br>Fri:                                | 09.00 CMT/F1 ward round or respiratory ward round 13.00 Mandatory F1 teaching 18.00 Handover 09.30 Consultant ward round 13.00 Medical meeting 18.00 Handover  |
|   | On call req                                   | uirements:   |
|   | 5-8pm<br>One week                             | kends 1.5 weeks late acute cover from end is 9-9 on ward cover eekend is 7.45-7.00 on acute cover  |
| Local education provider (LEP) / employer information                                   | Imperial College Healthcare NHS Trust         |  |

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

| Trust   | Imperial College Healthcare NHS Trust   |
|---|---|
| Site  | Charing Cross Hospital  |
| Trainee Information System (TIS) Post Code (and local post number if known) |   |
| Placement details (i.e. the specialty and sub-specialty)                    | F1 Stroke Medicine  |
| Department  | The department of Stroke Medicine comprises 7 Specialist Stroke Consultants.  |
|   | 4 of the 7 Stroke Consultants have a background in General Internal Medicine and Geriatric Medicine; 2 in Neurology; and 1 in General Internal Medicine.  |
|   | The Charing Cross site provides a 24/7 IV thrombolysis service and an extended-hours 7-day thrombectomy service, all consultant-led. Acute care is provided in the 24-bed Hyper-Acute Stroke Unit (HASU) and a 23-bed Acute Stroke Unit (ASU). There is a 7-day TIA service and TIA and Stroke follow-up clinics, and other new specialist stroke clinics in development.   |
|   | The department has a very strong portfolio of clinical research, with RCTs and observational studies that aim to answer important questions regarding patient care from the hyper-acute period to rehabilitation and prevention.  |
|   | The department's aim is to a leader in patient-centered stroke care, clinical research and education.   |
| Type of work to expect and learning opportunities                           | This post will cover key areas to the educational objectives of the F1 year. It will provide the trainee with the knowledge, skills required in their continued development. The following competencies will be covered:  |
|   | <ul> <li>Take a history and examine a patient</li> <li>Identify and synthesize problems</li> <li>Prescribe safely</li> <li>Keep an accurate and relevant medical record</li> <li>Manage time and clinical priorities effectively</li> <li>Communicate effectively with patients, relatives and colleagues</li> <li>Use evidence, guidelines and audit to benefit patient care</li> <li>Act in a professional manner at all times</li> <li>Cope with ethical and legal issues which occur during the management of patients with general medical problems</li> <li>Educate patients effectively</li> </ul> |

|                                | a Dagama life lang lagunan and to the re-   |
|--------------------------------|---|
|                                | Become life-long learners and teachers  |
|                                | The F1 will have attachment periods to the HASU (Hyper-Acute Stroke Unit), ASU (Acute Stroke Unit) and on call thrombolysis team. Additional opportunity to gain exposure to TIA assessment and management will also be provided as well as exposure to stroke clinical research.   |
| Where the placement is based   | <ul> <li>Whilst in the attachment the F1 will be involved with</li> <li>The generic clerking of suspected stroke patients being admitted to the stroke service. Currently approximately 40% of patients presenting with a suspected stroke are in fact stroke "mimics" (common conditions being; seizures, delirium, headache, Todd's paresis, syncope, vestibular complaints and encephalopathy). Thus the post will not only provide a good grounding in stroke diagnosis and care but also other acute medical and neurological conditions.</li> <li>The complications that occur in stroke sufferers will allow the F1 to practice supervised assessment and management of important medical emergencies; such as sepsis, respiratory and haemodynamic instability, acute confusion states, and reduced level of consciousness.</li> <li>The care provided in the HASU is consultant-led with 3 times a day board round and twice a day ward rounds, giving a supported platform for trainees to learn and practice medicine.</li> <li>The period of ASU attachment will provide the F1 trainee with the opportunity to develop communication and team playing skills.</li> <li>Exposure to the holistic needs of chronic ill health and disability.</li> <li>Experience and opportunity to develop competency in MDT team working, leadership, rehabilitation goal setting and discharge planning</li> <li>Every two weeks community day with Geriatric Team (home visits etc etc)</li> <li>Acute medical on-call F1 rota commitments</li> <li>Charing Cross Hospital</li> </ul> |
| Clinical supervisor(s) for the | Dr S Banerjee (Head of Specialty)   |
| placement                      |   |
| Main duties of the placement   | The F1 doctor is responsible with other staff for the ward care of patients and the maintenance of the patient's medical record. They will take part in the FY1 on call (GIM) rota and will work on both HASU and ASU.  They are expected to attend the weekly F1 teaching program, weekly stroke juniors' teaching and medical grand rounds.  Demonstrate competencies by carrying out WBAs and also take part in audit or a care improvement project.   |

| Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions) | Daily Normal working day 0900 to 1700 0900/1230/1600 – Consultant-led HASU Board Round Consultant-led am ward round on HASU and ASU   |
|---|---|
|   | Additional Weekly Events  Mon: 1300 ASU MDT meeting  Tues: 1300 Stroke Academic meeting  Wed: 1130 Neuroradiology meeting & 1230 Medical  Grand Round  Thur: 1300 Mandatory F1 teaching |
|   | On call requirements: equates to approx. 10 evening on-<br>calls and 4 weekends per 4 month rotation  |
| Local education provider (LEP) / employer information                                   | Imperial College Healthcare NHS Trust   |

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

| Trust   | Imperial College Healthcare NHS Trust  |
|---|--|
| Site  | Charing Cross Hospital   |
| Trainee Information System (TIS) Post Code (and local post number if known)             |  |
| <b>Placement details</b> (i.e. the specialty and sub-specialty)                         | FY1 Urology  |
| Department  | Urology  |
| Type of work to expect and  | 3 FY1's covering wards   |
| learning opportunities  | Normal ward work   |
|   | Day-to-day responsibility for the clinical care of patients under the Urology team, delivering:  |
|   | <ul> <li>Pre-op and post op care</li> </ul>  |
|   | <ul> <li>Work up of acute admissions</li> </ul>  |
|   | <ul> <li>Assist in theatre when needed</li> </ul>  |
|   | o Discharge planning   |
|   | <ul> <li>Opportunities to assist in theatre and in flexible cystoscopy.</li> </ul>   |
|   | Working in surgery at Charing Cross Hospital is a good opportunity for FY1 doctors to gain core competencies and improve their medical knowledge, whilst developing skills in working with the multidisciplinary team. |
|   | They will attend foundation program and departmental weekly teaching, and have many opportunities to teach medical students and participate in audit/quality improvement projects.                                     |
|   | Opportunities to assist in theatre and in flexible cystoscopy.   |
| Where the placement is based  | Charing Cross Hospital   |
| Clinical supervisor(s) for the placement  | Mr Tamer El-Husseiny   |
| Main duties of the placement  | Pre-op and post op care Work up of acute admissions Assist in theatre when needed Discharge planning   |
| Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions) | Mon: Ward Round & ward work Tues: Ward Round & ward work Wed: Ward Round & ward work + weekly department educational meeting Thurs: Ward Round & ward work + weekly FY1 teaching                                       |

|   | Fri: Ward Round & ward work<br>Sat:<br>Sun:   |
|---|---|
|   | On call requirements:   |
|   | In a 4 months placement $\rightarrow$ 3 short weekends (08.00 - 14.00) and 14 long weekdays (08.00 – 20.00) |
| Local education provider (LEP) / employer information | Imperial College Healthcare NHS Trust   |

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| Trust   | Imperial College Healthcare NHS Trust  |
|---|--|
| Site  | F2 Cardiology - Hammersmith Hospital   |
| Trainee Information System (TIS) Post Code (and local post number if known) |  |
| Placement details (i.e. the specialty and sub-specialty)                    | Cardiology   |
| Department  |  |
| Type of work to expect and learning opportunities                           | All F2 Doctors in hospital posts will generally be ward based during the 'normal' working day and expected to deliver the daily medical care of all the patients on their ward. The overall educational objectives of the F2 year are to provide the trainee with the knowledge, skills and attitudes to be able to: -  • Take a history and examine a patient   |
|   | <ul> <li>Take a history and examine a patient including assessing acutely unwell cases</li> <li>Identify and synthesise problems and develop management plans including relevant investigations</li> <li>Prescribe safely</li> <li>Keep an accurate and relevant medical record</li> <li>Manage time and clinical priorities effectively</li> <li>Communicate effectively with patients, relatives and colleagues</li> <li>Use evidence, guidelines and audit to benefit patient care</li> <li>Act in a professional manner at all times</li> <li>Cope with ethical and legal issues which occur during the management of patients with general medical problems</li> <li>Educate patients effectively</li> <li>Become life-long learners and teachers.</li> </ul> |
| Where the placement is based  | Hammersmith Hospital   |
| Clinical supervisor(s) for the placement                                    | Dr Carla Plymen  |
| Main duties of the placement  | The F2 doctor is responsible with other staff for the ward care of patients and the maintenance of the patient's medical record. They will have opportunity to work with the consultants in outpatients. Admitting patients from the HAC and EU at Hammersmith. Initial assessment of problems on the ward. Supervised by resident cardiology registrar. They are expected to attend the structured teaching programmes provided by  |

|   | the department and the Imperial Foundation programme. The doctor will be responsible for such other specific clinical duties as allocated by consultants including performing other duties in occasional emergencies and unforeseen circumstances.  They will experience the full range of cardiological disease  |
|---|---|
| Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions) | Mon: 9am WR Teaching 1.30pm followed by ward work Tues: 9am WR T Wed: 8am JCC. 9am ward round Grand round Thurs: 9am ward round Teaching 3pm? Fri: 9am ward round Sat: 8 – 8 1 in 5/6 Sun: 8-8 1 in 5/6   |
|   | On call requirements: 11 person rota  |
| Local education provider (LEP) / employer information                                   | Imperial College Healthcare NHS Trust was created on October 1, 2007 by merging St Mary's NHS Trust and Hammersmith Hospitals NHS Trust and integrating with the faculty of medicine at Imperial College London. Now one of the largest NHS trusts in the country, we have come together with the College to establish one of the UK's first Academic Health Science Centres (AHSCs). |

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

| Trust   | Imperial College Healthcare  |
|---|--|
| Site  | Hammersmith Hospital   |
| Trainee Information System (TIS) Post Code (and local post number if known)             |  |
| <b>Placement details</b> (i.e. the specialty and sub-specialty)                         | F1 Hepatobiliary Surgery   |
| Department  | Tertiary academic centre with a mix of simple and complex patients. Often a lot of referrals from other hospitals. A lot of cutting edge procedures in pancreatic and liver cancer. Work closely with oncologists and radiologists. Also some benign cases. Hepatobiliary and Endocrine Surgery of the department of surgery and cancer consists of 6 teams. In this job the F1 is attached to a Professorial team throughout the placement. |
| Type of work to expect and learning opportunities                                       | Ward work – Looking after patients with surgical problems; post-operative management Pre assessment clinic – Once a week for all the surgical teams seeing pre op patients and assessing fitness for surgery Acute surgical experience in A&E Theatre experience – opportunities to assist in procedures Academic activities for research and publications   |
| Where the placement is based Clinical supervisor(s) for the placement                   | Hammersmith Hopsital Professor Long R Jiao   |
| Main duties of the placement  | <ul> <li>Clerking patients in pre assessment clinics</li> <li>Updating patient lists</li> <li>Organising and following up investigations for patients</li> <li>Organising and handing in theatre list Assisting in theatre</li> </ul>  |
| Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions) | Daily: 8am handover followed by ward round. Official end of day 5pm  Weekly: One day every week on call 8am – 8pm Mon: Ward work, jobs, teaching at CXH 1pm-2pm Tues: Ward work (Sometimes theatre list also) Teaching 1-2.30pm Post grad centre Ham House  Wed: All day theatre list (ward round earlier 7:15-7:30am) Jobs  Thurs: Ward work. Jobs Fri: Ward work, pre-assessment clinic 1pm Sat: N/A Sun: N/A                              |

|   | 8am to 8pm. Maybe on call on bank holidays  |
|---|---|
| Local education provider (LEP) / employer information | Imperial College Healthcare NHS Trust was created on October 1, 2007 by merging St Mary's NHS Trust and Hammersmith Hospitals NHS Trust and integrating with the faculty of medicine at Imperial College London. Now one of the largest NHS trusts in the country, we have come together with the College to establish one of the UK's first Academic Health Science Centres (AHSCs). |

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| Trust   | Imperial College Healthcare NHS Trust   |
|---|---|
| Site  | Hammersmith Hospital  |
| Trainee Information System (TIS) Post Code (and local post number if known) |   |
| Placement details (i.e. the specialty and sub-specialty)                    | F1 Renal medicine   |
| Department  | Renal Medicine  |
| Type of work to expect and learning opportunities                           | Twice daily consultant ward rounds then ward jobs. The F1 should attend renal teaching and weekly F1 teaching arranged by the postgraduate department. The F1 also works closely with the renal and transplant surgeons who are useful for feedback and are often willing to explain things as are the dialysis nurses. |
|   | The F1 will usually be working with a specialist registrar and core or F2 trainee providing excellent clinical supervision and learning.  |
|   | There is a renal drug handbook that is a useful reference for prescribing and a dedicated renal pharmacist, though the F1 will not often be prescribing to renal patients themselves.   |
| Where the placement is based  | Hammersmith Hospital, West London Renal and Transplant Centre, Imperial College Trust   |
| Clinical supervisor(s) for the placement                                    | TBC   |
| Main duties of the placement  | 08.15 departmental meeting then consultant ward round lasting 1-2 hours.  |
|   | Ward jobs – ordering investigations, making referrals to other specialties, discharges and arranging outpatient follow-up/further admissions for procedures/drug charts on dialysis for discharge patients. Review and discussion around blood results new radiology with team.   |
|   | Request 8am bloods for all patients including specialist blood such as donor specific antibodies and immunosuppression levels, and 2am bloods for sick patients.  |
|   | 17.00 evening ward round starts. Urgent jobs; leave others for next day. Update the list. The SHOs rotate but work until 21.15 so they should do handover to night staff.   |
|   | <b>Tues</b> am: discharge meeting with discharge liaison nurse, physio, OT, counselor.  |
|   | Wed: 8am with the rest of the F1s' team attend the  |

|   | imaging and pathology meetings. The F1 can attend them or try to get to the SHO teaching in the Postgrad centre – often they will try to get some discharges written. There is also renal teaching every week at 11.30.   |
|---|---|
| Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions) | As the house officer the F1 will work on one of 3 wards 8.15am – 5pm. They may be asked to work on DeWardner which is the HDU if someone is absent, here they work closely with their registrar and have 12 patients including acute post-renal transplant patients.  The F1 will also be expected to do two weeks of nights which is when they will gain further clinical experience and provide an opportunity to clerk patients from themselves from the outset.  On call requirements: During their nights, when the F1 |
|   | is on the ward there is no bleep so they are expected to be physically on the ward at all times.  |
| Local education provider (LEP) / employer information                                   | Imperial College Healthcare NHS Trust was created on October 1, 2007 by merging St Mary's NHS Trust and Hammersmith Hospitals NHS Trust and integrating with the faculty of medicine at Imperial College London. Now one of the largest NHS trusts in the country, we have come together with the College to establish one of the UK's first Academic Health Science Centres (AHSCs).   |

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

| Trust   | Imperial College Healthcare  |
|---|--|
| Site  | Queen Charlotte's and Chelsea Hospital   |
| Trainee Information System (TIS)                  | ·  |
| Post Code (and local post number if               |  |
| known)  |  |
| Placement details (i.e. the specialty             | F1 Obstetrics and Gynaecology  |
| and sub-specialty)                                |  |
| Department  |  |
| Type of work to expect and learning opportunities | The work is a mixture of typical F1 jobs, service delivery with opportunities to learn about this senior-led specialty. As it is supernumerary, there in onus on the F1 to make the most of their time, and create and use all opportunities possible.  There is ample opportunity to learn and practice the core F1 competencies such as history taking, examination, decision making, vascular access, working in a team, basic surgical skills and surgical   |
|   | assessment. In addition, there is opportunity to do O&G specific histories and examinations, such as speculum, VE, US scanning, assisting with deliveries and perineal repair.   |
| Where the placement is based                      | Queen Charlotte's and Chelsea Hospital   |
| Clinical supervisor(s) for the placement          | Miss Catriona Stalder (Gynaecology) Miss Serap Akmal (Obstetrics)  |
| Main duties of the placement                      | This is a supernumerary position, so there is ample opportunity to take part in learning as well as standard service delivery, particularly on obstetric placements.  In Obstetrics, main duties;  - Assist in seeing and managing post-natal and antenatal patients on the ward  - Assist in assessing and managing patients on the Day Assessment Unit  - Spend time on labour ward, helping with clerking, vascular access and assisting in theatre.  - Sit in on ante-natal clinics and then see patients in clinic  Gynaecology:  - Attend ward rounds daily  - Help STs with ward jobs  - Pre-clerking pre-op patients (1-2x/week)  - Prepare gynaecology oncology MDT on Fridays and present in meeting  - Help to prepare theatre lists for submission  - Assist in theatre  - Assist in assessing and scanning patients on the Early Pregnancy and Acute Gynaecology Assessment Unit  - Attend and assist in Outpatient clinics |
| Typical working pattern in this                   | Officially 8am-4pm   |

| placement (e.g. ward rounds, clinics, theatre sessions) | Gynae Oncology 7.30am – 5pm   |
|---|---|
|   | Obstetrics Daily: 0830 Labour ward handover 0800: See ward patients Thurs: 8am departmental teaching Sat: Off Sun: Off  |
|   | Gynaecology Daily: 0800 ward rounds (0730 Gynae Oncology on Tu,We,Th)   |
|   | Mon: 0900 Pre-clerking 1330 Departmental Gynae Onc MDT Tues: 0900 Pre-clerking Thurs: departmental teaching Fri: 0900 pre-clerking 1400 Gynae oncology MDT Sat: Off Sun: Off  |
|   | On call requirements: Nil   |
| Local education provider (LEP) / employer information   | Imperial College Healthcare NHS Trust was created on October 1, 2007 by merging St Mary's NHS Trust and Hammersmith Hospitals NHS Trust and integrating with the faculty of medicine at Imperial College London. Now one of the largest NHS trusts in the country, we have come together with the College to establish one of the UK's first Academic Health Science Centres (AHSCs). |

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

| Trust   | Imperial College Healthcare   |
|---|---|
| Site  | St Mary's Hospital  |
| Trainee Information System                            | ot mary 5 Hospital  |
| 1   |   |
| (TIS) Post Code (and local post number if known)      |   |
| ,   | E1 Appdomic Curring Hait  |
| Placement details                                     | F1 Academic Surgical Unit   |
| Department  | Academic Surgical Unit and Department of Urology  |
| The type of work to expect and learning opportunities | All duties will be ward based and will involve the day to day care of patients admitted under the ASU consultants – Upper GI/Bariatrics and Lower GI Surgery  The educational objectives are to provide the trainees with the requisite skills to:  • Undertake a surgical history and examination • Develop communication skills doctor-patient as well as skills required for working with other professionals and other specialties • Prioritise workload • Safe prescribing • Develop high standards of documentation and record keeping • Handover • Team working • Evidence based practice • Integrate ethical principles into daily practice Other opportunities include: • Attending outpatient clinics under consultant supervision • Attending the operating theatre • Weekly psychiatry liaison clinical teaching sessions |
|   | <ul> <li>6 posts linked to 4-week Urology placement and<br/>6 posts have a Psychiatry element.</li> </ul>   |
| Where the placement is based                          | St Mary's Hospital  |
| Clinical Supervisor(s) for the placement              | Mr. K. Moorthy, Mr. P. Ziprin and Mr. B. Paraskevas<br>Mr. Vale and Mr. Mazaris   |
| Main duties of the placement                          | <ul> <li>Clerking inpatients admitted for elective surgery and occasionally emergency admissions</li> <li>Organizing imaging and other procedures: NJ feeding tube insertion.</li> <li>Daily management of inpatients</li> <li>Communicating daily plans with nurses, other professionals and liaising with other specialties</li> <li>Documentation and maintenance of medical records</li> <li>Basic ward based procedures such as venous cannulations, NG tube insertion, urethral catherisation, suturing etc</li> </ul>  |

| Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions) | Morning handover followed by ward rounds in the morning. Daily afternoon board rounds and ward round.  Monday- AM - Department meeting, teaching ward round Monday PM- Clinic Tuesday- AM- Operating theatres/ Bariatric clinic Tuesday PM- Operating theatres 2:00pm Psychiatry teaching Wed AM- Bariatric theatres Wed PM- F1 teaching and ward work Thurs AM- Microbiology ward round/ operating theatres Friday- Bariatric operating theatres  On call requirements:  On call covering general surgery Urology and |
|---|--|
|   | Orthopedics twilight and weekends (no nights)  |
| Local Education provider (LEP) / employer information                                   | Imperial College Healthcare NHS Trust was created on October 1, 2007 by merging St Mary's NHS Trust and Hammersmith Hospitals NHS Trust and integrating with the faculty of medicine at Imperial College London. Now one of the largest NHS trusts in the country, we have come together with the College to establish one of the UK's first Academic Health Science Centers (AHSCs).  |

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

| Trust   | Imperial College Healthcare NHS Trust   |
|---|---|
| Site  | St Mary's Hospital  |
| Trainee Information System (TIS) Post Code (and local post number if known) |   |
| Placement details (i.e. the specialty and subspecialty)                     | F2 Emergency Medicine   |
| Department  | St Mary's Hospital is an inner London teaching hospital. The Emergency department sees over 65 000 patients per year divided between adults and paediatrics (1/3). There is a 12 bedded Clinical Decision Unit with specialty consultant clinical cover for the frailty unit There are 14 whole time equivalent adult consultants (many work cross site with Charing Cross) and 4 children's consultants. |
|   | The Urgent Care Centre (minor injuries and minor ailments) is run by a private provider adjacent to the main building and this service is not included in the department's workload.  |
|   | The site is the major trauma centre for NW London and there is a Consultant Trauma Team leader present 24/7.  |
| Type of work to expect and learning opportunities                           | The F2 post is full shift working in the ED, seeing both adults and children. Shifts vary from daytime hours to nights and evenings. The weekend working equates to 1: 2.5 weekends, but the hours remain within 46 hours a week and there are many days off during the week.   |
|   | The post is an ideal opportunity to gain skills in the assessment and management of the acutely ill patient. Caseload includes acute medical, surgical, orthopaedic and gynaecological presentations in addition to major trauma and cardiac arrest.  |
|   | The ED sees a number of patients with both acute and chronic mental health problems and there is strong support from the psychiatry liaison nurses based in the ED. Your case load also requires linking with community services managing patients with chronic problems eg falls, respiratory disease and DM.  |
|   | The overall educational objectives of the F2 year are to further the skills attained during the F1 year and to provide the trainee with the knowledge, skills and attitudes to be able to:  |
|   | Take a history and examine a patient  |

|   | <ul> <li>Learn to make accurate clinical diagnoses by synthesizing results from observation and investigation</li> <li>To expand the range of medical procedures in which the trainee is competent</li> <li>Prescribe safely</li> <li>Keep an accurate and relevant medical record</li> <li>Manage time and clinical priorities effectively</li> <li>Communicate effectively with patients, relatives and colleagues</li> <li>Use evidence, guidelines and audit to benefit patient care</li> <li>Act in a professional manner at all times</li> <li>Cope with ethical and legal issues which occur during the management of patients with general medical problems</li> </ul> |
|---|--|
|   | <ul> <li>Educate patients effectively</li> <li>Become life-long learners and teachers.</li> </ul>  |
| Where the placement is based  | St Mary's Hospital   |
| Clinical supervisor(s) for the placement                                      | Dr Batrick, Dr Bingham, Dr Brown, Dr Cleaver, Dr Finlay, Dr Grant, Dr Matthews, Dr McNamara, Dr Metcalf, Dr Mitra, Dr Rahman, Dr Redhead, Dr Simpungwe, Dr Ward, Dr Whiticar, LT Col Wright, Dr Maconochie, Dr Salter, Dr Cleugh   |
| Main duties of the placement  | The F2 doctor is responsible along with other staff for the assessment and management of patients presenting with acute illness and injury   |
|   | They are expected to attend the structured teaching programmes provided by the hospital.   |
|   | The F2 doctor will be responsible for other specific clinical duties as allocated by consultants including performing duties in occasional emergencies and unforeseen circumstances.   |
| Typical working pattern in this placement (e.g. ward rounds, clinics, theatre | Typical working pattern in this post e.g. full shift pattern with shifts of 10 or 11 hours.  |
| sessions)   | There is a consultant led board round three times a day and clinical decision ward rounds three times a day.  On call requirements:  No on call but full shift pattern including 3 or 4 nights approximately every fourth week.  |
| Local education provider (LEP) / employer information                         | Imperial College Healthcare NHS Trust was created on October 1, 2007 by merging St Mary's NHS Trust and Hammersmith Hospitals NHS Trust and integrating with the faculty of medicine at Imperial College London. Now one of the largest NHS trusts in the country, we have come together with the College to establish one of the UK's first Academic Health Science Centres (AHSCs).  |

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

| Trust                           | Imperial College Healthcare NHS Trust, St Mary's  |
|---------------------------------|---|
|                                 | Hospital.   |
| Site                            | St Mary's Hospital.   |
| Trainee Information System      |   |
| (TIS) Post Code (and local post |   |
| number if known)                |   |
| Placement details (i.e. the     | F1 Clinical Decision Unit (CDU)   |
| specialty and sub-specialty)    |   |
| Department                      | Emergency Department (ED)   |
| Type of work to expect and      | The F1 will be caring for patients in a short stay 12   |
| learning opportunities          | bed unit adjacent to a busy inner city ED. There is also opportunity to assess patients in the ED. There are three Consultant-led CDU rounds per day and close supervision from duty ED registrar and Consultant. Liaison with multidisciplinary team and specialty teams. There is situational teaching for the F1 on CDU rounds and formal F1 teaching every Wednesday. The F1 is encouraged to undertake an audit project and complete ILS, PLS and a Skills Course as part of F1 curriculum. The F1 is expected to complete discharge summaries on all short stay patients and to contribute to audit and performance monitoring within the CDU area. |
|                                 | This post offers community experience in terms of -   |
|                                 | Daily contact with GPs, occupational therapy and social services.   |
|                                 | Close working with alcohol liaison worker and mental health team work within the emergency department depending on the needs of CDU patients.   |
|                                 | Discharge planning and organisation for complex, elderly and vulnerable patients.   |
| Where the placement is based    | St Mary's Hospital  |
| Clinical supervisor(s) for the  | 14 Emergency Medicine Consultants   |
| placement                       | The Educational Supervisor is Dr Patricia Ward  |
| Main duties of the placement    | Assessment and on-going management of a wide variety of patients admitted to the CDU from the ED. Practical skills such as IV access, venepuncture, ABG, catheterisation etc  |

|   | Manage patients on specific pathways   |
|---|--|
|   | Complete discharge summaries   |
|   | Contribute to audit and performance monitoring   |
| Typical working pattern in this placement (e.g. ward rounds, clinics, | 08:00-17:00 Monday to Friday direct patient care on CDU.   |
| theatre sessions)   | Consultant led CDU rounds at 08:00, 12:00 and 16:00. Teaching 13:00-15:00 Wednesdays On call requirements: |
|   | None   |
| Local education provider (LEP) / employer information                 | Imperial College Healthcare NHS Trust  |

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| Trust  | Imperial College Healthcare NHS Trust  |
|--|--|
| Site   | St Mary's Hospital   |
| Trainee Information System (TIS)                         |  |
| Post Code (and local post number if known)               |  |
| Placement details (i.e. the specialty and sub-specialty) | F1 Endocrinology and Acute Medicine (Adult)  |
| Department   | The Dept of Metabolic Medicine comprises of 2 Professors and 5 Consultants, all 5 of whom do acute General Adult Medical on-call. The department covers general Diabetes and Endocrinology and has many special clinics covering interests including Endocrine complications of pregnancy, Diabetic foot disease, Diabetic Fatty Liver Disease, Diabetes in obesity, Metabolic Bone and Stone disease, Pituitary disease, Thyroid cancer, and Lipid disorders. There are active research programmes in many of these areas, including clinical trials. |
| Type of work to expect and learning opportunities        | F1 Doctors in hospital posts are ward based and expected to help deliver the daily medical care of all the in-patients. These include mainly general medical admissions along with complicated diabetes cases, especially those with diabetic foot disease. There are Consultant ward rounds most days. The team includes a dedicated SpR on-wards full-time, as well as two (F2s / ST1s; (F2/CT2) another 2 SpRs cover specialist services.   |
|  | There are weekly X-ray, multi-disciplinary diabetes, specialist endocrine and endocrine results meetings. There is a central weekly Grand Round.   |
|  | When on-call for general Medicine the F1 will be involved with the generic clerking of patients being admitted and their on-going care on the Medical Admissions unit.   |
|  | St Mary's is a major teaching hospital, as part of Imperial College London, and medical students are often attached to our Department, leading to teaching opportunities for the F1 if desired.  |
| Where the placement is based                             | St Marys Hospital  |
| Clinical supervisor(s) for the placement                 | Dr Stephen Robinson, Dr Jon Valabhji, Dr Jeremy Cox, Dr Michael Yee and Dr David Gable.  |
| Main duties of the placement                             | The F1 doctor is responsible with other staff for the ward care of patients and the maintenance of the patient's   |

|   | medical record. They are expected to attend certain departmental meetings. In addition, they will be expected to attend the structured teaching programmes provided.  The F1 doctor will be responsible for such other specific clinical duties as allocated by consultants, including performing other duties in occasional emergencies and unforeseen circumstances.                |
|---|---|
| Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions) | Daily: 0900 Ward round 1300 Ward Cover 1730 Handover  Thurs: 0830 – 0930 Radiology Meeting Fri: 1245 - 1345 Grand Round Sat: 0900 – 2100 on-call 1 in 5/6 Sun: 0900 – 2100 on-call 1 in 5/6  Weekly/monthly: Teaching programme  On call requirements:  1 in 5 (shift pattern)  |
| Local education provider (LEP) / employer information                                   | Imperial College Healthcare NHS Trust was created on October 1, 2007 by merging St Mary's NHS Trust and Hammersmith Hospitals NHS Trust and integrating with the faculty of medicine at Imperial College London. Now one of the largest NHS trusts in the country, we have come together with the College to establish one of the UK's first Academic Health Science Centres (AHSCs). |

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| Trust   | Imperial College Healthcare NHS Trust  |
|---|--|
| Site  | St Mary's Hospital   |
| Trainee Information System (TIS) Post Code (and local post number if known) |  |
| Placement details (i.e. the specialty and sub-specialty)                    | F1 Gastroenterology & General Internal Medicine  |
| Department  | At St. Mary's there are six Consultant Physicians who lead the Gastroenterology / General Medical team. They work closely with administrative staff, clinical nurse specialists, a gastrointestinal physiologist and the staff of the endoscopy unit.  |
|   | The hospital is part of the wider Imperial College Healthcare NHS Trust, along with the Hammersmith Hospital and Charing Cross Hospital – there are close links between the gastroenterology, hepatology and hepatopancreatobiliary teams within the Trust. There are also particularly close links with the radiology and surgical teams, the histopathology department and the department of nutrition and dietetics.  |
| Type of work to expect and learning opportunities                           | The Gastroenterology team is one of five medical firms which participate in the acute medical take and manage admitted patients.  The F1 will manage patients with acute and chronic gastrointestinal disease (such as inflammatory bowel disease, gastrointestinal haemorrhage, gastrointestinal infection and cancer, motility and functional disorders) along with patients with general medical problems. This includes the management of patients on the Medical High Dependency Unit (HDU).  They will participate in the acute medical take (including night shifts) and in the ongoing care of patients admitted via the take until their discharge or triage to a different medical team. The F1 will provide out-of-hours ward cover on an on-call rota. |
|   | They will be expected to take an active role in education, audit and research. This will involve teaching medical students and completing one or more audits / research projects. The F1 will have opportunities to present at departmental meetings, and potentially at the hospital Grand round.  The overall educational objectives of the F1 year are to provide the trainee with the knowledge, skills and attitudes to be able to:   |

|   | <ul> <li>Take a history and examine a patient in the elective and emergency setting</li> <li>Gain experience in an HDU setting</li> <li>Identify and synthesise problems</li> <li>Prescribe safely</li> <li>Keep an accurate and relevant medical record</li> <li>Manage time and clinical priorities effectively</li> <li>Communicate effectively with patients, relatives and colleagues</li> <li>Use evidence, guidelines and audit to benefit patient care</li> <li>Act in a professional manner at all times</li> <li>Cope with ethical and legal issues which occur during the management of patients with general medical problems</li> <li>Educate patients effectively</li> </ul>   |
|---|--|
|   | Become life-long learners and teachers.  |
| Where the placement is based  | St Marys Hospital  |
| Clinical supervisor(s) for the placement  | Consultant Physicians Dr. Jonathan Hoare, Prof. Tim Orchard, and Dr. Horace Williams.  |
| Main duties of the placement  | As part of the Gastroenterology team, along with the F2, CT2 and SpRs (STs), the F1 will be responsible for the care of patients with acute and chronic gastrointestinal disease and patients with other general medical problems requiring inpatient care.  They will be expected to ensure that the medical records of these patients are accurately maintained. The F1 will be expected to attend the structured teaching programmes provided.  They will participate in the acute medical take and provide ward cover according to the on-call rota. They will be responsible for other specific clinical duties as allocated by consultants including performing duties in occasional emergencies and unforeseen circumstances. |
| Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions) | The F1 will participate in daily ward rounds of the inpatients, including at least two Consultant ward rounds per week. These usually start at 09.00. Ward work will be carried out with the other team members. There will be optional attendance at the weekly departmental radiology / surgery / histopathology meeting at 0800 on Mondays.  There will be opportunities for the F1 to gain experience of outpatients and endoscopy in their spare time.  |
|   | On call requirements:  |
|   | Acute medical take 1 in 10; ward cover approximately 1 in 20, night shifts approximately 1 in 20.  |

| Local education provider (LEP) / | Imperial College Healthcare NHS Trust was created on    |
|----------------------------------|---|
| employer information             | October 1, 2007 by merging St Mary's NHS Trust and      |
|                                  | Hammersmith Hospitals NHS Trust and integrating with    |
|                                  | the faculty of medicine at Imperial College London. Now |
|                                  | one of the largest NHS trusts in the country, we have   |
|                                  | come together with the College to establish one of the  |
|                                  | UK's first Academic Health Science Centres (AHSCs).     |

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| Trust   | Imperial College Healthcare NHS Trust  |
|---|--|
| Site  | St Mary's Hospital   |
| Trainee Information System (TIS) Post Code (and local post number if known) |  |
| Placement details (i.e. the specialty and sub-specialty)                    | F1 General Internal Medicine (Clinical Pharmacology and Therapeutics)  |
| Department  | St Mary's Hospital is an inner London teaching hospital. Firm 5 is a General Medical firm which comprises 3 consultant physicians (1 general & cardiovascular physician and 2 consultant rheumatologists). It is the most general of the 5 firms in the hospital and the workload involves exposure to a wide range of medical conditions. |
| Type of work to expect and learning opportunities                           | The post is ward-based and the F1 doctor has responsibility (under supervision) for both acute admissions and ongoing clinical care responsibilities for those patients once admitted.   |
|   | The F1 doctor will undertake admission of emergencies and electives from the emergency department, clinic and community.   |
|   | They will provide ongoing care of the patient on the ward, including completing comprehensive medical notes, prescribing and discharge summaries.  |
|   | The F1 will respond to medical emergencies on the medical emergency team and will provide information for the medical response team as relevant to their patients.   |
|   | The F1 will attend the local team teaching and the F1 weekly teaching.   |
|   | They will develop their own skills particularly in the care of medical emergencies   |
|   | Community Experience offered in post :   |
|   | 1 of 2 post holders will have the opportunity to attend a weekly community hypertension clinic in primary care.  |
|   | The overall educational objectives of the F1 year are to provide the trainee with the knowledge, skills and attitudes to be able to:   |

| <ul> <li>Take a history and examine a patient;</li> <li>Learn to make accurate clinical diagnoses by synthesizing results from observation and investigation;</li> <li>To expand the range of medical procedures in which the trainee is competent;</li> <li>Prescribe safely;</li> <li>Keep an accurate and relevant medical record;</li> <li>Manage time and clinical priorities effectively;</li> <li>Communicate effectively with patients, relatives and colleagues;</li> <li>Use evidence, guidelines and audit to benefit patient care;</li> <li>Act in a professional manner at all times;</li> <li>Cope with ethical and legal issues which occur during the management of patients with general medical problems;</li> <li>Educate patients effectively;</li> <li>Become life-long learners and teachers.</li> </ul> |
|--|
| St Marys Hospital  |
| Dr Chapman, Dr Kinderlerer or Dr Tench   |
| The F1 doctor is responsible with other staff for the ward care of patients and the maintenance of the patient's medical record.  They are expected to attend the structured teaching programmes provided by the hospital.  The doctor will be responsible for such other specific clinical duties as allocated by consultants including performing other duties in occasional emergencies and unforeseen circumstances.   |
| Usual working day is 9-5  Mon: SpR-led ward round & ward work Tues: Consultant ward round & ward work Wed: SpR-led ward round & ward work Thurs: Consultant ward round, multidisciplinary meeting, X-ray meeting Fri: SpR-led ward round, hospital grand rounds & ward work  A board round with consultant and SpR on the days with no full consultant rounds.  On call requirements:  |
|  |

|   | 1 in 5 daytime on-call (including weekends) and 1 in 5 sets of nights (Monday-Thursday or Friday-Sunday)  |
|---|---|
| Local education provider (LEP) / employer information | Imperial College Healthcare NHS Trust was created on October 1, 2007 by merging St Mary's NHS Trust and Hammersmith Hospitals NHS Trust and integrating with the faculty of medicine at Imperial College London. Now one of the largest NHS trusts in the country, we have come together with the College to establish one of the UK's first Academic Health Science Centres (AHSCs). |

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| Trust   | Imperial College Healthcare NHS Trust  |
|---|--|
| Site  | St Mary's Hospital   |
| Trainee Information System (TIS)                                |  |
| Post Code (and local post number if                             |  |
| known)  | E1 Hanatalagy and Aguta Madigina (Adult)   |
| <b>Placement details</b> (i.e. the specialty and sub-specialty) | F1 Hepatology and Acute Medicine (Adult)   |
| Department  | The Department of Hepatology comprises 8 Consultants of whom 4 do acute General Adult Medical on-call. There is a strong academic component to the Team (2 professors, 1 reader, 3 Senior lecturers/Honorary SLs) as well as two Lecturers, an Academic Clinical Fellow, three SpRs and several Clinical Research Fellows including visiting from overseas. There are special interests in Viral Hepatitis, Liver Cancer, Fatty Liver Disease, Alcoholic Hepatitis and Cirrhosis with active research programmes in all these areas, including a Clinical Trials Unit. |
|   | The department has one of the largest cohorts of viral hepatitis patients in Europe.   |
| Type of work to expect and learning opportunities               | All F1 Doctors in hospital placements will generally be ward based during the 'normal' working day and expected to deliver the daily medical care of all the patients currently under the care of the Hepatology team, which includes general medical patients in addition to liver patients. When on-call for general medicine, F1s will be involved with the clerking of patients being admitted, the running of the Rapid Assessment Unit (RAU- the DVT service) and the ongoing care of newly admitted patients.   |
|   | St Mary's is a major teaching hospital, as part of Imperial College London, and medical students are often attached to this department, leading to teaching opportunities for the F1 if desired.   |
|   | The overall educational objectives of the F1 year are to provide the trainee with the knowledge, skills and attitudes to enhance their ability to : -  |
|   | <ul> <li>Take a history and examine a patient</li> <li>Identify and approach problems logically</li> <li>Offer and implement initial management plans</li> <li>Prescribe safely</li> <li>Perform basic procedures safely</li> <li>Keep accurate &amp; relevant medical records</li> <li>Manage time &amp; clinical priorities effectively</li> </ul>   |

|                                       | Communicate effectively with patients, relatives  |
|---------------------------------------|---|
|                                       | <ul> <li>and colleagues</li> <li>Use evidence, guidelines and audit to benefit patient care and understand the issues of Clinical Governance</li> <li>Act in a professional manner at all times</li> <li>Cope with ethical and legal issues which occur during the management of patients with general medical problems</li> <li>Educate patients effectively</li> <li>Become life-long learners and teachers.</li> </ul>   |
| Where the placement is based          | St Marys Hospital   |
| Clinical supervisor(s) for the        | Dr Shahid Khan is currently the consultant responsible  |
| placement                             | for F1 Teaching and supervision   |
| Main duties of the placement          | The F1 doctor is responsible with other staff for the ward care of patients, contributing to the acute medical take and the maintenance of the patient's medical record. Opportunities to attend a variety of specialist outpatient clinics with the consultants are unfortunately limited due to the significant ward workload. They are expected to attend the departmental meetings including Radiology, Cancer MDTs, Histology, Research presentations, and the weekly Grand Round. In addition, they will be expected to attend the structured teaching programmes provided.  The F1 doctor will be responsible for such other specific clinical duties as allocated by consultants, including performing other duties in occasional emergencies and unforeseen circumstances. |
| Typical working pattern in this       | Daily: 0830 FY1s update list  |
| placement (e.g. ward rounds, clinics, | 0900 Ward round   |
| theatre sessions)                     | Remainder of Day: Jobs  |
|                                       | 1730 Handover to On-Call  |
|                                       | Mon: 1200 – 1300 Liver cancer MDT  Wed: 1300 – 1500 FY1 Teaching  Fri: 0800 – 0830 Radiology Meeting 0930 – 1000 Histology Meeting 1030 – 1130 Research in Progress Meeting 1245 – 1345 Grand Round   |
|                                       | Sat: 0900 – 2100 1 in 5/6 weekends  |
|                                       | Sun: 0900 – 2100 1 in 5/6 weekends  |
|                                       | On call requirements:   |
|                                       | 1 in 5 (shift pattern) 0900-2100  |
| Local education provider (LEP) /      | Imperial College Healthcare NHS Trust was created on  |
| employer information                  | October 1, 2007 by merging St Mary's NHS Trust and  |

| Hammersmith Hospitals NHS Trust and integrating with the faculty of medicine at Imperial College London. Now one of the largest NHS trusts in the country, we have come together with the College to establish one of the |
|---|
| UK's first Academic Health Science Centres (AHSCs).   |

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

| Trust   | Imperial College Healthcare NHS Trust   |
|---|---|
| Site  | St Mary's Hospital  |
| Trainee Information System (TIS) Post Code (and local post number if known) |   |
| Placement details (i.e. the specialty and subspecialty)                     | F1 Academic Surgical Unit   |
| Department  | Academic Surgical Unit and Department of Urology  |
| Type of work to expect and learning opportunities                           | Most duties will be ward based and will involve the day to day care of patients admitted under the ASU consultants – both acute surgical patients and elective patients in Upper GI, Bariatrics and Lower GI Surgery. You will be working with advanced nurse practitioners who are part of the team together with SHOs, Registrars and Consultants  The firm structure has devolved into lower GI, Oesophagogastric, Bariatric and Acute Surgical team. You will rotate through each team. The staffing of the acute team reflects the heavier workload while working with the elective team will afford educational opportunities in theatre, outpatients, minor op lists.  The educational objectives are to provide the trainees with the requisite skills to:  • Undertake a surgical history and examination • Develop communication skills doctor-patient as well as skills required for working with other professionals and other specialties • Prioritise workload • Safe prescribing • Develop high standards of documentation and record keeping • Handover • Teamworking • Evidence based practice • Integrate ethical principles into daily practice Other opportunities include: • Attending outpatient clinics under consultant supervision • Attending the operating theatre • Weekly clinical teaching sessions |
| Where the placement is based  | St Mary's Hospital  |

| Clinical supervisor(s) for the placement  | Mr P.Ziprin, Mr B. Paraskevas, Mr K.Moorthy, Mr Purkayastha, Mr Reese, Mr Kinross, Mr Vale and Mr Mayer   |
|---|---|
| Main duties of the placement  | <ul> <li>Managing inpatients admitted for elective surgery and emergency admissions</li> <li>Organising imaging and other procedures.</li> <li>Daily management of inpatients under supervision of consultants and registrars</li> <li>Communicating daily plans with nurses, other professionals and liaising with other specialties</li> <li>Facilitate discharge of patients with other disciplines</li> <li>Documentation and maintenance of medical records</li> <li>Basic ward based procedures such as venous cannulations, NG tube insertion, urethral catherisation, suturing etc</li> </ul> |
| Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions) | Morning handover followed by ward rounds in the morning. Daily afternoon board rounds and ward round.  Monday- AM - Department meeting, teaching ward round Monday PM- Clinic Tuesday- AM- Operating theatres/ Bariatric clinic Tuesday PM- Operating theatres; ward MDT meeting Wed AM- Bariatric theatres Wed PM- F1 Trust teaching and ward work Thurs AM- Microbiology ward round/ operating theatres Friday- Teaching and Ward round with medical liaison team  On call requirements:  On call covering general surgery and urology long days and weekends (no nights)                           |
| Local education provider (LEP) / employer information                                   | Imperial College Healthcare NHS Trust was created on October 1, 2007 by merging St Mary's NHS Trust and Hammersmith Hospitals NHS Trust and integrating with the faculty of medicine at Imperial College London. Now one of the largest NHS trusts in the country, we have come together with the College to establish one of the UK's first Academic Health Science Centres (AHSCs).   |

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| Trust   | Imperial College Healthcare NHS Trust   |
|---|---|
| Site  | St Mary's Hospital  |
| Trainee Information System (TIS)                  |   |
| Post Code (and local post number if               |   |
| known)  |   |
| Placement details (i.e. the specialty             | F1 Geriatrics and General Internal Medicine (3 posts)   |
| and sub-specialty)                                |   |
| Department  | At St Mary's there are three Consultant Physicians& Geriatricians who lead the general geriatric medicine team (Dr. Long, Dr. James and Dr. Mitchell). This comprises acute comprehensive geriatric assessment of frail older medical inpatients on the acute medical wards (OPAL) and inpatient care of frail older people on specialist medicine for the elderly wards. We work closely with our multidisciplinary teams to provide a high quality, comprehensive geriatric service for older medical inpatients living with frailty. |
|   | St. Mary's Hospital is part of the wider Imperial College Healthcare NHS Trust, along with the Hammersmith Hospital and Charing Cross Hospital. Our department also includes an acute frailty/ED liaison service (Dr. Belcher), a surgical liaison and rehabilitation service (Dr. Shipway) and an orthogeriatric service (Dr. Fertleman)   |
| Type of work to expect and learning opportunities | The F1 will rotate through our specialist medicine for<br>the elderly wards and OPAL service, thus gaining<br>experience of the acute assessment of older people as<br>well as ongoing ward care and complex discharge<br>planning.   |
|   | They will learn how to assess and manage patients with complex problems common in frailty including dementia, delirium, falls, polypharmacy and incontinence, along with a wide variety of acute medical problems and comorbidities. In particular they will learn how to work as part of a specialist geriatric multidisciplinary team.  |
|   | The F1 will also participate in the acute medical take (including night shifts) and in the ongoing care of patients admitted via the take when post-take. This includes the management of patients on the Medical High Dependency Unit (HDU). They will provide out-of-hours ward cover on an on-call rota.   |
|   | The F1 will be expected to take an active role in education and quality improvement. This will involve teaching medical students and completing one or more quality improvement / research projects. They will have   |

|   | annortunities   |
|---|---|
|   | opportunities to present at our departmental meetings (F1s are expected to present a critical appraisal of a paper at our weekly teaching session), monthly safety and quality meetings, weekly Medicine Morning report, and at the hospital Grand round.   |
|   | The overall educational objectives of the F1 year are to provide the trainee with the knowledge, skills and attitudes to be able to:  |
|   | <ul> <li>Take a history and examine a patient in the emergency setting, and develop an appropriate management plan, and in particular to learn how to do this for an older patient with frailty.</li> <li>Gain experience in an HDU setting.</li> <li>Identify and synthesise problems.</li> <li>Prescribe safely.</li> </ul>               |
|   | <ul> <li>Keep an accurate and relevant medical record.</li> <li>Manage time and clinical priorities effectively.</li> <li>Communicate effectively with patients, relatives and colleagues.</li> <li>Use evidence, guidelines and audit to benefit</li> </ul>  |
|   | <ul> <li>patient care.</li> <li>Act in a professional manner at all times</li> <li>Cope with ethical and legal issues which occur during the management of patients with general medical problems.</li> </ul>   |
|   | <ul> <li>Educate patients effectively.</li> <li>Become life-long learners and teachers.</li> </ul>  |
| Where the placement is based  | St Marys Hospital   |
| Clinical supervisor(s) for the  | Consultant Physicians & Geriatricians:  |
| placement   | Dr. Susannah Long, Dr. David James and Dr Colin<br>Mitchell   |
| Main duties of the placement  | The F1 will rotate between OPAL and the specialist medicine for the elderly wards every six weeks.  They will be required to assess frail older medical patients and be responsible for their care on the wards Acute medical on calls and post-takes   |
| Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions) | When based on the MFE wards the F1 will participate in daily ward rounds of the in-patients, including at least two full Consultant ward rounds per week and daily board rounds. They will be responsible for ongoing care and organization of tasks for these patients. They will also assist with weekly multidisciplinary team meetings. |
|   | When working with the OPAL service they will attend daily multidisciplinary meetings and will provide comprehensive geriatric assessment of acutely admitted older people daily (Monday-Friday), under supervision of the consultant or Speciality trainee.   |

|   | The F1 will attend the weekly departmental educational meeting on Monday lunchtimes (and will be expected to present a critique of a research paper provided), attend Medicine morning report on Tuesday mornings, attend our weekly radiology meeting on Wednesdays (including presenting cases from their team's inpatients), and attend hospital grand round on Fridays            |
|---|---|
|   | On call requirements:   |
|   | Acute medical take 1 in 10; ward cover approximately 1 in 20, night shifts approximately 1 in 20.   |
|   |   |
| Local education provider (LEP) / employer information | Imperial College Healthcare NHS Trust was created on October 1, 2007 by merging St Mary's NHS Trust and Hammersmith Hospitals NHS Trust and integrating with the faculty of medicine at Imperial College London. Now one of the largest NHS trusts in the country, we have come together with the College to establish one of the UK's first Academic Health Science Centres (AHSCs). |

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| Trust  | Imperial College Healthcare NHS Trust   |
|--|---|
| Site   | St Mary's Hospital  |
| Trainee Information System (TIS)                         |   |
| Post Code (and local post number if                      |   |
| known)   | TV4 in Interface Madicina for the Eldowly   |
| Placement details (i.e. the specialty and sub-specialty) | FY1 in Interface Medicine for the Elderly   |
| Department   | The Department of Elderly Medicine is a growing,  |
|  | dynamic department running a range of services for frail older people in Northwest London. These include inpatient acute elderly Medicine beds, rehabilitation units, multidisciplinary out patient clinics, surgical liaison, dedicated phone and email lines for GPs, and community work.   |
|  | Interface Medicine for the Elderly describes the integrated services we provide that directly link the hospital and the community. There are 4 elements:  |
|  | OPRAC (Older Persons Rapid Access Clinic) Patients are referred to this multidisciplinary clinic by GPs who are concerned the patient is deteriorating at home and may soon need an acute admission, or they are very complex and need detailed investigation or therapy review. The GP can speak directly to a Consultant on the phone, and the patient is booked into clinic the following day. The clinic process is based on the Comprehensive Geriatric Assessment, with the patient being seen by the FY doctor, senior therapist, and reviewed by the Consultant. A management plan is put in place, the patient discharged home, and the GP contacted the same day. |
|  | OPAL (Older Persons Assessment and Liaison service) This is a multidisciplinary team that sees older patients admitted on the acute medical take. Patients are seen with a view to possible discharge in the next 48hours, or triaged to the appropriate ward for ongoing care.   |
|  | FRAILTY UNIT / ED Liaison A multidisciplinary team (with inreach therapists from the community) picks up complex older patients in the Emergency Department, with a view to rapid discharge – or if a brief stay is anticipated, they are transferred directly to the Acute Frailty Unit. On the Frailty Unit the team carries out a CGA and aims for discharge within 48 hours.  |
|  | VIRTUAL WARD  |

This is a multidisciplinary health and social care team based in the community – seeing complex older people with a view to preventing unnecessary hospital admission and supporting prompt discharge from hospital.

Elderly Medicine Consultants are part of these teams, supporting the other disciplines, discussing complex issues, and going out with community nurses, therapists, GPs and social workers to see patients in their homes. This service links closely with OPRAC, the Frailty Unit, Emergency Dept liaison team and OPAL – as well as elderly medicine wards.

These FY1 placements are innovative posts in a truly integrated service. The services have variously been commended in the Trust OSCAR awards, presented at the Trust Annual General Meeting as an example of future models of care, and cited in a recent Health Service Journal.

#### Type of work to expect and learning opportunities

Each postholder will work in all different areas of the Interface Geriatrics Service.

It is envisaged that on each site, attachments will rotate between services:

1 OPRAC / ED Liaison / Frailty Unit The FY1 doctor will be an integral part of the team, with the Consultant, therapists and specialist nurse.

#### 2. OPAL / Virtual Ward

Within these attachments, the FY1 doctor will work under direct supervision of a Consultant and work closely with many disciplines.

There will be opportunities to develop competencies in:

- Management of complexity in older people with multiple chronic conditions.
- Recognition of polypharmacy and an approach to prescribing in older people.
- The fundamentals of how to perform Comprehensive Geriatric Assessment, and a holistic approach to the care of older people
- Recognition of core Geriatric Syndromes such as frailty, dementia, delirium, poor mobility and continence.
- Assessment of cognition identifying delirium and dementia

|  | <ul> <li>Recognition of acute illness and when a person need urgent medical input</li> <li>Mental Capacity, Deprivation of Liberty Safeguarding, end of life issues and managing risk in the community</li> <li>Effective communication with older patients, families and carers, and members of the multidisciplinary team</li> <li>Managing time and clinical priorities effectively</li> <li>Using evidence, guidelines and audit to benefit patient care</li> <li>The use of data to drive changes in healthcare provision</li> <li>The delivery of safe and effective integrated healthcare for older people across primary and secondary care</li> <li>Taking preventative, whole-population approaches to the delivery of health care</li> </ul> |
|--|---|
| Where the placement is based  Clinical supervisor(s) for the placement | 2 x FY1 posts based at Charing Cross Hospital 2 x FY1 posts based at St Mary's Hospital The clinical supervision for these posts will come from the Elderly Medicine Consultants at CXH and SMH:  |
|  | Dr Aglaja Dar Dr Claire Solomon Dr Suneil Shukla Dr Susannah Long Dr Pandora Wright Dr Rosie Belcher  |
| Main duties of the placement   | This will depend on which section of the placement the trainee is in. In all placements the FY1 doctor will be under direct Consultant supervision.   |
|  | 1 OPRAC / Frailty Unit / ED Liaison   |
|  | Reviewing patients to present to the Consultant, establishing collateral histories, liaising with the GP, families and carers, in reach therapists and community partners, arranging diagnostic investigations, and organizing discharge Managing the day-to-day care of patients on the Frailty Unit.  |
|  | 2. OPAL / Virtual Ward Reviewing patients on the acute medical take, using the CGA proforma (addressing medical, social, psychological aspects of care) – presenting to the Consultant, Specialist Nurse or therapist. Arranging diagnostics as necessary, and working with the   |

multidisciplinary team to arrange discharge or appropriate triage. In the Virtual Ward the FY1 doctor will join the Consultant or community team members on domiciliary visits and in multidisciplinary meetings in the community. The FY1 doctor will be responsible with other staff for care of patients including the maintenance of the patient's medical record. They are expected to attend the structured teaching programmes provided by the department. The doctor will be responsible for such other specific clinical duties as allocated by consultants including performing other duties in occasional emergencies and unforeseen circumstances. Typical working pattern in this The working pattern in all these posts will be 9am-5pm, placement (e.g. ward rounds, clinics, with some acute on-calls. In addition, the trainees would have opportunities to get involved with any theatre sessions) number of the weekly teaching sessions that happen on both sites: CXH Monday: 1300-1400 Elderly Medicine Departmental Meeting Tuesday: 1300-1400 FY1 teaching Wednesday: 1300-1400 Grand Round Thursday: 1200-1300 Radiology meeting Friday: 1300-1400 Medical Meeting SMH Monday: 1300-1400 Elderly Medicine Departmental Meeting Wednesday: 1300-1500 FY1 teaching Thursday: 1200-1300 Radiology meeting Friday: 1300-1400 Grand Round Local education provider (LEP) / Imperial College Healthcare NHS Trust was created on October 1, 2007 by merging St Mary's NHS Trust and employer information Hammersmith Hospitals NHS Trust and integrating with the faculty of medicine at Imperial College London. Now one of the largest NHS trusts in the country, we have come together with the College to establish one of the UK's first Academic Health Science Centres (AHSCs).

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

| Trust   | Imperial College Healthcare NHS Trust  |
|---|--|
| Site  | St Mary's Hospital   |
| Trainee Information System (TIS) Post Code (and local post number if known)             |  |
| <b>Placement details</b> (i.e. the specialty and sub-specialty)                         | F1 Orthogeriatric Medicine   |
| Department  | Orthogeriatrics (Department of Medicine for the Elderly)   |
| Type of work to expect and learning opportunities                                       | Looking after the medical care of older patients undergoing emergency trauma & orthopaedic surgery. This job is with a team consisting of another F1, a CMT and SpR together with a consultant. The post holder will be encouraged to make decisions and to become quasi-independent whilst on the firm. A banded post (owing to the start time of 08:00) with general medicine on call duties including nights. |
| Where the placement is based Clinical supervisor(s) for the placement                   | St Mary's Hospital Dr Michael Fertleman  |
| Main duties of the placement  | Responsibility with seniors for the day to day medical management of older orthopaedic patients in a general orthopaedic ward and major trauma unit.   |
| Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions) | Daily trauma meetings and ward rounds with twice weekly MDM.  On-call requirements:  This is a banded post with on call requirements.  |
| Local education provider (LEP) / employer information                                   | Imperial College Healthcare NHS Trust was created on October 1, 2007 by merging St Mary's NHS Trust and Hammersmith Hospitals NHS Trust and integrating with the faculty of medicine at Imperial College London. Now one of the largest NHS trusts in the country, we have come together with the College to establish one of the UK's first Academic Health Science Centres (AHSCs).                            |

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| Trust   | Imperial College Healthcare NHS Trust   |  |
|---|---|--|
| Site  | St Mary's Hospital  |  |
| Trainee Information                               |   |  |
| System (TIS) Post Code                            |   |  |
| (and local post number if                         |   |  |
| known)  |   |  |
| Placement details (i.e. the                       | F1 Hepatology and Acute Medicine (Adult)  |  |
| specialty and sub-                                | ,   |  |
| specialty)  |   |  |
| Department  | The Dept of Hepatology comprises 8 Consultants of whom 6 do acute General Adult Medical on-call. There is a strong academic component to the Team including Lecturers, an Academic Clinical Fellow, three SpRs and several Clinical Research Fellows including visiting from overseas. There are special interests in Viral Hepatitis, Liver Cancer, Fatty Liver Disease, Alcoholic Hepatitis and Cirrhosis with active research programmes in all these areas, including a Clinical Trials Unit. |  |
|   | The department has one of the largest cohorts of viral hepatitis patients in Europe.  |  |
| Type of work to expect and learning opportunities | All F1 Doctors in hospital placements will generally be ward based during the 'normal' working day and expected to deliver the daily medical care of all the patients currently under the care of the Hepatology team, which includes general medical patients in addition to liver patients. When on-call for general medicine, F1s will be involved with the clerking of patients being admitted, and the on-going care of newly admitted patients.   |  |
|   | St Mary's is a major teaching hospital, as part of Imperial College<br>London, and medical students are often attached to this<br>department, leading to teaching and mentorship opportunities for<br>the F1 if desired.  |  |
|   | The overall educational objectives of the F1 year are to provide the trainee with the knowledge, skills and attitudes to enhance their ability to:  |  |
|   | <ul> <li>Take a history and examine a patient</li> <li>Identify and approach problems logically</li> <li>Offer and implement initial management plans</li> <li>Prescribe safely</li> <li>Perform basic procedures safely</li> <li>Keep accurate &amp; relevant medical records</li> <li>Manage time &amp; clinical priorities effectively</li> <li>Communicate effectively with patients, relatives and colleagues</li> </ul>   |  |

|   | <ul> <li>Use evidence, guidelines and audit to benefit patient care and understand the issues of Clinical Governance</li> <li>Act in a professional manner at all times</li> <li>Cope with ethical and legal issues which occur during the management of patients with general medical problems</li> <li>Educate patients effectively</li> <li>Become life-long learners and teachers.</li> </ul>   |  |
|---|---|--|
| Where the placement is based  | St Mary's Hospital  |  |
| Clinical supervisor(s) for  | Dr Shahid Khan is currently the consultant responsible for F1   |  |
| the placement   | Teaching and supervision  |  |
| Main duties of the placement  | The F1 doctor is responsible with other staff for the ward care of patients, contributing to the acute medical take and the maintenance of the patient's medical record. Opportunities to attend a variety of specialist outpatient clinics with the consultants are unfortunately limited due to the significant ward workload. They are expected to attend the departmental meetings including Radiology, Cancer MDTs, Histology, Research presentations, and the weekly Grand Round. In addition, they will be expected to attend the structured teaching programmes provided.  The F1 doctor will be responsible for such other specific clinical duties as allocated by consultants, including performing other duties in occasional emergencies and unforeseen circumstances. |  |
| Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions) | Daily:       0830 FY1s update list         0900 Ward round       Remainder of Day: Jobs         1700 Handover to On-Call         Mon:       1215 – 1300 Liver Radiology Meet         Wed:       1300 – 1500 FY1 Teaching         Fri:       0945 – 1015 Histology Meeting         1030 – 1130 Research Meeting         1245 – 1345 Grand Round         Sat:       0900 – 2100 rota'd on-call         Sun:       0900 – 2100 rota'd on call  |  |
| Local education provider (LEP) / employer information                                   | Imperial College Healthcare NHS Trust was created on October 1, 2007 by merging St Mary's NHS Trust and Hammersmith Hospitals NHS Trust and integrating with the faculty of medicine at Imperial College London. Now one of the largest NHS trusts in the country, we have come together with the College to establish one of the UK's first Academic Health Science Centres (AHSCs).   |  |

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| Trust   | Imperial College Healthcare NHS Trust   |
|---|---|
| Site  | St Mary's Hospital  |
| Trainee Information System (TIS)                  |   |
| Post Code (and local post number if               |   |
| known)  | <b>5411</b> (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |
| Placement details (i.e. the specialty             | F1 Hepatology and Acute Medicine (Adult)  |
| Department  | The Department of Hepatology comprises 9 Consultants of whom 6 do acute General Adult Medical on-call. There is a strong academic component to the Team (led by two ICSM Professors) Academic Clinical Fellows, 4-5 SpRs and several Clinical Research Fellows including visiting from overseas. Our department's special interests include Cirrhosis, Viral Hepatitis, Liver Cancer, Fatty Liver Disease and Alcoholic Hepatitis with active research programmes in all these areas, including a Clinical Trials Unit.  The department has one of the largest cohorts of viral hepatitis patients in Europe. |
| Type of work to expect and learning opportunities | The Hepatology Team has three F1 doctors. All F1 will generally be ward based during the 'normal' working day and expected to deliver the daily medical care of all the patients currently under the care of the Hepatology team, which includes general medical patients in addition to liver patients. There are daily consultant ward rounds. When on-call for general medicine, F1s will be involved with the clerking of patients being admitted and the on-going care of newly admitted patients.   |
|   | St Mary's is a major teaching hospital, as part of Imperial College London, and medical students are often attached to this department, leading to teaching opportunities for the F1 if desired.  |
|   | The overall educational objectives of the F1 year are to provide the trainee with the knowledge, skills and attitudes to enhance their ability to:-   |
|   | <ul> <li>Take a history and examine a patient</li> <li>Identify and approach problems logically</li> <li>Offer and implement initial management plans</li> <li>Prescribe safely</li> <li>Perform basic procedures safely</li> <li>Keep accurate &amp; relevant medical records</li> <li>Manage time &amp; clinical priorities effectively</li> </ul>  |

|   | Communicate effectively with patients, relatives  |
|---|---|
|   | <ul> <li>and colleagues</li> <li>Use evidence, guidelines and audit to benefit patient care and understand the issues of Clinical Governance</li> <li>Act in a professional manner at all times</li> <li>Cope with ethical and legal issues which occur during the management of patients with general medical problems</li> <li>Educate patients effectively</li> <li>Become life-long learners and teachers.</li> </ul>   |
| Where the placement is based  | St Mary's Hospital  |
| Clinical supervisor(s) for the placement  | Dr Shahid Khan is currently the consultant responsible for F1 Teaching and supervision  |
| Main duties of the placement  | The F1 doctor is responsible with other staff for the ward care of patients, contributing to the acute medical take and the maintenance of the patient's medical record. Opportunities to attend a variety of specialist outpatient clinics with the consultants are unfortunately limited due to the significant ward workload. They are expected to attend the departmental meetings including Radiology, Cancer MDTs, Histology, Research presentations, and the weekly Grand Round. In addition, they will be expected to attend the structured teaching programmes provided.  The F1 doctor will be responsible for such other specific clinical duties as allocated by consultants, including performing other duties in occasional emergencies and unforeseen circumstances. |
| Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions) | Daily: 0845 FY1s update list 0900 Ward round Remainder of Day: Jobs 1700 Handover to On-Call  Mon: 1215 – 1300 Radiology Meeting Wed: 1300 – 1500 FY1 Teaching Fri: 0945 – 1015 Histology Meeting 1030 – 1130 Research Meeting 1245 – 1345 Grand Round  |
|   | Team's GIM On call requirements:  1 in 5 (shift pattern) 0900-2100  |
| Local education provider (LEP) / employer information                                   | Imperial College Healthcare NHS Trust was created on October 1, 2007 by merging St Mary's NHS Trust and Hammersmith Hospitals NHS Trust and integrating with the faculty of medicine at Imperial College London. Now one of the largest NHS trusts in the country, we have  |

| come together with the College to establish one of the |
|--|
| UK's first Academic Health Science Centres (AHSCs).    |

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

| Trust  | Imperial College Healthcare NHS Trust  |
|--|--|
| Site   | St Mary's Hospital   |
| Trainee Information                              |  |
| System (TIS) Post Code (and local post number if |  |
| known)   |  |
| Kilowily   |  |
| Placement details (i.e. the                      | FY1 Integrated Child Health  |
| specialty and sub-                               |  |
| specialty)                                       | Ct Many's is a busy and dynamic department that runs south   |
| Department                                       | St Mary's is a busy and dynamic department that runs acute, ambulatory, specialist, intensive care, out-patient and community-based services for children and young people in North West London. The General Paediatric in-patient service is located on Great Western Ward and the Paediatric Short Stay Unit (PSSU). Subspecialty Paediatric support is available from Infectious Diseases, Haematology, Allergy, Nephrology, Neurology and Neurodisability. Surgical specialties include General Paediatric Surgery, Trauma, Orthopaedics, ENT, Ophthalmology, Vascular and Urology. There are close links with the Child and Adolescent Mental Health team. St Mary's is a Regional Trauma Centre and the General Paediatricians share care for all trauma patients with the appropriate surgical teams. Westway Ward (day unit) delivers ambulatory care and urgent outpatient assessment for patients referred from A+E, local GPs and from other departments as well as day surgery and procedural support e.g. MRI under anaesthesia. The Paediatric Intensive Care Unit which receives patients requiring level 3 critical care from across the region.  The General Paediatrics team consists of 10 consultant Paediatricians and trainees in Paediatrics and local GP VTS |
|  | schemes. There is a strong MDT ethos and the team work closely with colleagues from nursing, Physiotherapy, Occupational Therapy, Speech and Language Therapy, Dietetics and Play.   |
|  | The department has an outstanding reputation for training and consistently enjoys good feedback with multiple green flags across the GMC survey annually. In 2010 it won the inaugural London Deanery 'Elisabeth Paice Award for Educational Excellence – Best Clinical Department'. The General Paediatrics department was awarded joint first place for "top training experience" in London by paediatric trainees in 2018.  |

The David Harvey Unit at the Hammersmith Hospital is made up of the Children's Ambulatory Unit, seeing self- and GP referrals during the working week, and Children's Outpatients with general, specialty and neonatal clinics. There are 4 Paediatric consultants delivering a consultant-led service and trainees from Paediatrics and Riverside GP VTS scheme.

Imperial is recognized nationally as a centre for innovation for exploring models of integrated child health. The department has developed an exciting programme of integrated child health called Connecting Care for Children (<a href="www.cc4c.imperial.nhs.uk">www.cc4c.imperial.nhs.uk</a>) which has won multiple awards including the 2018 HSJ award in the acute or specialist redesign category for London and the South.

This FY1 placement will be with the Imperial Integrated Child Health team which consists of consultant Paediatricians, Paediatric and GPVTS trainees and a strong multi-professional team including GPs, health visitors, community therapists, colleagues from CAMHS and social care. There will be opportunities for both clinical and project work with strong support from senior colleagues.

This post would suit enthusiastic and proactive trainees with a keen interest in paediatrics, primary care, integrated working practices or project design.

# Type of work to expect and learning opportunities

The post is extremely flexible and the post-holders will work in a number of different clinical environments.

It is envisaged that the FY1 will rotate through 3 broad types of week:

- (1) Child Health GP Hubs and integrated child health work
  - (2) Hammersmith Ambulatory Unit
  - (3) Community-based child health (e.g. time with community therapists, children's community nurses, health visitors, CAMHS); incorporating leave/education weeks

The FY1 doctor will have opportunities to develop competencies in:

- Recognition and treatment of mild, moderate and severe illness in children in the context of primary care, ambulatory and secondary care settings
- Management of chronic paediatric long-term conditions in community based settings
- Prescribing safely for children
- Effective communication with children, young people, relatives and colleagues
- Coping with ethical and legal issues including child protection and medico-legal issues around children and young people
- Team-based working with medical, nursing and multidisciplinary teams
- Managing time and clinical priorities effectively

Using evidence, guidelines and audit to benefit patient care Project planning and implementation The use of data to drive changes in healthcare provision The delivery of safe and effective integrated child health across primary and secondary care Taking preventative, whole-population approaches to the delivery of health care Experience of co-production work with children, young people and their families Trainees are also expected to attend the weekly Complex Patients Meeting at St Mary's, to build relationships with the wider team and develop an understanding of more challenging or long term paediatric problems within secondary care. David Harvey Ambulatory Unit, Hammersmith Hospital Where the placement is based Paediatric department, St Mary's Hospital Clinical supervisor(s) for The clinical supervision for these posts will come from the GP Child the placement Health Hub paediatrician leads including: Dr Mando Watson Dr Bob Klaber Dr Mike Coren Dr Beena Amin Dr Nicky Coote Dr Katie Malbon Dr Caroline Scott-Lang (Unit Training Lead) There will also be opportunities for clinical supervision and input from GPs working alongside the consultant paediatricians within the hubs. Attendance at a weekly consultant-led integrated child health lab meetings will also help to add further support and supervision. This also gives trainees a regular arena in which to present and critique their work. This will depend on which week of the placement the trainee is in; Main duties of the placement the detail of this is elaborated in the sections below. The FY1 will be responsible with other staff for the care of patients including the maintenance of the patient's medical record. This will involve working with GPs to ensure that the clinical record from the Hub MDTs and clinics is recorded accurately, and actions and learning points logged. The doctors are expected to attend the structured teaching programmes provided by the department. Within these posts the FY1 doctor is supernumerary, working from Typical working pattern in this placement (e.g. 8.30am to 5pm alongside a rotating team of consultants and other multi-professional colleagues.

ward rounds, clinics, theatre sessions)

There are three settings within which we would expect the FY1 to gain significant paediatric experience:

(1) Child Health GP Hubs and integrated child health work (preparation for, and attendance at hub MDTs and clinics, whole population work on practice-level data)

Within the Connecting Care for Children Hubs, hospital paediatricians and GPs run monthly joint outreach clinics, together reviewing children who would otherwise have been referred to hospital. Through the Paediatrician's specialist knowledge and the GP's extensive knowledge of the child's background, a comprehensive and long term management plan can be put in place, to be led by the GP. Cases are also discussed at the monthly hub multidisciplinary team (MDT) meetings, attended by a wide variety of specialists such as doctors, health visitors, dieticians and children's social workers. Through collaborative working and sharing knowledge, the care provided in both primary and secondary care can be greatly improved.

The clinics and meetings provide excellent learning opportunities for trainees. Child health GP hub weeks will involve:

- Preparation for, attendance at, and debrief & evaluation of multi-professional MDT meetings and joint GPconsultant clinics. These will be spread across different sets of GP practices in Hammersmith & Fulham, West London and Central London CCGs.
- Whole practice population data work that takes a preventative public health approach to the management of care for children within the practice.
- Involvement in Practice Champion (i.e. patient and carer) activities.
- Experience of planning and facilitating (with consultant support) the integrated child health lab meeting.
- (2) Children's Ambulatory Unit at the Hammersmith site (daily work within consultant-supervised paediatric ambulatory unit)

These ambulatory paediatrics weeks will involve:

- Experience of the management of mild to moderately unwell children, and recognition of seriously unwell children within a 'walk-in' ambulatory care setting. This clinical work will be directly supported by the consultants, GPs, paediatric nurses and midwives working within the unit.
- Gaining supervised prescribing experience for common paediatric conditions.

- Gaining experience of common neonatal problems, with strong links with the medical and midwifery teams from Queen Charlotte's and Chelsea Hospital.
- Opportunities to attend paediatric and neonatal clinics running in the Hammersmith Children's Outpatients.
- (3) Community-based child health and education weeks (to include time with community therapists, children's community nurses, health visitors, CAMHS)

These community-based weeks will involve:

- The opportunity to use case-study work to explore aspects of the patient journey for a child with complex health needs
- Presentation of experiences at the Friday lunchtime weekly integrated child health lab meeting
- Opportunity to participate in specialist outpatient clinics and simulation sessions
- Clinical sessions tailored to training requirements e.g. with paediatric therapists, specialist children's community nurses, health visitors, CAMHS therapists and doctors.

Trainees are encouraged to spend time on the in-patient wards if their programme permits to gain additional clinical skills. There are opportunities to work alongside the Paediatric Surgeons to attend clinic and theatre lists.

Throughout the placement, trainees have the opportunity to develop their own projects, perform audits or participate in research. Past projects have included:

- developing a paediatric ECG pathway for GPs
- developing a pathway for teenage pregnancy
- setting up regular dental trainee visits to GP hubs to help promote good dental health
- developing management articles about menstruation in young girls with disabilities
- working with local CCG to commission paediatric pulse oximeters for GP practices
- collaborating with colleagues from Paediatric Emergency Medicine to successfully bid for funding to trial new acute community nursing posts

In addition the trainees would have opportunities to get involved with any number of the weekly teaching sessions that happen in the paediatric department on the St Mary's site. Current teaching opportunities include:

#### Monday:

1230-1330 Paediatric Grand Round 1345-1730 Bob Klaber's General Paediatric training clinic

|   | Tuesday: 0830-0915 Radiology meeting  |
|---|---|
|   | Wednesday:<br>FY1 teaching  |
|   | Thursday: 1130-1300 Complex patients meeting 1500-1700 Protected Paediatric teaching for all juniors  |
|   | Friday: 0830-0900 Simulation training in A&E 1230-1400 Integrated Care Lab meeting  |
|   | There are no weekend commitments & no on-call.  |
| Local education provider (LEP) / employer information | Imperial College Healthcare NHS Trust was created on October 1, 2007 by merging St Mary's NHS Trust and Hammersmith Hospitals NHS Trust and integrating with the faculty of medicine at Imperial College London. Now one of the largest NHS trusts in the country, we have come together with the College to establish one of the UK's first Academic Health Science Centres (AHSCs). |

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| Trust   | Imperial College Healthcare NHS Trust  |
|---|--|
| Site  | St Mary's Hospital   |
| Trainee Information System (TIS)  |  |
| Post Code (and local post number if   |  |
| known)  |  |
| Placement details (i.e. the specialty   | F1 Intensive Care and Anaesthetics   |
| and sub-specialty)  | (Peri-operative Medicine)  |
| Department  | Adult Intensive Care Unit  |
| Type of work to expect and learning opportunities                                       | A fully supervised position aimed at learning the principles of peri-operative care for both elective and emergency patients. The post allows exposure to a wide variety of surgical specialties including major trauma, obstetrics and paediatrics.  The post holder is taught about preoperative assessment, optimisation of patients for surgery, the principles of intra and post operative anaesthetic care including acute pain management. They are also taught the management of patients on intensive care including daily review and recognition of the sick patient. This post gives the opportunity to track patients from pre op assessment, intra operative management and post operative management on intensive care as well as emergency cases. |
|   | The F1 will be working together with specialist trainees and consultants.  |
|   | There is the opportunity to learn basic and advanced airways skills, advanced venous access techniques and the principles of resuscitation. It also allows the opportunity to consider anaesthetics as a future career choice.   |
| Where the placement is based  | St Mary's Hospital   |
| Clinical supervisor(s) for the placement  | Dr Andrew Hartle   |
| Main duties of the placement  | Care of patients on the intensive care unit, to include the Peri-operative care (and preoperative assessment) of surgical patients and working together with the intensive care team.  |
| Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions) | Based principally on the Intensive Care Unit with twice daily consultant ward rounds, and care of individual patients under immediate supervision. One day a week  |

|   | will normally spent in the operating theatres learning practical airway and vascular skills, pre-operative assessment and postoperative care, and following the entire peri-operative pathway of patients coming to ICU.  |
|---|---|
|   | On call requirements:   |
|   | A banded post owing to the start time of 08:00 but without on call.   |
| Local education provider (LEP) / employer information | Imperial College Healthcare NHS Trust was created on October 1, 2007 by merging St Mary's NHS Trust and Hammersmith Hospitals NHS Trust and integrating with the faculty of medicine at Imperial College London. Now one of the largest NHS trusts in the country, we have come together with the College to establish one of the UK's first Academic Health Science Centres (AHSCs). |

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| Trust   | Imperial College Healthcare NHS Trust   |
|---|---|
| Site  | St Mary's Hospital  |
| Trainee   |   |
| Information                                       |   |
| System (TIS) Post                                 |   |
| Code (and local                                   |   |
| post number if                                    |   |
| known)  |   |
| Placement details                                 | F1 Liaison Psychiatry   |
| (i.e. the specialty                               |   |
| and sub-specialty)                                |   |
| Department  | The Psychological Medicine Department (Liaison Psychiatry) at St Mary's Hospital  |
| Type of work to expect and learning opportunities | This exciting and innovative F1 post in liaison psychiatry provides an introduction to psychiatry for junior doctors. It provides a foundation in the core competencies for psychiatric training such as psychiatric assessment and management, In addition, it also provides skills that are highly relevant to the interface between physical and mental health in primary care and hospital practice. These include how to integrate treatment for patients who have both mental and physical health problems, and how to work with complex patients where poor outcomes or complaints may be a particular risk.  The FY1 will join the liaison psychiatry and perinatal psychiatry teams at St  |
|   | Mary's Hospital as well as a general psychiatry team (the Community Recovery Team).  The departments  The Liaison Psychiatry Service receives referrals aged 16-65 from anywhere in the hospital. Presentations are often prompted by:  • severe behavioral disturbance and mental illness  • concerns about risk of suicide  • medically unexplained symptoms  • mental illness co-morbid with physical illness  • advice regarding complex mental capacity assessments  The Perinatal Psychiatry Team specialises in referrals of pre-and postnatal women. St Mary's Maternity Unit oversees 5000 deliveries a year.  • Childbirth is the highest risk event for mental illness in a woman's life.  • Mental illness is the leading cause of death in mothers. The team sees the full breadth of mental health presentations (most notably puerperal psychosis and affective disorders), collaborates closely with other services and carries out particularly eloquent risk management to ensure the safety of mother and child.  Both services also run outpatient clinics. |

<u>The Crisis Resolution Team</u> provides psychiatric support to people with acute, severe mental illness in the community, as an alternative to inpatient admission, or during the period of high risk immediately following hospital discharge. Referrals include:

- Severe affective disorder e.g. bipolar affective disorder.
- Schizophrenia
- Schizoaffective disorder

This multidisciplinary team carries out home visits daily has expertise in risk assessment and the management of severe psychiatric presentations. Supervised by a very senior forensic psychiatrist.

#### The learning opportunities and objectives

The post holder will be supported in learning psychiatric principles as well as 'integration' skills specific to the mental-physical interface. These include-

- Psychiatric assessment, cognitive assessment, mental state examination, assessing risk of self-harm, diagnosis of a broad range of psychiatric disorders.
- Management of psychiatric disorders including care planning, pharmacology and psychotherapy. To include common disorders often managed in primary care alone, e.g. adjustment disorder and anxiety disorders. Also to include managing co-morbidity of psychiatric and physical disorder.
- Effective communication and documentation about psychiatric disorders and risk, including referral to other services.
- Presenting a psychiatric case.
- Collaborative working in multi-agency settings.
- Communication skills talking with families, talking with patients who are in conflict about their treatment or diagnosis.

The FY1 will at first observe and discuss cases, then be able to carry assessments and reviews under senior supervision.

| Where the          | St Mary's Hospital  |
|--------------------|---|
| placement is       |   |
| based              |   |
| Clinical           | Dr Steve Reid (Consultant in Liaison Psychiatry)                  |
| supervisor(s) for  | -jj \   |
| the placement      | Dr Maddalena Miele (Consultant in Perinatal Psychiatry)           |
|                    | Dr Philip Joseph (Consultant in Forensic Psychiatry)              |
|                    |   |
| Main duties of the | The post holder will be expected to:                              |
| placement          | Participate in daily team handover meetings and case discussion   |
|                    | Carry out assessment and review of referred patients (with close) |
|                    | support from consultant and senior trainee)                       |
|                    | Create management plans for common psychiatric presentations.     |
|                    | Communicate with other services and document clearly.             |
|                    | Assist in teaching of medical students.                           |
|                    | Attend weekly supervision with a consultant psychiatrist          |
|                    | Attend regular teaching and grand round.                          |

| Typical working pattern in this placement (e.g. ward rounds, clinics, | interest.<br>Liaison Psych  | iatry assessments i                              | ider a small project depending on their include seeing new referrals from inpatient partment, followed by senior review.  Team Meeting, case discussion Presentations |
|---|---|--|---|
| theatre sessions)   | Tuesday   | Crisis<br>Resolution<br>Team (CRT)               | CRT<br>(Lunch-St Charles' Grand Round)  |
|   | Wednesday   | Liaison/Perinatal assessments                    | F1 Teaching   |
|   | Thursday  | Liaison/Perinatal<br>Psychiatry<br>(Supervision) | Liaison Psychiatry Outpatient Clinic  |
|   | Friday  | Perinatal<br>Psychiatry clinic                   | Liaison Psychiatry Assessments (Lunch – St Mary's Grand Round)  |
|   | This are no on call commitments.  |  |   |
| Local education provider (LEP) / employer information                 | Imperial College Healthcare NHS Trust was created on October 1, 2007 by merging St Mary's NHS Trust and Hammersmith Hospitals NHS Trust and integrating with the faculty of medicine at Imperial College London. Now one of the largest NHS trusts in the country, we have come together with the College to establish one of the UK's first Academic Health Science Centres (AHSCs). |  |   |

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

| Trust   | Imperial College Healthcare NHS Trust   |  |
|---|---|--|
| Site  | St Mary's Hospital  |  |
| Trainee Information System (TIS) Post Code (and local post number if known) |   |  |
| Placement details<br>(i.e. the specialty and<br>sub-specialty)              | F1 Perinatal Psychiatry/General Liaison Psychiatry  |  |
| Department  | The Liaison Psychiatry team provides a liaison-consultation service for the assessment and management of mental health problems in both in- and outpatients at St Mary's Hospital; in 2009 the service expanded with the addition of the Perinatal Psychiatric Service.  The service is based on an Obstetric Liaison model across Maternity and Psychiatry and offers assessment and management to women at risk of or suffering from a psychiatric illness booked for delivery at St Mary's Hospital. Women can choose to receive antenatal care at St Mary's Hospital irrespective of their borough of residence.  The conceptual framework of promoting integrated clinical care spanning from pre-conception to the first postnatal year and extended, when appropriate, to the family has been the main drive for the refinement of the specifications of this innovative service.  |  |
| Type of work to expect and learning opportunities                           | <ul> <li>The clinical remits of the service are as follow:         <ul> <li>Preconception advice to women in childbearing age on psychotropic medication</li> <li>Advice on psychotropic medication in pregnancy and lactation</li> <li>Management of women with severe and enduring mental illness booked for delivery at the relevant maternity unit in partnership with local recovery teams</li> <li>Assessment and management of moderate to severe mental illness with complex needs e.g. medical unexplained symptoms.</li> <li>Assessment of co-morbid physical health problems/obstetric complications affecting psychiatric symptoms or psychotropic medication regime.</li> <li>Psychiatric report for child protection meetings focused on current working diagnosis, treatment and response to treatment, impact of psychiatric symptoms and psychiatric medication on level of functioning, prognosis in the context the increasing demands deriving from providing care to a newborn baby, risk to herself and to the unborn contingent upon mental illness.</li> <li>Assessment of capacity to accept suggested obstetric care or other forms of treatment</li> <li>Clinical supervision of midwives - particularly those working with vulnerable women - health visitors, obstetric and psychiatric trainees with a special interest in perinatal mental health</li> </ul> </li> </ul> |  |

The FY1 will be expected to assess and follow up patients referred to the service in consultation and collaboration with other members of the multidisciplinary team. The Perinatal Psychiatric service has particularly strong links with the maternity service and the postholder will have the opportunity to undertake work with midwives and obstetricians.

There will be an opportunity to develop skills in taking a full psychiatric history during pregnancy and in the postpartum, elaborating a psychiatric formulation taking into account obstetric history, impact of psychiatric symptoms and medication on the ability to provide care to the infant, screening for bonding and attachment difficulties, managing psychiatric risk in obstetric settings, liaising with all relevant statutory and non statutory agencies involved in providing care to mothers and their babies.

There will be an opportunity to discuss CBT therapy plans with the specialist nurse, shadow CBT post-natal group with IAPT; visit the local MBU.

The FY1 will be expected to attend the weekly supervision meeting, and provide support and advice to other team members.

#### Where the placement is based

CNWL FT/Imperial College Healthcare NHS trust.
The Paterson Cabin, 16 South Wharf Road, London W2 1 PF

# Clinical supervisor(s) for the placement

Dr Maddalena Miele, Consultant Perinatal Psychiatrist

#### **Staffing**

- 1 Consultant Perinatal Psychiatrist
- 1 Consultant Liaison Psychiatrist

1GP Trainee

- 1 ST6 Liaison Psychiatry
- 0.5 ST6 Perinatal Psychiatry
- 1 Staff Grade Psychiatrist for General Liaison
- 1 Specialist nurse for H.I.V. Liaison
- 7 Senior Liaison Nurses
- 2 Specialist Perinatal Psychiatry Nurses
- 1 CBT nurse specialist
- 1 Team Manager
- 2 Medical Secretary

#### Main duties of the placement

The FY1 doctor will attend the daily handover of the psychological medicine team and when indicated review patients referred to the general liaison team on the wards.

They will have opportunity to work with the consultants in outpatients clinics for at least one day each week, accompany other members of the Perinatal psychiatric team on home visits jointly with community midwives and health visitors. They are expected to review women on maternity wards post-delivery.

They are expected to attend the structured teaching programmes provided by the department.

| Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions) | Mon Tues Wed Thurs  | Clinical Handover (9am & 2 pm) Clinical Team Meeting 2.30-3.30pm Monthly Midwifery Training Clinical Handover (9am & 2 pm) Outpatient Sessions Perinatal Psychiatry Supervision 1-2pm Wed Clinical Handover (9am & 2 pm) Outpatient/Ward Sessions F1 teaching at St Mary's (1-3pm) Clinical Handover (9am & 2 pm) Outpatient Clinic/Home visits/monthly attendance to the psychosocial meeting in Maternity Clinical Handover (9am & 2 pm) Ward |
|---|---|---|
|   | There are no on o   | reviews/home visits call requirements.  |
| Local education provider (LEP) / employer information                                   | Imperial College Healthcare NHS Trust was created on October 1, 2007 by merging St Mary's NHS Trust and Hammersmith Hospitals NHS Trust and integrating with the faculty of medicine at Imperial College London. Now one of the largest NHS trusts in the country, we have come together with the College to establish one of the UK's first Academic Health Science Centres (AHSCs). |   |

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| Trust   | Imperial College Healthcare NHS Trust  |
|---|--|
| Site  | St Mary's Hospital   |
| Trainee Information<br>System (TIS) Post Code<br>(and local post number if<br>known)    |  |
| Placement details (i.e. the specialty and subspecialty)                                 | F1 Orthogeriatric Medicine   |
| Department  | Orthogeriatrics (Department of Medicine for the Elderly)   |
| Type of work to expect and learning opportunities                                       | Looking after the medical care of older patients undergoing emergency trauma & orthopaedic surgery. This job is with a team consisting of another F1, a CMT and SpR together with a consultant. The post holder will be encouraged to make decisions and to become quasi-independent whilst on the firm. A banded post (owing to the start time of 08:00) with general medicine on call duties including nights. |
| Where the placement is based  | St Mary's Hospital   |
| Clinical supervisor(s) for the placement  | Dr Michael Fertleman   |
| Main duties of the placement  | Responsibility with seniors for the day to day medical management of older orthopaedic patients in a general orthopaedic ward and major trauma unit.   |
| Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions) | Daily trauma meetings and ward rounds with twice weekly MDM.  On-call requirements:  This is a banded post with on call requirements.  |
| Local education provider (LEP) / employer information                                   | Imperial College Healthcare NHS Trust was created on October 1, 2007 by merging St Mary's NHS Trust and Hammersmith Hospitals NHS Trust and integrating with the faculty of medicine at Imperial College London. Now one of the largest NHS trusts in the country, we have come together with the College to establish one of the UK's first Academic Health Science Centres (AHSCs).                            |

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| Trust                            | Imperial College Healthcare NHS Trust   |
|----------------------------------|---|
| Site                             | St Mary's Hospital  |
| Trainee Information              |   |
| System (TIS) Post Code           |   |
| (and local post number if known) |   |
| Kilowii)                         |   |
| Placement details (i.e. the      | FY1 General Paediatrics   |
| specialty and sub-               |   |
| specialty)                       |   |
| Department                       | St Mary's is a busy and dynamic department that runs acute, ambulatory, specialist, intensive care, out-patient and community-based services for children and young people in North West London. The General Paediatric in-patient service is located on Great Western Ward and the Paediatric Short Stay Unit (PSSU). Subspecialty Paediatric support is available from Infectious Diseases, Haematology, Allergy, Nephrology, Neurology and Neurodisability. Surgical specialties include General Paediatric Surgery, Trauma, Orthopaedics, ENT, Ophthalmology, Vascular and Urology. There are close links with the Child and Adolescent Mental Health team. St Mary's is a Regional Trauma Centre and the General Paediatricians share care for all trauma patients with the appropriate surgical teams. Westway Ward (day unit) delivers ambulatory care and urgent outpatient assessment for patients referred from A+E, local GPs and from other departments as well as day surgery and procedural support e.g. MRI under anaesthesia. |
|                                  | St Mary's has a Paediatric Intensive Care Unit which receives patients from across the region. Trainees on the in-patient wards will gain experience of managing PICU step-downs including complex long term patients.  |
|                                  | Imperial is recognized nationally as a centre for innovation for exploring models of integrated child health. The department has developed an exciting programme of integrated child health called Connecting Care for Children ( <a href="www.cc4c.imperial.nhs.uk">www.cc4c.imperial.nhs.uk</a> ) which has won multiple awards including the 2018 HSJ award in the acute or specialist redesign category for London and the South.   |
|                                  | The General Paediatrics team consists of 10 consultant Paediatricians and trainees in Paediatrics and local GP VTS schemes. There is a strong MDT ethos and the team work closely with colleagues from nursing, Physiotherapy, Occupational Therapy, Speech and Language Therapy, Dietetics and Play.   |

| Type of work to expect and learning opportunities | The department has an outstanding reputation for training and consistently enjoys good feedback with multiple green flags across the GMC survey annually. In 2010 it won the inaugural London Deanery 'Elisabeth Paice Award for Educational Excellence – Best Clinical Department'. The General Paediatrics department was awarded joint first place for "top training experience" in London by paediatric trainees in 2018.  The FY1 doctor in General Paediatrics is supernumerary, working from 8.30 till evening handover. The work is ward-based with a rotating team of consultant, registrars and SHOs. There are 2 FY1 doctors, spending 2 months each on the Great Western and PSSU teams.   |
|---|--|
|   | <ul> <li>Weekly protected 2 hours teaching time on Thursdays</li> <li>Registrar led simulation teaching every Friday</li> <li>Consultant led teaching ward rounds daily</li> <li>Running weekly prolonged jaundice clinics and pre-op assessment clinics for surgical patients</li> <li>Opportunities to examine and formulate management plans</li> <li>Development of paediatric prescribing skills</li> <li>Development of time management and clinical prioritization skills</li> <li>Presentation at weekly MDT meetings to discuss complex patients.</li> <li>Learning to communicate effectively with children and their parents &amp; relatives.</li> <li>Use evidence, guidelines and audit to benefit patient care</li> <li>Support for local QI projects</li> </ul> |
|   | <ul> <li>Community experience offered in this placement includes:-         <ul> <li>Close liaison with community services around complex discharges and ongoing community care</li> <li>Weekly MDT to discuss complex patients moving between primary secondary and tertiary care</li> <li>Opportunity to follow patients home with AHPs for follow up experience post discharge</li> <li>Opportunity for community visits with AHPs and community Paediatricians</li> <li>Working within innovative hospital to home service</li> </ul> </li> </ul>   |
| Where the placement is based                      | Great Western Ward and Paediatric Short Stay Unit 7th Floor, QEQM, St Mary's Hospital Imperial College Healthcare NHS Trust  |
| Clinical supervisor(s) for the placement          | Dr Tagore Charles Dr Caroline Scott-Lang (Unit Training Lead) Dr Katie Malbon Dr Beena Amin  |

| Main duties of the placement  | The F1 participates in ward rounds, patient reviews and discharges. They present patients at the complex patient meeting and discuss ongoing management. There are X-ray meetings, teaching sessions which are consultant led, and formal handover which they are expected participate. Handover occurs twice a day to which the F1 must contribute.                                  |
|---|---|
| Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions) | 08:30-09:15 Handover/Meeting  |
| Local education provider (LEP) / employer information                                   | Imperial College Healthcare NHS Trust was created on October 1, 2007 by merging St Mary's NHS Trust and Hammersmith Hospitals NHS Trust and integrating with the faculty of medicine at Imperial College London. Now one of the largest NHS trusts in the country, we have come together with the College to establish one of the UK's first Academic Health Science Centres (AHSCs). |

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| Trust   | Imperial College Healthcare  |
|---|--|
| Site  | St Mary's Hospital   |
| Trainee Information System (TIS)                  | ot mary s mospital   |
| Post Code (and local post number if               |  |
| known)  |  |
| Placement details (i.e. the specialty             | F1 Respiratory and General Internal Medicine   |
| and sub-specialty)                                | The state of the s |
| Department  | The department has a mixture of clinicians, academics, nurse specialists, specialist physiotherapists, Respiratory physiologists and administrative staff who work closely together. There are close links with the Infectious disease/HIV team and with the radiology, microbiology, histopathology and cytology departments.   |
|   | The hospital is part of the wider Imperial College Healthcare NHS Trust along with the Hammersmith Hospital and Charing Cross Hospital. Some services operate across all sites and there are close links between the Respiratory physicians within the trust.  |
| Time of work to associate and                     | There are 11 Consultant Chest physicians plus 2 Senior Lecturer/Honorary Consultants who lead the acute respiratory and general medical inpatient teams  |
| Type of work to expect and learning opportunities | There are two inpatient Respiratory teams, together forming one of five medical firms who participate in the acute medical take and manage admitted patients. Each team is staffed from a pool of 4 SpRs/STs; 4 SHO grade doctors (2 FY2, 2 CMT) and 4 FY1s. Staffing varies according to annual leave, study leave and on call commitments but each team will have a minimum of 1 SpR grade and 2 other staff members at all times.   |
|   | Both teams manage patients with acute and chronic respiratory disease along with patients with general medical problems. <b>Team A</b> takes responsibility for inpatients on the respiratory ward (manvers), which will include patients with Lung cancer, COPD, respiratory failure, interstial lung disease and other general medical conditions. <b>Team B is</b> responsible for the acute take and the care of patients admitted to the medical assessment unit on the acute take, until they go home or to an appropriate ward, Team B also takes responsibility for inpatients with confirmed TB in the isolation ward (Rodney porter).  |
|   | The weekly timetable differs slightly according to the team the F1 is assigned to. It is usual to rotate between A and B teams on a bi weekly basis.   |
|   | The F1 will also participate in the acute take (including night shifts) and in the ongoing care of patients  |

admitted via the take until their discharge or triage to a different medical team. The F1 will also provide out-ofhours ward cover on an on-call rota. The overall educational objectives of the F1 year are to provide the trainee with the knowledge, skills and attitudes to be able to: ☐ Take a history and examine a patient ☐ Identify and synthesise problems □ Prescribe safely □ Keep an accurate and relevant medical record ☐ Manage time and clinical priorities effectively □ Communicate effectively with patients, relatives and colleagues Use evidence, guidelines and audit to benefit patient care Act in a professional manner at all times □ Cope with ethical and legal issues which occur during the management of patients with general medical problems Educate patients effectively Become life-long learners and teachers In addition in this post the F1 will gain experience of interpreting thoracic radiology; performing procedures under supervision such as arterial cannulation, intercostal aspiration and drainage, lumbar puncture and the use of non-invasive ventilation. This is an Academic respiratory unit and the F1 will be expected to take an active role in education and research. This will involve teaching medical students and completing one audit or research project. They will have opportunities to present at the weekly departmental educational meeting and potentially at the hospital grand round. St Mary's Hospital Where the placement is based Dr Melissa Wickremasinghe and Dr Ernie Wong are Clinical supervisor(s) for the placement the educational and clinical supervisor for the FY1s. Dr Dr Susannah Bloch, Dr Sarah Elkin, Prof Onn Min Kon, Dr William Oldfield, Dr Melissa Wickremasinghe, Dr Clare Ross, Dr Georgina Russell and Dr Patrick Mallia are the clinical supervisors on the chest team. As part of the chest team, along with the FY2, CT1 and Main duties of the placement SpRs (STs), the FY1 will be responsible for the ward based care of patients with acute and chronic respiratory disease and patients with other general medical problems requiring inpatient care. They will be expected to ensure that the medical records of these patients are accurately maintained. The FY1 will be expected to attend the structured teaching programmes provided by the department and the weekly Foundation teaching. They will participate in the acute medical take and provide ward cover according to the on call rota.

| Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions) | The FY1 will be responsible for other specific clinical duties as allocated by consultants including performing duties in occasional emergencies and unforeseen circumstances.  Timings of Consultant ward rounds will vary depending on which team you are on and which Consultant is leading the ward team – full details are provided in an   |
|---|--|
|   | induction pack.  Team B will have a daily AM and PM consultant led ward round, with ward work in between. There is a consultant TB round on Tuesday and Thursday afternoons with an SHO/SPR round of the TB in patients on Monday, Wednesday and Friday They will also be expected to attend Tues AM morning report Wed AM departmental teaching; Microbiology MDT Thurs AM Radiology meeting Fri AM Grand round |
|   | A typical week for Team A is as follows:   |
|   | Mon: AM:Ward cover; PM: Consultant ward round Tues: AM: Morning report, Ward round with SpR; PM Ward work Wed: AM: Departmental teaching; Microbiology MDT, ward work; PM: FY1 teaching; ward round Thurs: AM: F1 Radiology meeting; PM: Consultant ward round Fri:AM: ward round; Grand round, PM: ward work  |
|   | On call requirements:  |
|   | Acute medical take 1 in 10; ward cover approximately 1 in 20, night shifts approximately 1 in 20.  |
| Local education provider (LEP) / employer information                                   | Imperial College Healthcare NHS Trust was created on October 1, 2007 by merging St Mary's NHS Trust and Hammersmith Hospitals NHS Trust and integrating with the faculty of medicine at Imperial College London. Now one of the largest NHS trusts in the country, we have come together with the College to establish one of the UK's first Academic Health Science Centres (AHSCs).                            |

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| Trust                               | Imperial College Healthcare NHS Trust   |
|-------------------------------------|---|
| Site                                | St Mary's Hospital  |
| Trainee Information                 |   |
| System (TIS) Post Code              |   |
| (and local post number if           |   |
| known)                              |   |
| Placement details (i.e. the         | Foundation Post in Community Surgical Rehabilitation  |
| specialty and sub-                  |   |
| specialty)                          | The department of company of Ot Many's in a lower and department  |
| Department                          | The department of surgery at St Mary's is a busy and dynamic department that runs emergency and elective services covering a range of surgical sub-specialties including orthopaedic, vascular and GI cancer.  The department also has a community rehabilitation unit. This unit is located a short walk away from the main hospital site, and was this year a finalist in the HSJ awards for innovative care.  Patients who are recovering from surgery are able to undergo |
|                                     | rehabilitation in this unit. The unit is nurse and therapy led, with daily physician input from a team of consultant, SpR, core trainee in medicine and foundation Level posts.   |
|                                     | The unit is part of the growing specialty of surgical liaison and post-<br>operative rehabilitation. The team currently consists of two<br>consultants based at St Mary's, two SpRs, three core trainees and<br>five Foundation level posts.  |
|                                     | Trainees working in this unit will have the opportunity to work in an interfacing role between hospital and community, with dedicated training sessions with community clinicians and therapists.   |
| Type of work to expect and learning | <ul> <li>Management of chronic long-term conditions in<br/>community based settings</li> </ul>  |
| opportunities                       | <ul> <li>Recognition and treatment of mild, moderate and<br/>severe illness in older people</li> </ul>  |
|                                     | <ul> <li>Effective communication with patients who may have<br/>dementia and their relatives,</li> </ul>  |
|                                     | <ul> <li>Coping with ethical and and medico-legal issues<br/>around vulnerable adults</li> </ul>  |
|                                     | <ul> <li>Team-based working with medical, nursing and multi-<br/>disciplinary teams</li> </ul>  |
|                                     | <ul> <li>Managing time and clinical priorities effectively</li> <li>Using evidence, guidelines and audit to benefit patient care</li> </ul>   |
|                                     | <ul><li>Prescribing safely in the elderly</li><li>Project planning and implementation</li></ul>   |

| Where the placement is based  Clinical supervisor(s) for                                | <ul> <li>The use of data to drive changes in healthcare provision</li> <li>The delivery of safe and effective integrated care across primary and secondary care</li> <li>Taking preventative, whole-population approaches to the delivery of health care</li> <li>On call duties in acute surgery (Trauma &amp; Orthopaedic surgery)</li> <li>CSRU Praed St, Westminster</li> <li>Community Pharmacy Group, CLCH</li> <li>Marylebone Health Centre, London</li> <li>Dr David Shipway &amp; Dr Michael Fertleman (St Marys)</li> </ul>  |
|---|--|
| the placement   |  |
| Main duties of the placement  | The FY doctor will be responsible with other staff for care of patients on the surgical rehabilitation unit. This will include the maintenance of the patient's medical record and providing day-to-day medical care. They are expected to attend the structured teaching programmes provided by the department. The doctor will be responsible for such other specific clinical duties as allocated by consultants including performing other duties in occasional emergencies and unforeseen circumstances.  Outside of the community rehab unit the FY doctor will be expected  |
|   | to attend home/care home visits with the community teams, attend community clinics and experience new developments in community interfacing services, such as the virtual ward round. The doctor will also attend care planning meetings and MDT meetings.   |
| Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions) | There are five settings within which we would expect these trainees to gain significant community-based experience:  (1) GP clinic and visits  (2) Home visits with community pharmacist to elderly patients with polypharmacy  (3) Attendance at MDT and care planning meetings  (4) Clinical work as part of medical team based on community surgical rehabilitation unit.  (5) Attendance at community rehabilitation clinics, eg amputee rehab.  (6) Nursing home visits with community geriatrician  In addition the trainees would have opportunities to get involved with any number of the weekly teaching sessions that happen in the department on the St Mary's site: |
|   | Monday: 1230 - 1330 Elderly Care Departmental Meeting Tuesday: 0900 - 1030 FY teaching of year 3 medical students Wednesday: 1300 - 1500 FY1 Mandatory teaching SMH  |

|   | Thursday:   |
|---|---|
|   | 0900 - 1030 Surgical rehabilitation governance meeting <b>Friday:</b>   |
|   | 1230 - 1400 Grand Round   |
|   | Sample timetable:-  |
|   | Monday<br>09:00 – 12:00 – Consultant WR CSRU  |
|   | 12:30 – 13:30 – Departmental teaching   |
|   | 14:00 – 17:00 – Ward work CSRU  |
|   | Tuesday 09:00 – 10:30 – Teaching year 3 medical students 10:30 – 12:00 – CMT WR CSRU 12:00 – 13:30 – MDT CSRU 14:00 – 17:00 – CSRU meeting relatives  |
|   | · ·   |
|   | Wednesday 09:00 – 12:00 – Community Activities  |
|   | 12:00 – 13:00 – Community MDT & care planning   |
|   | 13:30 – 17:00 – Inpatient rehab reviews and family meetings   |
|   | Thursday 09:00 - 12:00 - Audit meeting 12:30 - 13:30 - Departmental teaching 14:00 - 17:00 - SpR Ward Round CSRU  |
|   | Friday 09:00 – 12:00 – Consultant WR CSRU 12:30 – 13:30 – Grand Round 14:00 – 17:00 – Ward work CSRU  |
|   | Weekend commitments & on-call – Part of SMH surgical on call rota (evening & weekend) This role will not involve working at night.  |
| Local education provider (LEP) / employer information | Imperial College Healthcare NHS Trust was created on October 1, 2007 by merging St Mary's NHS Trust and Hammersmith Hospitals NHS Trust and integrating with the faculty of medicine at Imperial College London. Now one of the largest NHS trusts in the country, we have come together with the College to establish one of the UK's first Academic Health Science Centres (AHSCs). |

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| Trust   | Imperial College Healthcare NHS Trust  |
|---|--|
| Site  | St Mary's Hospital   |
| Trainee Information                               |  |
| System (TIS) Post Code                            |  |
| (and local post number if                         |  |
| known)  |  |
| Placement details (i.e. the                       | F1 Major Trauma  |
| specialty and sub-                                |  |
| specialty)  |  |
| Department  | The Major Trauma Ward is a 16-bed unit at St Mary's hospital. The hospital is the North-West London Major Trauma Centre and is part of a network of 4 MTCs across London.  |
|   | The ward offers standard as well HDU level care. There ward is staffed by a Trauma Consultant of the week, a neurosurgical CoW, 24/7 neurosurgical registrars, and 24/7 SHO cover.   |
| Type of work to expect and learning opportunities | The F1 will work on the MTW predominantly. During the day they cover the inpatient major trauma on MTW and outlying wards. They will receive and assess patients for admission form the Emergency department, with SHO on site senior support. |
|   | On call evening and weekend – they will contribute to the Trauma and Orthopaedics on call service. There is alternative cover for the vascular and general surgical wards.   |
|   | There is a MDT meeting every morning at 8.30am to discuss all patients on the MTW. The F1 will be expected to take notes with the SHO.   |
|   | Clinics – There are no clinics that require attendance, but there are weekly neurosurgical and major trauma clinics which they are welcome to attend.  |
|   | There is a bi-yearly major trauma audit session where the F1 will be expected to present an audit over the period of their attachment.   |
|   | As a junior doctor in the department, The F1 is welcome to attend outpatient, operating lists and multi-disciplinary meetings In the unit which provide a variety of learning opportunities.   |
|   | They will attend the structured teaching programme within the department as well as attending F1 teaching.   |
| Where the placement is based                      | St Marys Hospital  |
| Clinical supervisor(s) for the placement          | Consultant Trauma Surgeons – Mr Chris Aylwin, Mr Mansoor Khan  |

| Main duties of the                                    | As Above  |
|---|---|
| placement   |   |
| Typical working pattern in this placement (e.g.       | F1: Daily: trauma meeting, ward round, ward cover.  |
| ward rounds, clinics, theatre                         | Extra activities:   |
| sessions)   | Weekly F teaching   |
|   | On call requirements:   |
|   | On call covering Orthopaedics twilight and weekends (no nights)   |
| Local education provider (LEP) / employer information | Imperial College Healthcare NHS Trust was created on October 1, 2007 by merging St Mary's NHS Trust and Hammersmith Hospitals NHS Trust and integrating with the faculty of medicine at Imperial College London. Now one of the largest NHS trusts in the country, we have come together with the College to establish one of the UK's first Academic Health Science Centres (AHSCs). |

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

| Trust   | Imperial College Healthcare NHS Trust  |
|---|--|
| Site  | St Mary's Hospital   |
| Trainee Information                               |  |
| System (TIS) Post Code                            |  |
| (and local post number if                         |  |
| known)  |  |
| Placement details (i.e. the                       | F1 Trauma & Orthopaedic Surgery  |
| specialty and sub-                                |  |
| specialty)  |  |
| Department  | The Department of Trauma & Orthopaedic Surgery at SMH provides the full range of trauma care and supports the North West London Major Trauma Centre. We also work closely with plastic surgery and rehabilitation colleagues to provide a comprehensive trauma service with orthoplastic, complex trauma, spinal and pelvic/acetabular expertise.  |
| Type of work to expect and learning opportunities | The F1 will work mainly on the orthopaedic wards. During the day they cover the inpatient ward (Valentine Ellis Ward) and outlying patients under the care of the orthopaedic team. They will receive and assess patients for admission form the Emergency department, and from fracture clinic with resident on site senior support.  The F1 may receive patients transferred from Charing Cross. |
|   | There are no overnight on call duties. FY1 doctors will do twilight shifts which incorporate an educational daytime session.   |
|   | There is a Trauma meeting every morning at 8am to discuss the admissions from the previous day and to plan the trauma list for the day. The F1 will be expected to attend the post-take round as well as the main ward round led by the consultant and registrar of the week   |
|   | There is a monthly audit session where the F1 will be expected to present an audit over the period of their attachment.  |
|   | As a junior doctor in the department, The F1 is welcome to attend outpatient and fracture clinics, operating lists and multi-disciplinary meetings In the unit which provide a variety of learning opportunities.  |
|   | They will attend the structured teaching programme within the department as well as attending F1 teaching.   |
| Where the placement is based                      | St Marys Hospital  |
| Clinical supervisor(s) for                        | Consultant Orthopaedic Surgeons –  |
| the placement                                     |  |

|   | Mr Raymond Anakwe<br>Mr Dylan Griffiths   |
|---|---|
| Main duties of the placement  | As Above  |
| Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions) | The normal working pattern will vary from week to week and will include Standard day shifts (ward based), Long day on call duties, Twilight shifts 12midday-10pm (week day 12 midday-5pm educational session, 5pm-10pm on call), week end on call duties  There are no night duties. The on call duties are 1:8 and attract a supplementary banding payment                           |
| Local education provider (LEP) / employer information                                   | Imperial College Healthcare NHS Trust was created on October 1, 2007 by merging St Mary's NHS Trust and Hammersmith Hospitals NHS Trust and integrating with the faculty of medicine at Imperial College London. Now one of the largest NHS trusts in the country, we have come together with the College to establish one of the UK's first Academic Health Science Centres (AHSCs). |

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

| Trust   | Imperial College Healthcare NHS Trust   |
|---|---|
| Site  | St Mary's Hospital  |
| Trainee Information                               |   |
| System (TIS) Post Code                            |   |
| (and local post number if                         |   |
| known)  | F4.)/   |
| Placement details (i.e. the                       | F1 Vascular Surgery   |
| specialty and sub-                                |   |
| specialty)  Department                            | The Vascular Surgery department is a regional referral centre for   |
| Department  | North West Thames and is a National referral centre for specialist conditions such as thoraco-abdominal aortic aneurysms. The department is staffed by 7 Consultant Vascular Surgeons.                                      |
| Type of work to expect and learning opportunities | The department has a specialist interest in aneurysm surgery, carotid surgery, diabetic foot disease and venous disease.  |
| •••   | The department manages its own 6 bedded HDU unit, giving unique learning opportunities.   |
|   | In particular, the department receives patients to be considered for thoracoabdominal aneurysm surgery from around the UK.  |
|   | In research the department is internationally renowned for its clinical and research based publications on technology, simulation and error in surgery.   |
|   | The department is strongly involved in the teaching programme of undergraduates and hosts a number of postgraduate specialist courses   |
|   | The overall educational objectives of the F1 year are to provide the trainee with the knowledge, skills and attitudes to be able to:  |
|   | <ul> <li>Take a history and examine a patient in the elective and emergency setting</li> <li>Gain experience in an HDU setting</li> <li>Identify and synthesise problems</li> </ul>   |
|   | <ul> <li>Prescribe safely</li> <li>Keep an accurate and relevant medical record</li> <li>Manage time and clinical priorities effectively</li> </ul>   |
|   | <ul> <li>Communicate effectively with patients, relatives and colleagues</li> <li>Use evidence, guidelines and audit to benefit patient care</li> </ul>   |
|   | <ul> <li>Act in a professional manner at all times</li> <li>Cope with ethical and legal issues which occur during the management of patients with general medical problems</li> <li>Educate patients effectively</li> </ul> |
|   | Regularly attend outpatient and theatre sessions  |

|   | Psychiatry experience through weekly liaison psychiatry sessions.   |  |
|---|---|--|
| Where the placement is based  | St Marys Hospital   |  |
| Clinical supervisor(s) for the placement  | Michael Jenkins (Consultant Vascular Surgeon) Colin Bicknell (Senior Lecturer and Consultant Vascular Surgeon) Richard Gibbs (Consultant Vascular Surgeon)  |  |
| Main duties of the placement  | To manage elective and emergency patients on the ward with the support of senior staff  |  |
|   | F1s are expected to attend the structured teaching programmes provided by the department.   |  |
|   | F1s will be responsible for such other specific clinical duties as allocated by consultants including performing other duties in occasional emergencies and unforeseen circumstances.   |  |
| Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions) | Mon: 08:00 Consultant ward round, 10:00 Ward work, 13:00 patient assessment for theatre   |  |
|   | Tues: 08:00 Consultant ward round, 09:30 Multidisciplinary meeting, 1300 Ward work 1400 Liaison Psychiatry Clinical Teaching  |  |
|   | Wed: 08:00 Consultant ward round, 1000 Ward work, 1300 Teaching 1400 patient assessment for theatre   |  |
|   | Thurs: 08:00 Consultant ward round, 09:00 Theatre   |  |
|   | Fri: 08:00 Consultant ward round, 09.30 MDM   |  |
|   | On call requirements:   |  |
|   | Long days, twilight and weekends – no nights  |  |
| Local education provider (LEP) / employer information                                   | Imperial College Healthcare NHS Trust was created on October 1, 2007 by merging St Mary's NHS Trust and Hammersmith Hospitals NHS Trust and integrating with the faculty of medicine at Imperial College London. Now one of the largest NHS trusts in the country, we have come together with the College to establish one of the UK's first Academic Health Science Centres (AHSCs). |  |

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#### **F2 - Individual Placement Descriptors**

| Trust  | Imperial College Healthcare NHS Trust   |
|--|---|
| Site   | Charing Cross Hospital  |
| Trainee Information System (TIS) Post Code (and local post number if |   |
| known)  Placement details (i.e. the specialty and sub-specialty)     | F2 Acute Medicine – Charing Cross   |
| Department   | The Dept has a number of specialty medical consultants who rotate through the medical take, from respiratory, gastroenterology, elderly care and endocrine firms.  In addition, there are Consultant led-subspecialties within the acute medicine unit, including Older Person Assessment & Liaison (OPAL), Older Person Rapid Assessment Clinic (OPRAC), medical high dependency unit (HDU).  The Department covers primarily the Hammersmith and Fulham borough.  Admissions are based on the 26 bed Acute Medicine Ward and 9 bed HDU.   |
| Type of work to expect and learning opportunities                    | This job provides experience in the initial diagnosis and management of a broad range of acute medical conditions.  Example of the potential learning opportunities include:  Developing skills in history taking and examination Practicing safe prescribing – refer to local guidelines Develop skills in keeping an accurate and relevant medical record – medical admission have a proforma Manage time and clinical priorities effectively Effective communication with patients, relatives and other medical professionals Working as part of a large multidisciplinary team Opportunity to do procedures: lumbar punctures, ascitic and pleural taps, ascitic drains and pleural drains, arterial lines Use evidence, guidelines and audit to benefit patient care Cope with ethical and legal issues which occur during the management of patients with general medical problems Educate patients effectively Appreciate what can be done via rapid assessment clinics, thus avoiding or reducing hospital admissions Appreciate what can be achieved on critical care unit, and how the decision making process occurs |

| Where the placement is based  | Charing Cross Hospital   |
|---|--|
| Clinical supervisor(s) for the placement  | The F2 is assigned a Clinical Supervisor with whom they will work at some point in the first 2-3 weeks on the ward.  |
| Main duties of the placement  | Each day the F2 is assigned to either: medical take, post take or acute medical ward duties. In addition, they will spend a minimum of two weeks with responsibility and supervision in OPRAC and medical HDU.  When on take, F2s will spend time holding the acute stroke thrombolysis bleep, and working with the stroke/neurology registrar.  F2s will work directly with medical registrars, other SHO grades (CMT, ACCS), and F1 doctors.  All admissions are discussed with the acute medical registrar, and presented on the post-take ward round.  F1s attend weekly Foundation teaching, as well as departmental teaching.  |
| Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions) | Take days: clerking acute medical patients (13 hour shift) Post take days: managing those admitted previous day (standard working day) Acute medical ward days: managing those on the acute medical ward (standard working day) There is a daily 11am multidisciplinary board round to discuss all acute medical patients.  The two week blocks with sub-specialties (OPRAC and HDU) are also standard working day.  In addition, there is teaching: Tues: 13:00-14:00 SHO teaching Wed: 13:00-14:00 Hospital grand round Fri: 13:00-14:00 medical meeting  Journal club is being established for Monday lunchtimes.  On call requirements:  The F2 parktakes in the SHO medical rota. Each F2 is in an 'on-call' team of four SHOs, with varying skillmix (eg. CMT, F1, GP-VTS), who do all out of hours work together. Out of hours, the acute medical F2 would therefore cover: medical take, acute medical unit, acute stroke thrombolysis, medical wards. |
| Local education provider (LEP) / employer information                                   | Imperial College Healthcare NHS Trust  |

<sup>\*</sup>It is important to note that this description is a typical example of the placement and may be

subject to change.

| Turet  | Imperial Callege Healthcare NHC Trust  |
|--|--|
| Trust Site   | Imperial College Healthcare NHS Trust  |
|  | Charing Cross Hospital   |
| Trainee Information System (TIS) Post Code (and local post number if |  |
| known)   |  |
| Placement details (i.e. the specialty                                | F2 Emergency Medicine – Charing Cross  |
| and sub-specialty)   | 1 2 Emergency Medicine - Chaining Cross  |
| Department   | The Department comprises Consultants, SpRs, CT   |
|  | doctors and F2s. Minor injuries/illnesses are seen by GPs/ENPs in the adjoining Urgent Care Centre. There is a 15 bed majors department and an 8 bed resus bay. F2s work in majors and resus. There is also an 18 bed Clinical Decision Unit (CDU), shared with the Acute Frailty Service, where patients expected to stay less than 24hours can be admitted under the care of the EM or Frailty Consultants.  |
|  | There is no paediatric ED at Charing Cross and the F2 will likely only see single limb trauma, if at all. The rota is a shift pattern.   |
| Type of work to expect and learning opportunities                    | There is excellent clinical supervision as Consultants are present 14 hours a day in the week and 6 on weekends. There is 24/7 registrar cover, with two registrars on duty overnight. One weekdays there is a Consultant covering the ED from 8-17, overlapping with a dedicated Resus / Education Consultant from 10-18 and a late / on-call ED Consultant from 16-22. There is also a Consultant covering CDU and AEC 8-16.  A range of acute medical and surgical presentations will be seen with excellent opportunity to learn and develop critical care skills, including the chance to undertake procedures such as acute fracture/dislocation reduction, arterial line and chest drain insertion.  Charing Cross provides the non-trauma neuroscience and acute oncology service for NW Thames, so the F2 can expect to see patients with medical emergencies like cauda equina and neutropenic sepsis before admission under the relevant specialty. |
|  | There are plenty of opportunities to be involved in quality improvement and research. There are 6 Imperial QI Coaches working in the ED. Doctors in this department have participated in national audits and regularly have abstracts accepted for oral and poster presentation at regional, national and international conferences.   |
| Where the placement is based   | Charing Cross Hospital   |
| Clinical supervisor(s) for the                                       | Dr Ali Sanders (Clinical Director for Urgent &   |
| placement  | Emergency Care at Imperial), Dr Chioma Ginigeme  |
|  |  |

|                                       | (Hood of Specialty) Dr Any Mitro (Unit Training Load)  |
|---------------------------------------|--|
|                                       | (Head of Specialty), Dr Anu Mitra (Unit Training Lead), Dr Lucy Bingham (CXH Foundation TPD), Dr Fey |
|                                       | , ,  |
|                                       | Probst, Dr Abosede Ajayi, Dr Barbara Cleaver, Dr Tom   |
|                                       | Evens  |
|                                       |  |
| Main duties of the placement          | Assess and initiate treatment of acutely unwell patients   |
|                                       | presenting to the emergency department   |
|                                       | Resuscitation and care of critically ill patients  |
|                                       |  |
| Typical working pattern in this       |  |
| placement (e.g. ward rounds, clinics, | Shift pattern on a weekly basis being on shop floor,   |
| theatre sessions)                     | shifts vary-higher banding so more often working   |
|                                       | weekends and night shifts. 1 in 2 weekends   |
|                                       | ·  |
|                                       | Typical shifts include the following and they change   |
|                                       | weekly: 8-4/8-5/8-6/11-9/1-10/3-11/17-01/15-01, 20-06  |
|                                       | and 22-08  |
|                                       |  |
| Local education provider (LEP) /      | Imperial College Healthcare NHS Trust  |
| employer information                  |  |
|                                       |  |
|                                       | Į.   |

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

| Truct  | Imporial Callage Healthcare NHC Trust   |
|--|---|
| Trust  | Imperial College Healthcare NHS Trust   |
| Site   | Charing Cross Hospital.   |
| Traines Information Custom (TIC)                         |   |
| Trainee Information System (TIS)                         |   |
| Post Code (and local post number if                      |   |
| known)   | FO Contractoral and Charles Cross   |
| Placement details (i.e. the specialty and sub-specialty) | F2 Gastroenterology – Charing Cross   |
| Department   | The Gastroenterology dept includes 5 Consultants who rotate through the wards on a monthly basis. The junior team is composed of 3 SpRs, 1 CT1, 1 FY2, and 2 FY1 trainees.  |
|  | There are 18-23 patients on the ward, and any Gastroenterology referrals made in the hospital are frequently moved onto the ward for specialist management, mainly liver disease and inflammatory bowel disease, however the ward does care for general medical patients as well.   |
| Type of work to expect and learning opportunities        | The F2 is expected to conduct ward rounds with their team every day. There is always one SpR allocated to the ward to provide support if there are any problems on the ward. They may contact the Consultant who is looking after the patient. There are 2 main Consultant ward rounds per week and daily board rounds with the Consultant.   |
|  | There is a radiology meeting every week to review scans, and a weekly team meeting to discuss cases. The F2 is expected to provide day to day care of the patients and manage any acutely unwell patients on the ward. The job also involves a rota of on call cover of the wards in the evenings and weekends. This covers all the medical wards in the hospital. Overnight this includes Oncology wards and the Oncology on call bleep where the F2 has to admit any Oncology admissions. |
|  | supernumerary. Gastro clinics run every day.  Trainees also have access to the F2 / CT teaching, Weekly Grand Rounds and Medical meeting.   |
|  | Troomy Grand Rounds and Modical Moding.   |
| Where the placement is based                             | Charing Cross Hospital.   |
| Clinical supervisor(s) for the placement                 | Dr Geoff Smith, Dr Will Howson, Dr A. Thillainayagam, Dr Lakshman Ayaru, Dr T. Martin   |
| Main duties of the placement                             | The F2 doctor is responsible with other staff for the ward care of patients and the maintenance of the patients' medical records. They will have  |

|   | opportunity to work with the Consultants in outpatients clinics occasionally.  The F2 will be responsible for such other specific clinical duties as allocated by Consultants including performing other duties in occasional emergencies and unforeseen circumstances. |
|---|---|
| Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions) | 9am-5pm on the wards, till 8pm when on call  On call requirements:  Weekends on call – 9am-8pm  Nights 8pm – 9am  |
| Local education provider (LEP) / employer information                                   | Imperial College Healthcare NHS Trust   |

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

| Truet   | Imperial College Healthcare NHS Trust   |
|---|---|
| Trust<br>Site                                     | Charing Cross Hospital  |
| ગાહ   | Chaining Cross Prospital  |
| Trainee Information System (TIS)                  |   |
| Post Code (and local post number if               |   |
| known)  |   |
| Placement details (i.e. the specialty             | F2 Geriatric Medicine – Charing Cross   |
| and sub-specialty)                                | 1 2 Genatric Medicine – Channy Cross  |
| Department  | The Department consists of 8 Consultants; 3 manage on Acute inpatient wards (8W and 8S), one leads Lady Skinner Rehab ward, two lead the OPAL Service (Older Persons Acute Assessment and Liaison), one leads the OPRAC Service (Older Persons Rapid Assessment Clinic) and the Frailty Unit (on CDU) and one works in Nursing Homes and a rehab unit in the community. So the department is involved in the care of complex elderly patients at all stages – the acute admission, inpatient stay, rehabilitation and in the community.   |
| Type of work to expect and learning opportunities | The F2 doctor will be based on one of the Acute Medicine for the Elderly ward.  8 West - There they will work for one Consultant looking after a total of 22 patients with a team consisting of an SpR, CT1, GP VTS doctor, F2 and F1.  8 South - There they will work for one Consultant looking after a total of 26 patients with a team consisting of an SpR, GP VTS doctor, F2, and 2 Foundation Year 1 doctors.  Work involves the day-to-day management of patients on the ward, supervising the F1 and working with the team. In the morning there is a board and ward round with a range of team members from Consultant to F1/F2, depending who is on-call/leave etc. The doctors on 8 West and 8 South do cross cover each other if teams are short or especially busy.  There are opportunities to widen knowledge of common medical conditions and gain a greater understanding of core Elderly Medicine topics such as dementia, delirium and frailty, and also to practice the core skills and procedures. As many of the patients have communication difficulties such as hearing problems or cognitive deficits, it will really improve communication skills – with both patients and relatives /carers. Doctors will also learn about discharge planning, especially of complex patients.  There are also opportunities to attend Out Patient Clinics and join one of the Consultants visiting local |

|   | T   |
|---|---|
|   | F2s also work some on call shifts covering the other medical wards (17:00-21:00 weekdays, 08:45-21:00 weekends), as well as nights where they cross cover with oncology as well. A 'normal day' would consist of a ward round followed by ward jobs for the patients.  F2s have protected teaching at 13:00 on Tuesday, the department also organizes weekly Medicine for the Elderly meetings at Monday lunchtime 13:00-14:00 where a member of the MDT will present a case/current topic of interest. |
| Where the placement is based  | Charing Cross Hospital  |
| Clinical supervisor(s) for the placement  | Dr. Suneil Shukla / Dr Claire Solomon / Dr Rebecca<br>Hodgkinson  |
| Main duties of the placement  | The F2 is responsible for looking after the inpatients on<br>their allocated ward, supervising F1 doctors on their<br>team, dealing with emergency situations if and when<br>they arise, liaising with other specialties as necessary   |
| Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions) | Mon: Registrar or F2 ward round, Medicine for the Elderly Departmental Educational Meeting  |
|   | Tues: Consultant ward round, F2 teaching, MDT   |
|   | Wed: Registrar or F2 ward round, Grand Round Presentation   |
|   | Thurs: Consultant ward round, X-ray meeting 12:00-13:00   |
|   | Fri: Registrar or F2 ward round, lunch time medical meeting   |
|   | Sat: On call duties (if rota'd on call) Sun: On call duties (if rota'd on call)   |
|   | On call requirements: 10 per 4 month block evening ward cover (medical wards only) 7 nights per 4 month block (medical and oncology cover and oncology admissions)  |
| Local education provider (LEP) / employer information                                   | Imperial College Healthcare NHS Trust   |
|   |   |

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

| Trust  | Imporial College Healthcare NHS Trust  |
|--|--|
|  | Imperial College Healthcare NHS Trust  |
| Site   | Charing Cross Hospital, Frailty Unit on CDU  |
| Trainee Information System (TIS)                         |  |
| Post Code (and local post number if                      |  |
| known)   |  |
| ,  | E2 Cariatria Madiaina Integrated Madiaina for the  |
| Placement details (i.e. the specialty and sub-specialty) | F2 Geriatric Medicine - Integrated Medicine for the Elderly  |
| and sub-specialty)                                       | Lideny   |
| Department   | The Department consists of 8 Consultants; 3 manage the acute inpatient wards (8W and 8S), one leads Lady Skinner Rehab ward, two lead the OPAL Service (Older Persons Acute Assessment and Liaison), one leads the OPRAC Service (Older Persons Rapid Assessment Clinic) and the Frailty Unit (on CDU) and one works in Nursing Homes and a rehab unit in the community. So the department is involved in the care of complex elderly patients at all stages – the acute admission, inpatient stay, rehabilitation and in the community. |
| Type of work to expect and learning opportunities        | The F2 Doctor will be based on the Frailty Unit They will join a team of 1 Consultant, 1 SpR in Geriatric Medicine, an F2 and two F1s  |
|  | The post is based on the Frailty Unit which is in the Clinical Decisions Unit at Charing Cross.  The Frailty Unit specialises in reviewing and coordinating rapid discharges for frail elderly patients admitted to the hospital. The team oversee an 8 bedded unit – a 5 bedded frailty unit and 3 beds reserved for OPRAC patients.  The patients are reviewed by the frailty team as well as a team of therapists, pharmacists and a social worker.   |
|  | Work involves the day-to-day management of patients on the ward. In the morning there is a board and ward round with a range of team members from Consultant to F1/F2, depending who is on-call/leave etc.   |
|  | After the patients have been assessed, the F1 is expected to prioritise the tasks that were generated on the ward round and finish them. These tasks range from ordering routine investigations, to doing simple medical procedures. Another key area of the job is communicating with relatives and carers.   |
|  | As well as day to day duties on the ward the post-holder will also be asked to undertake the OPRAC (Older Persons Rapid Assessment Clinic). This involves the review and clerking of 3 patients daily under consultant or registrar supervision. The clinic is available for GPs and ED to refer complex elderly   |

|   | patients for a full comprehensive assessment including investigations all undertaken the same day.  |
|---|---|
|   | As it is a general medical unit, this placement offers the F2 the opportunity to widen their knowledge of common medical conditions, and to practice the core skills F2s are expected to develop. They will gain an understanding of core Elderly Medicine topics such as dementia, delirium and frailty. F2s are given the chance to develop their history taking and examination skills, as well as clinical skills. As many of the patients have communication difficulties such as hearing problems or cognitive deficits, it will really improve communication skills – with both patients and relatives /carers. They will also learn about discharge planning, especially of complex patients. |
|   | F2s in Medicine for the Elderly get the opportunity to teach students (there are regular attachments of Undergraduates) and there are teaching/learning opportunities at weekly departmental educational meetings, weekly medical meetings and weekly X-ray meetings.   |
|   | There are also opportunities to attend Out Patient Clinics and join one of the Consultants visiting local Care Homes.   |
| Where the placement is based  | Charing Cross Hospital, Frailty Unit on CDU   |
| Clinical supervisor(s) for the placement  | Dr Shukla / Dr Solomon / Dr Hodgkinson  |
| Main duties of the placement  | The main duties of the placement are to ensure the day-to-day well being of the patients, ensuring test are ordered and followed up and abnormal results acted on. Also recognizing and dealing with any acute deteriorations in patients, ordering relevant investigations and starting preliminary treatment plans. These would then be discussed with a senior colleague, and a definitive long term plan formulated. Other duties include referring patients to other specialties, speaking to families, and monitoring patients' long term therapies such as warfarin.   |
| Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions) | Mon:<br>09:00 – Consultant Ward round / OPRAC<br>13:00 - Medicine for the Elderly meeting<br>14:00 – Jobs / OPRAC   |
|   | Tues: 09:00 – Consultant Ward round / OPRAC 12:00 – F2 teaching 14:00 – Jobs / OPRAC  |
|   | Wed:<br>09:00 – Consultant Ward round / OPRAC<br>13:00 – Grand round<br>14:00 – Jobs / OPRAC  |

|   | Thurs: 09:00 – Consultant Ward round / OPRAC 12:00 – X-ray meeting 14:00 – Jobs / OPRAC |
|---|---|
|   | Fri: 09:00 – Consultant Ward round / OPRAC 13:00 – Medical meeting 14:00 – Jobs / OPRAC |
|   | Sat:<br>Sun:  |
|   | On call requirements: None  |
| Local education provider (LEP) / employer information | Imperial College Healthcare NHS Trust   |

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

| Trust   | Imperial College Healthcare NHS Trust   |
|---|---|
| Site  | Charing Cross Hospital, wards 11N and 11 W  |
| Traines Information System (TIS)  |   |
| Trainee Information System (TIS) Post Code (and local post number if known) |   |
| <b>Placement details</b> (i.e. the specialty and sub-specialty)             | F2 ITU – Charing Cross  |
| Department  | The Department comprises 5 whole time equivalent Intensive Care Consultants who cover the Critical Care Unit  |
| Type of work to expect and learning opportunities                           | The F2 participates in the SHO rota which includes 10 doctors (F2 to CT1-CT2 including CMT and ACCS as well as surgical trainees) The job is ward based. The F2 attends the consultant ward rounds in the morning and evening which include a teaching component.  The F2 must update the patient medical records following the ward round, organize relevant investigations and discuss patients with specific teams as decided on the ward round.  The F2 is expected to accompany and discuss with visiting teams when reviewing patients. They are then responsible for communicating advice from the other teams to the ITU consultant and implement changes accordingly.  The F2 is expected to see and assess patients throughout the day as observations change and nurses raise concerns.  The F2 participates in the daily consultant-led microbiology ward round.  The F2 is expected to obtain a history (as possible), fully examine and organize appropriate investigations for all new admissions. The F2 should then discuss these patients with senior colleagues/consultants.  The F2 will have will have the opportunity to do the |
|   | following practical procedures: vascular access, including cannulas, central lines, vascaths and arterial lines; lumbar punctures; chest drains; ascitic taps/drains; insertion of nasogastric tubes; cardioversion.  |
|   | The F2 will be supported and supervised at all times as required by resident registrar and consultant cover.  |
| Where the placement is based  | Charing Cross Hospital, wards 11N and 11 W  |

| Clinical supervisor(s) for the placement  | Dr Meacher   |
|---|--|
| Main duties of the placement  | <ul> <li>Record keeping and admission / discharge summaries on the computer</li> <li>Assessing the critically unwell patient with changes in physiology/observations</li> <li>Ordering investigations</li> <li>Close communication with ITU consultant, microbiology, and radiology</li> <li>Involvement with other members of the MDT (physios/dietician etc)</li> <li>Prescriptions (including those specific to ITU e.g. inotropes and haemodialysis)</li> <li>Ventilation</li> </ul> |
| Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions) | Full shift pattern, varies week to week, may be 4 nights / 3 nights / 4 day shifts (0830-2030) or a combination. Approximately 1 in 3 weekends 1 hour of consultant led departmental teaching on a Wednesday. Attendance at trust teaching expected. Band 1a  On call requirements: Rolling rota   |
| Local education provider (LEP) / employer information                                   | Imperial College Healthcare NHS Trust  |

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

| Trust  | Imperial College Healthcare NHS Trust  |
|--|--|
| Site   | Charing Cross Hospital, mainly Wards 11S and   |
| Site   | 11N.   |
| Trainee Information System (TIS)                         |  |
| Post Code (and local post number if                      |  |
| known)   |  |
| Placement details (i.e. the specialty and sub-specialty) | F2 Neurosurgery – Charing Cross  |
| Department   | The Department consists of 9 Consultants, and 9 Registrars providing a 24 hour service that serves a population of over two million people in west London and the Thames Valley.   |
| Type of work to expect and learning opportunities        | The F2 doctor and other training SHOs are generally ward based. The F2 is expected to clerk patients being admitted for emergency and urgent surgery during the normal working day and during on-call commitments.  The overall educational objectives of the F2 year are to provide the trainee with the knowledge, skills and attitudes to be able to:  Take a history and examine a patient Identify and synthesise problems Prescribe safely Keep an accurate and relevant medical record Manage time and clinical priorities effectively Communicate effectively with patients, relatives and colleagues Use evidence, guidelines and audit to benefit patient care Act in a professional manner at all times Cope with ethical and legal issues which occur during the management of patients with general medical problems Educate patients effectively Become life-long learners and teachers. |
| Where the placement is based                             | Charing Cross Hospital, mainly Wards 11S and 11N.  |
| Clinical supervisor(s) for the placement                 | Mr Peterson  |
| Main duties of the placement                             | The F2 is primarily responsible for the care of ward   |
|  |  |

|   | patients and attending pre-assessment clinic-shared among the F2 and F1 (every day except Wednesday). There is also an opportunity to spend time in theatre depending on staffing levels and perform ward based procedures.  There is a departmental teaching program which the F2 is expected to present at during their placement. The Neuro-Oncology and Neuro-Radiology MDT is held every Wednesday afternoon which the F2 doctor is expected to attend and take notes, management plans and order scans. |
|---|---|
| Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions) | Daily: 07:30 – Preparing pre-op patients or updating the list 08:00 – Handover 09:00 – Ward round 10:00-13:00 – Pre assessment clinic/theatre/ward jobs  Mon: As above Tues: 12:30-14:00 F2 teaching Wed: 1:00-2:00pm Departmental Teaching 2:00pm MDT Thurs: As above Fri: As above Sat: 08:00 – 20:00 1 in 5 (or 20:00-08:00) Sun: 08:00 – 20:00 1 in 5 (or 20:00-08:00)  On call requirements: 1 in 5 with long days/night shifts  |
| Local education provider (LEP) / employer information                                   | Imperial College Healthcare NHS Trust   |

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

| Trust   | Imperial Healthcare NHS Trust  |  |  |
|---|--|--|--|
| Site  | Charing Cross Hospital   |  |  |
|   |  |  |  |
| Trainee Information System (TIS)                  |  |  |  |
| Post Code (and local post number if               |  |  |  |
| known)  |  |  |  |
| Placement details (i.e. the specialty             | Oncology – Charing Cross   |  |  |
| and sub-specialty)                                |  |  |  |
| Department  | The inpatient service (emergencies, elective admissions and Cancer assessment unit) is managed by 2 ward Oncologists and Palliative Care. There is one ward based F2 partaking a 1 in 10 junior doctor rota with an additional staff grade doctor available Mon – Fri 9am to 5pm   |  |  |
|   | 10 drs (F2, CMTs and trust grades) cover the ward work, and help support the day chemotherapy unit. The ward work is divided between junior doctors with daily allocation of roles. The main inpatient ward (6N) has 26 bed, elective admissions (6S) 12 beds, and CAU 10 beds (open 8:00am-8:00pm). The ward Consultant also covers AOS service and CAU is the admitting point for NWL spinal cord compression. |  |  |
|   | Patients may be under the regular care of their oncologist who once discharged resumes clinical responsibility.  There are 10 medical and 10 clinical oncologists.   |  |  |
| Type of work to expect and learning opportunities | Ward based work, patients with cancer on other wards, oncology ward cover and medical/oncology nights mixed medicine and oncology at nights.  Extensive working with other specialities.  Mandatory Tuesday afternoon teaching Mandatory weekly Oncology teaching programme Ward teaching and supervision  |  |  |
| Where the placement is based                      | Charing Cross Hospital   |  |  |
| Clinical supervisor(s) for the placement          | Dr. Saleem, Dr. Nijhawan, Dr. Gonzalez and Dr. Sarwar  |  |  |
| Main duties of the placement                      | Standard working day (min 3 doctors) 8:00am – 5:00pm; Long day (min 1 doctor) 9:00am-9:00pm; Late shift (min 1 doctor) 1:00pm-9:00pm.  o 8:00am – attend spinal review, nursing handover, CAU admissions 7 preparation of lists for board round  o 9:00am – board round MDT- 6N / 6S  o 10-1- all inpatients reviewed by consultant, juniors, nurses and palliative care   |  |  |

| Local education provider (LEP) / employer information                                   | Imperial Healthcare NHS Trust   |  |
|---|---|--|
|   | On call requirements: In a 4 month placement there is a complete week of nights (as a Monday -Thursday run then separately Friday-Sunday).  |  |
|   | Teaching – F2s can attend: Post-grad education (mandatory) – Tuesday 1:00- 2:00pm Oncology teaching – Wednesday 8:30am-9:30am Grand round – Wednesday 1:00-2:00pm Friday medical round – 12:30-2:00pm   |  |
| Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions) | Standard day 8:00am-5:00pm Long day 9:00am -9:00pm Late shift (6S/CAU): 1:00pm-9:00pm Nights: 8:30pm-9:30am (split) Weekends: 9:00am-9:00pm Flexible annual leave (allocated on first come first served basis). Allocated clinic sessions for F2s to attend oncology clinics. Fixed zero days.  |  |
|   | <ul> <li>Ward work – family meetings, discharging, procedures, clerking, etc</li> <li>4:00pm – CAU / new admissions consultant review</li> <li>5:00pm – 9:00pm SpR attend CAU / new admissions</li> <li>F2s attend A&amp;E only if patient accepted / reviewed by ward Consultant / SpR</li> <li>Weekends SpRs (2) Onc present</li> <li>7/7 consultant attendance</li> <li>CAU 7/7</li> <li>OOH 9:00pm-9:00am – Med Reg on call first review, manages Oncology patients with F2s</li> </ul> |  |

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

| Trust   | Imperial College Healthcare NHS Trust  |
|---|--|
| Site  | Charing Cross Hospital, 4 South ward   |
| Trainee Information System (TIS) Post Code (and local post number if known) | Channy Greec Freephan, Feedan ward   |
| Placement details (i.e. the specialty and sub-specialty)                    | F2 Respiratory Medicine  |
| Department  | The department involves 4 Consultants who rotate ward duties on a monthly basis, 3 SpRs,1 CMT, 2 F2s and 2 F1s.  Although the ward takes primarily respiratory cases there are many general medical admissions that come to 4 South.   |
| Type of work to expect and learning opportunities                           | F2 doctors are based on the ward. Patient-orientated tasks are created through the ward round where F1s present the new patients. The rest of the day is spent continuing the care of the patients on the ward, completing the tasks from the ward round and dealing with acutely unwell patients.  Learning opportunities include the development of:  • History taking and examination  • Managing patients using evidence based practice  • Prioritising  • Accurate record keeping  • Safe prescribing  • Communicating effectively  • Team working within the respiratory team and other healthcare workers  • Communicating with family members  • Act in a professional manner  • Deal with ethical and legal issues  • Educate patients regarding their illness and management  • Develop skills in practical procedures |
| Where the placement is based Clinical supervisor(s) for the placement       | Charing Cross Hospital, 4 South ward Dr Frances Bowen, Dr Jo Brown, Dr Andrew Cummin, Dr Graeme Wilson   |
| Main duties of the placement  | The F2 is expected to conduct ward rounds with their team every day. After the ward round the F2 will support the F1s with patient-orientated tasks and deal with unpredictable events such as deteriorating patients. They will also be involved in discussions with family members and continue to care for the patients on the wards.  There is always one SpR allocated to the ward to provide support if there are any problems on the ward. They may contact the Consultant who is looking after   |

|   | the patier   | nt  |
|---|--|---|
|   | The F2 will also attend the F2 teaching programme alongside other meetings and teaching opportunities available. |   |
|   | Attendand  | ce at respiratory outpatients once per week |
| Typical working pattern in this                       | Mon:   | 09.00 SPR ward round                        |
| placement (e.g. ward rounds, clinics,                 |  | 18.00 Handover                              |
| theatre sessions)                                     | Tues:  | 08.00-09.00 Lung Cancer MDT                 |
|   |  | 09.30 Consultant ward round                 |
|   |  | 13.00 x-ray meeting                         |
|   |  | 18.00 Handover                              |
|   | Wed:   | 09.00 CMT/F1 ward round                     |
|   |  | or respiratory ward round                   |
|   | Thurs:   | 09.00 CMT/F1 ward round                     |
|   |  | or respiratory ward round                   |
|   |  | 13.00 Mandatory F1 teaching                 |
|   |  | 18.00 Handover                              |
|   | Fri:   | 09.30 Consultant ward round                 |
|   |  | 13.00 Medical meeting                       |
|   |  | 18.00 Handover                              |
|   | On call re   | equirements:                                |
|   | Weekend  | s on call – 9am-8pm                         |
|   | Nights 8p  | •   |
| Local education provider (LEP) / employer information | Imperial   | College Healthcare NHS Trust                |

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

| Trust   | Imperial College Healthcare NHS Trust   |  |
|---|---|--|
| Site  | Charing Cross Hospital  |  |
| Trainee Information System (TIS) Post Code (and local post number if known) |   |  |
| Placement details (i.e. the specialty and sub-specialty)                    | F2 Stroke Medicine  |  |
| Department  | The department of Stroke Medicine comprises 7 Specialist Stroke Consultants.  |  |
|   | 4 of the 7 Stroke Consultants have a background in General Internal Medicine and Geriatric Medicine; 2 in Neurology; and 1 in General Internal Medicine.  |  |
|   | The Charing Cross site provides a 24/7 IV thrombolysis service and an extended-hours 7-day thrombectomy service, all consultant-led. Acute care is provided in the 24-bed Hyper-Acute Stroke Unit (HASU) and a 23-bed Acute Stroke Unit (ASU). There is a 7-day TIA service and TIA and Stroke follow-up clinics, and other new specialist stroke clinics in development.   |  |
|   | The department has a very strong portfolio of clinical research, with RCTs and observational studies that aim to answer important questions regarding patient care from the hyper-acute period to rehabilitation and prevention.  The department's aim is to a leader in patient-centered   |  |
|   | stroke care, clinical research and education.   |  |
| Type of work to expect and learning opportunities                           | This post will cover key areas to the educational objectives of the F2 year. It will provide the trainee with the knowledge, skills required in their continued development. The following competencies will be covered:  |  |
|   | <ul> <li>Take a history and examine a patient</li> <li>Identify and synthesize problems</li> <li>Prescribe safely</li> <li>Keep an accurate and relevant medical record</li> <li>Manage time and clinical priorities effectively</li> <li>Communicate effectively with patients, relatives and colleagues</li> <li>Use evidence, guidelines and audit to benefit patient care</li> <li>Act in a professional manner at all times</li> <li>Cope with ethical and legal issues which occur during the management of patients with general medical problems</li> <li>Educate patients effectively</li> </ul> |  |

Become life-long learners and teachers The F2 will have attachment periods to the HASU (Hyperacute stroke unit), ASU (Acute stroke unit) and on call thrombolysis team. Additional opportunity to gain exposure to TIA assessment and management will also be provided as well as exposure to stroke clinical research. Whilst in the attachment the F2 will be involved with The generic clerking of suspected stroke patients being admitted to the stroke service. Currently approximately 40% of patients presenting with a suspected stroke are in fact stroke "mimics" (common conditions being; seizures, delirium, headache, Todd's paresis, syncope, vestibular complaints and encephalopathy). Thus the post will not only provide a good grounding in stroke diagnosis and care but also other acute medical and neurological conditions. The complications that occur in stroke sufferers will allow the F2 to practice supervised assessment and management of important medical emergencies; such as sepsis, respiratory and haemodynamic instability, acute confusion states, and reduced level of consciousness. The care provided in the HASU is consultant led with 3 times a day board round and twice a day ward rounds, giving a supported platform for trainees to learn and practice medicine. The period of ASU attachment will provide the F2 trainee with the opportunity to develop communication and team playing skills. Exposure to the holistic needs of chronic ill health and disability. Experience and opportunity to develop competency in MDT team working, leadership, rehabilitation goal setting and discharge planning Acute medical on-call F2 rota commitments Where the placement is based **Charing Cross Hospital** Clinical supervisor(s) the Dr S Banerjee placement Main duties of the placement The F2 doctor is responsible with other staff for the ward care of patients and the maintenance of the patient's medical record. They will take part in the FY1 on call (GIM) rota and will work on both HASU and ASU. They are expected to attend the weekly F2 teaching program, weekly stroke juniors' teaching and medical grand rounds. Demonstrate competencies by carrying out WBAs and also take part in audit or a care improvement project.

| Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions) | Daily Normal working day 0900 to 1700 0900/1230/1600 – Consultant-led HASU Board Round Consultant-led am ward round on HASU and ASU  |
|---|--|
|   | Additional Weekly Events  Mon: 1300 ASU MDT meeting  Tues: 1300 Mandatory F2 teaching  Wed: 1130 Neuroradiology meeting & 1230 Medical  Grand Round  Thur: 1300 Stroke Education Programme |
|   | On call requirements: equates to approx. 10 evening oncalls and 4 weekends per 4 month rotation  |
| Local education provider (LEP) / employer information                                   | Imperial College Healthcare NHS Trust  |

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

| Trust   | Imperial College Healthcare NHS Trust   |  |
|---|---|--|
| Site  | Charing Cross Hospital  |  |
| Trainee Information System (TIS) Post Code (and local post number if known)             | 3   |  |
| Placement details (i.e. the specialty and sub-specialty)                                | FY2 Urology   |  |
| Department  | Urology   |  |
| Type of work to expect and learning opportunities                                       | The FY2 will provide cover for the patients on the ward and in the emergency department.  The FY2 will supervise the 3FY1's and also provide support for theatre lists ensuring patient are clinically fit. They will also attend theatres as well as outpatient clinics.  The FY2 will attend the regular FY2 teaching They will complete an audit during the attachment |  |
| Where the placement is based  | Charing Cross Hospital  |  |
| Clinical supervisor(s) for the placement  | Mr Tamer El-Husseiny  |  |
| Main duties of the placement  | <ul> <li>Pre-op and post op care</li> <li>Work up of acute admissions</li> <li>Assist in theatres</li> <li>Attend OP clinics &amp; Flexible cystoscopy lists</li> <li>Discharge planning</li> <li>On calls</li> </ul>   |  |
| Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions) | Mon: Ward Round & ward work Tues: Ward Round & ward work Wed: Ward Round & ward work + weekly FY2 teaching + weekly department educational meeting Thurs: Ward Round & ward work Fri: Ward Round & ward work Sat: Sun:  |  |
|   | On call requirements: In a 4 months placement → 4 weekends (long days/nights) and 4 weekday weeks (long days/nights) covering Urology and General Surgery   |  |
| Local education provider (LEP) / employer information                                   | Imperial College Healthcare NHS Trust   |  |

<sup>\*</sup>It is important to note that this description is a typical example of the placement and may be subject to change

| Trust   | Imperial College Healthcare  |
|---|--|
| Site  | Hammersmith Hospital   |
| Trainee Information System (TIS)                  |  |
| Post Code (and local post number if               |  |
| known)  |  |
| Placement details (i.e. the specialty             | F2 Gastroenterology  |
| and sub-specialty)                                |  |
| Department  | Gastroenterology at Hammersmith comprises of 4-5 consultants of which one is on the ward for a month at a time. There are other consultants from St Mary's and CX who come for clinics only. The Department is a tertiary referral centre and specialises in Hepatobiliary. There are 3-4 registrars, one of which is based on the ward, and another who takes the gastro referrals. The team is made up of an F2, CT2, registrar and consultant (with medical students.)  |
| Type of work to expect and learning opportunities | Ward based working day, looking after gastroenterology patients on the ward. Very little general medicine. Duties include  Take a history and examine a patient Identify and synthesise problems Prescribe safely Keep an accurate and relevant medical record Manage time and clinical priorities effectively Communicate effectively with patients, relatives and colleagues Use evidence, guidelines and audit to benefit patient care Act in a professional manner at all times Cope with ethical and legal issues which occur during the management of patients with general medical problems Educate patients effectively Become life-long learners and teachers  Also the opportunity for specialized procedures such as ascitic taps and drains. |
| Where the placement is based                      | Hammersmith Hospital, Christopher Booth Ward and outliers on other wards.  |
| Clinical supervisor(s) for the placement          | Consultant based on the ward at that time.   |
| Main duties of the placement                      | The F2 doctor is responsible with other staff for the ward care of patients and the maintenance of the patient's medical record. Some opportunity to attend outpatients.  Attend the structured teaching programmes provided by the department. Attend MDT meetings.   |
| Typical working pattern in this                   | Mon:   |

| placement (e.g. ward rounds, clinics, theatre sessions) | 0815: pancreatic cancer MDT 0900: ward round and ward work 1700: benign MDT meeting  Tues: 0800: liver cancer MDT 1300: post-graduate teaching 1400: consultant ward round  |
|---|---|
|   | Wed: 0845: morning report teaching 0930: ward round and ward work 1300: grand round   |
|   | Thurs: 1000: consultant ward round  |
|   | Fri:<br>0900: ward round and ward work  |
|   | Sat:<br>0830 – 2000 (2 weekends in the block)<br>Sun:<br>0830 – 2000 (as above)   |
|   | On call requirements:  1 set of Fri-Sun nights (with a week of zero days following)  1 set of Mon-Thu nights  2 sets of 2 consecutive weeks with alternate long days (ward cover to 8pm)  |
| Local education provider (LEP) / employer information   | Imperial College Healthcare NHS Trust was created on October 1, 2007 by merging St Mary's NHS Trust and Hammersmith Hospitals NHS Trust and integrating with the faculty of medicine at Imperial College London. Now one of the largest NHS trusts in the country, we have come together with the College to establish one of the UK's first Academic Health Science Centres (AHSCs). |

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

| Truet   | Imperial College Healthcare NHS Trust  |  |
|---|--|--|
| Trust Site  | Imperial College Healthcare NHS Trust Hammersmith Hospital   |  |
| Trainee Information System (TIS)                  | rianimersiniur nospital  |  |
| Post Code (and local post number if               |  |  |
| known)  |  |  |
| Placement details (i.e. the specialty             | ICU  |  |
| and sub-specialty)                                |  |  |
| Department  | The General Intensive Care Unit at Hammersmith   |  |
| •   | comprises five consultants who rotate being on service for the 16-bed unit. The department receives admissions from all specialties in the hospital and the case-load reflects the hospitals specialist centers particularly renal medicine, haematology and cardiology. Surgery is also represented, particularly hepato-biliary and cardiothoracics.   |  |
| Type of work to expect and learning opportunities | Acutely unwell patients from all aspects of general medicine and surgery. Elective admissions, post-operative, transferred patients. Work load can be high and F2 need to be/learn to be very efficient with tasks as they often have multiple tasks at once. Lots and lots of practical skills on offer, ranging from arterial lines, central lines to all sorts of drains. Great Consultant led teaching both formal and informal. Lots of opportunities to present cases and participate in audits and projects. The F2 will be expected to summarise admissions and present these at ward rounds, x-ray meetings and microbiology rounds. In addition, they must ensure all investigations, bloods and handover lists are up to date for each handover (morning and night). The F2 is also expected to refer patients for specialist opinion. In addition, interaction with patients' families is almost a daily duty. |  |
| Where the placement is based                      | Depending upon consultant, there is often a "board round" straight after the ward round where the resident on the long-day will ensure that they are familiar with the plans for ALL patients. At the "board round" the patients are divided between residents.  Hammersmith Hospital  |  |
| Clinical supervisor(s) for the                    | Dr Parind Patel  |  |
| placement   | DI FAIIIU FALEI  |  |
| Main duties of the placement                      | SHO Daily Duties:  |  |
|   | Full clinical examination and review of all  |  |
|   | results (blood, imaging etc)   |  |
|   | - All x-ray forms/prescriptions/fluid charts written   |  |
|   | .,   |  |

- each day (preferably after ward round)
- Obtaining daily blood results, ensuring results folder is updated
- Arranging imaging/referrals
- Planning for any events (e.g. Blood products prior to lines/trachy/ theatre etc..)
- Drug chart review (old charts need to be rewritten on admission)
- Liaising with nurses/dieticians/physiotherapists/pharmacists
- ACCUBASE (In-house programme to record all admissions/daily review/discharges and summaries)
- Practical procedures (CVP/Arterial Lines) and documentation
- Attending and presenting at Ward/X-ray/Micro rounds
- Teaching topic on Friday after ward round (separate rota)

#### **Micro Ward Round**

- Brief summary of allocated patient on round (daily – Midday)
- On Fridays this is a joint Infectious Diseases and Microbiology Ward round

#### X-Ray Ward Round

 Give a brief summary of allocated patient to the Consultant Radiologist

#### The Daily Review

- A full systematic review of each patient is required each day
- There is no right or wrong way to do this, as long as each system is reviewed and nothing is missed out
- Pay particular attention to lines (location, duration); microbiology (what org, when and where with sensitivities); drains/wounds (where and what's coming out); skin (breakdown/infection/rash); GIT (feeding/passing stools) and fluid balance.
- The simplest way to learn is to see various other formats and tailor your own
- Don't forget to check electrolytes (Mg, Phos) and levels of drugs (gent/vanc) and make relevant prescription changes

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

#### Daily Plan:

815am: Ward Round (Senior sister, bedside nurse for each patient, Physiotherapist and dietician)

Midday: Micro Ward Round (Long Day

resident MUST attend at least) on Friday this is with Infectious

Diseases

1pm: XRay Round (Excellent teaching

resource)

4pm: Evening Ward Round with On-Call

| <b></b>                          |  |  |
|----------------------------------|--|--|
|                                  | 8pm:<br>11pm:  | Anaesthetic SpR Handover round between long-day and night residents (Cons phonecall at approx 10pm) Ward round with On-Call SpR, resident and sister |
|                                  | Weekends/  | Bank Holidays:   |
|                                  | 9am:   | Ward Round   |
|                                  | 8pm:   | Evening Handover ward round  |
|                                  |  | between weekend and night  |
|                                  |  | residents  |
|                                  |  | (Cons phonecall at approx 10pm)  |
|                                  | 11pm:  | Ward round with On-Call SpR,   |
|                                  |  | resident and sister  |
| Local education provider (LEP) / | Imperial Colle   | ege Healthcare NHS Trust was created on  |
| employer information             |  | 2007 by merging St Mary's NHS Trust and  |
|                                  |  | h Hospitals NHS Trust and integrating with   |
|                                  |  | of medicine at Imperial College London.  |
|                                  | Now one of the largest NHS trusts in the country, we   |  |
|                                  | have come together with the College to establish one of the UK's first Academic Health Science Centres |  |
|                                  | (AHSCs).   | mot Academic Health Science Centres  |
| L.                               |  |  |

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

| Trust   | Imperial College Healthcare  |  |
|---|--|--|
| Site  | Hammersmith Hospital   |  |
| Trainee Information System (TIS) Post Code (and local post number if known)             |  |  |
| <b>Placement details</b> (i.e. the specialty and sub-specialty)                         | F2 Renal Medicine  |  |
| Department  | The West London Renal and Transplant Centre is Europe's largest renal unit comprising an HDU, 2 wards, rehab ward, Haemodialysis Unit, and PIU. A lot of specialist and also general medicine. A large outpatient base with outreach clinics in all West London hospitals.   |  |
| Type of work to expect and learning opportunities                                       | <ul> <li>Alternating between ward work, on calls, and clinics.</li> <li>Ward cover- HDU/ general ward (8:15am-9:15pm shifts)- twice daily ward rounds, transplant and dialysis patients</li> <li>Clinic weeks- new and follow up patients, good opportunity to discuss patients with consultant, good learning experience</li> <li>Lots of opportunity to get involved with audit, weekly SHO renal teaching. Consultants are very keen to teach.</li> </ul>   |  |
| Where the placement is based  |  |  |
| Clinical supervisor(s) for the placement  | Dr Lightstone, Dr Frankel, Dr Tam  |  |
| Main duties of the placement  | Ward work (this includes all jobs generated on ward round including TTOs, blood forms, clerking new patients, referrals, following up patients already discharged, assessing acutely ill patients)  Clinics – The outpatient clinic is a great opportunity not offered in many other placements. The F2 will see patients with chronic renal disease and transplant patients. Very different treatment and management to one on the wards. Main jobs are assessing volume status, quick through histories and follow-up of patients. |  |
| Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions) | Mon: 8am-9.15pm ward cover (1 in2) Tues: 8am-9.15pm ward cover Wed: 8am-9.15pm ward cover Thurs: 8am-9.15pm ward cover Fri: 8am-9.15pm ward cover Sat: off Sun: off Mon: Clinics 9am-4pm Tues: Clinics 9am-4pm   |  |
|   | Wed: Clinics 9am-4pm   |  |

|   | 1   |
|---|---|
|   | Thurs: Clinics 9am-4pm, Meeting 4-6pm   |
|   | Fri: Clinics 9am-4pm  |
|   | Sat: 8am-9.15pm ward cover  |
|   | Sun: 8am-9.15pm ward cover (1 in 3-4)   |
|   | On call requirements: 2.5 weeks of sets of nights (each 13 hours shifts) in 4 month rotation.   |
| Local education provider (LEP) / employer information | Imperial College Healthcare NHS Trust was created on October 1, 2007 by merging St Mary's NHS Trust and Hammersmith Hospitals NHS Trust and integrating with the faculty of medicine at Imperial College London. Now one of the largest NHS trusts in the country, we have come together with the College to establish one of the UK's first Academic Health Science Centres (AHSCs). |

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

| Trust                         | Imperial College Healthcare NHS Trust                                    |
|-------------------------------|--|
| Site                          | St Mary's Hospital   |
| Trainee Information           | St Wally 3 Hospital  |
| System (TIS) Post Code        |  |
| (and local post number if     |  |
| known)                        |  |
| Placement details (i.e. the   | F2 General Practice  |
| specialty and sub-            | 1 2 General Fractice   |
| specialty)                    |  |
| Department                    | GP   |
| Department                    | GI .   |
| Type of work to expect        | F2s are expected to run their own surgeries, with one or two clinics     |
| and learning                  | daily. The workload is a mixture of emergency appointments and           |
| opportunities                 | 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        | The F2 will be placed in a GP Practice local to the Imperial sites.      |
| based                         |  |
| Clinical supervisor(s) for    | Depends on which Practice the F2 is allocated to.                        |
| the placement                 |  |
| Main duties of the            | Mon: 0900 - 1200 Own surgery   |
| placement                     | 1530 – 1800 Own surgery  |
| placement                     | Tues: 0900 – 1030 F2 teaching at SMH 1100 - 1200Audit                    |
|                               | 1330-1700 accompanied home visits, tutorials, joint                      |
|                               | patient assessments  |
|                               | 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  |
| Typical working pattern       | Typical working pattern in this post e.g. full shift pattern with shifts |
| in this placement (e.g.       | of 10 or 11 hours.   |
| ward rounds, clinics, theatre |  |
| sessions)                     | There is a consultant led board round three times a day and clinical     |
|                               | decision ward rounds three times a day.                                  |
|                               | On call requirements:  |
|                               | No on call but full shift pattern including 3 or 4 nights approximately  |
|                               | every fourth week.   |
| Local education               | Imperial College Healthcare NHS Trust was created on October             |
| provider (LEP) /              | 1, 2007 by merging St Mary's NHS Trust and Hammersmith                   |
| employer information          | Hospitals NHS Trust and integrating with the faculty of medicine at      |
|                               | Imperial College London. Now one of the largest NHS trusts in the        |
|                               | country, we have come together with the College to establish one of      |
|                               | the UK's first Academic Health Science Centres (AHSCs).                  |
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| *It is important to note that this description is a typical example of the placement and may be                    |
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| Trust   | Imperial College Healthcare NHS Trust   |
|---|---|
| Site  | St Mary's Hospital  |
| Trainee Information                               |   |
| System (TIS) Post Code                            |   |
| (and local post number if                         |   |
| known)  |   |
| Placement details (i.e. the                       | F2 Endocrinology and Acute Medicine (Adult)   |
| specialty and sub-                                |   |
| specialty)  |   |
| Department  | The Dept of Metabolic Medicine comprises of 8 Consultants, 7 of whom do acute General Adult Medical on-call. There are 4 Professors. The department covers general Diabetes and Endocrinology and has many special clinics covering interests including Endocrine complications of pregnancy, Diabetic foot disease, Diabetic Fatty Liver Disease, Diabetes in obesity, Bariatric Medicine, Metabolic Bone and Stone disease, Pituitary and Adrenal disease, Thyroid cancer, and Lipid disorders. There are active research programmes in many of these areas, including clinical trials. |
| Type of work to expect and learning opportunities | F2 Doctors in hospital posts are ward-based and expected to deliver the daily medical care of all the in-patients. These include mainly general medical admissions along with complicated diabetes and endocrine cases, especially those with diabetic foot disease. There are Consultant ward rounds most days. The ward team further includes a dedicated ST3+, two F2 and one CT1/CT2 doctors. Another 2 ST3+ cover specialist services (clinic/outpatient based).   |
|   | There are weekly X-ray multi-disciplinary diabetes, multi-disciplinary diabetes foot, specialist endocrine, endocrine results and governance meetings. There is a central, weekly Grand Round and regular departmental journal club.  When on-call for general Medicine the F2 will be involved with the  |
|   | generic clerking of patients being admitted and their on-going care on the Medical Admissions unit.   |
|   | St Mary's is a major teaching hospital, as part of Imperial College London, and medical students are often attached to our Department, leading to teaching opportunities for the F2 if desired.   |
| Where the placement is based                      | St Marys Hospital   |
| Clinical supervisor(s) for the placement          | Professor Stephen Robinson, Professor Jonathan Valabhji,<br>Professor Nick Oliver, Dr David Gable, Dr Jeremy Cox, Dr Michael<br>Yee Dr Harvinder Chahal and Dr Vassiliki Bravis.  |

| Main duties of the placement  | The F2 doctor is responsible with other staff for the ward care of patients, the maintenance of the patients' medical record and updating the medical list. They will have the opportunity to attend a variety of specialist out-patients clinics with the consultants, when ward work allows. They are expected to attend certain departmental meetings, where they will often be required to present (eg. Mortality meeting, journal club, Xray MDT meeting) In addition, they will be expected to attend the structured teaching programmes provided.  The F2 doctor will be responsible for such other specific clinical duties as allocated by consultants, including performing other duties in occasional emergencies and unforeseen circumstances. |
|---|--|
| Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions) | Daily: 0900 Ward round<br>1200 Ward MDT Board round<br>1300 Ward Cover<br>1730 Handover  |
|   | Tue 0800 – 0900 Mortality meeting (once/month) 0800 – 0900 Morning report (F2/CT teaching) (when mortality meeting is not on) 0900-1045 : F2 Teaching 0830 – 1130 Diabetes MDT foot WR   |
|   | Thurs: 0830 – 0930 Radiology Meeting<br>1600 – 1700 Diabetes Foot MDT<br>Fri: 1245 - 1345 Grand Round  |
|   | Sat: 0900 – 2100 on-call 1 in 5/6<br>Sun: 0900 – 2100 on-call 1 in 5/6   |
|   | Weekly/monthly: Teaching programme   |
|   | On call requirements: 1 in 5 (shift pattern)   |
| Local education provider (LEP) / employer information                                   | Imperial College Healthcare NHS Trust was created on October 1, 2007 by merging St Mary's NHS Trust and Hammersmith Hospitals NHS Trust and integrating with the faculty of medicine at Imperial College London. Now one of the largest NHS trusts in the country, we have come together with the College to establish one of the UK's first Academic Health Science Centres (AHSCs).  |

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| Trust   | Imperial College Healthcare NHS Trust  |
|---|--|
| Site  | St Mary's Hospital   |
| Trainee Information System (TIS) Post Code (and local post number if known) |  |
| Placement details (i.e. the specialty and subspecialty)                     | F2 General Internal Medicine   |
| Department  | St Mary's Hospital is an inner London teaching hospital. Firm 5 is a General Medical firm which comprises 3 consultant physicians (1 general & cardiovascular physician and 2 consultant rheumatologists). It is the most general of the 5 firms in the hospital and the workload involves exposure to a wide range of medical conditions.   |
| Type of work to expect and learning opportunities                           | The F2 post is ward-based and the F2 doctor has responsibility for both acute admissions and ongoing clinical care responsibilities for those patients once admitted   |
|   | The overall educational objectives of the F2 year are to further the skills attained in the F1 year and to provide the trainee with the knowledge, skills and attitudes to be able to: -  • Take a history and examine a patient • Learn to make accurate clinical diagnoses by synthesizing results from observation and investigation • To expand the range of medical procedures in which the trainee is competent • Prescribe safely • Keep an accurate and relevant medical record • Manage time and clinical priorities effectively • Communicate effectively with patients, relatives and colleagues • Use evidence, guidelines and audit to benefit patient care • Act in a professional manner at all times • Cope with ethical and legal issues which occur during the management of patients with general medical problems • Educate patients effectively • Become life-long learners and teachers. |
| Where the placement is based  | St Marys Hospital  |
| Clinical supervisor(s) for the placement                                    | Dr Chapman, Dr Kinderlerer or Dr Tench   |
| Main duties of the placement  | The F2 doctor is responsible with other staff for the ward care of patients and the maintenance of the patient's medical record.   |

|   | They are expected to attend the structured teaching programmes provided by the hospital.  The doctor will be responsible for such other specific clinical duties as allocated by consultants including performing other duties in occasional emergencies and unforeseen circumstances.   |
|---|--|
| Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions) | Usual working day is 9am - 5pm  Mon: SpR-led ward round & ward work Tues: Consultant ward round & ward work Wed: SpR-led ward round & ward work Thurs: Consultant ward round, multidisciplinary meeting, X-ray meeting Fri: SpR-led ward round, hospital grand rounds & ward work  Daily consultant ward round / board round  On call requirements: 1 in 7.5 daytime on-call (including weekends) and 1 in 7.5 sets of nights (Monday-Thursday or Friday-Sunday) |
| Local education provider (LEP) / employer information                                   | Imperial College Healthcare NHS Trust was created on October 1, 2007 by merging St Mary's NHS Trust and Hammersmith Hospitals NHS Trust and integrating with the faculty of medicine at Imperial College London. Now one of the largest NHS trusts in the country, we have come together with the College to establish one of the UK's first Academic Health Science Centres (AHSCs).  |

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| Trust   | Imperial College Healthcare NHS Trust   |
|---|---|
| Site  | St Mary's Hospital  |
| Trainee Information                               |   |
| System (TIS) Post Code                            |   |
| (and local post number if                         |   |
| known)  Placement details (i.e. the               | F2 Gastroenterology & General Internal Medicine   |
| specialty and sub-                                | 1 2 Gastroenterology & General Internal Medicine  |
| specialty)  |   |
| Department  | At St. Mary's, there are six Consultant Physicians who lead the Gastroenterology / General Medical team. They work closely with administrative staff, clinical nurse specialists, a gastrointestinal physiologist and the staff of the endoscopy unit.  The hospital is part of the wider Imperial College Healthcare NHS Trust, along with the Hammersmith Hospital and Charing Cross Hospital – there are close links between the gastroenterology, hepatology and hepatopancreatobiliary teams within the Trust. There are also particularly close links with the radiology and histopathology departments, as well as the surgical teams and the department of nutrition and dietetics. |
| Type of work to expect and learning opportunities | The Gastroenterology team is one of five medical firms which participate in the acute medical take and manage admitted patients.  |
|   | The F2 will manage patients with acute and chronic gastrointestinal disease (such as inflammatory bowel disease, gastrointestinal haemorrhage, gastrointestinal infection and cancer, motility and functional disorders) along with patients with general medical problems. This includes the management of patients on the Medical High Dependency Unit (HDU).   |
|   | They will participate in the acute medical take (including night shifts) and in the ongoing care of patients admitted via the take until their discharge or triage to a different medical team. The F2 will provide out-of-hours ward cover on an on-call rota.   |
|   | They will be expected to take an active role in education, audit and research. This will involve teaching medical students and completing one or more audits / research projects. They will have opportunities to present at departmental meetings, and potentially at the hospital Grand round.  |
|   | The overall educational objectives of the F2 year are to provide the trainee with the knowledge, skills and attitudes to be able to:  |
|   | <ul> <li>Take a history and examine a patient in the elective and<br/>emergency setting</li> </ul>  |

Gain experience in an HDU setting Identify and synthesise problems Prescribe safely Keep an accurate and relevant medical record Manage time and clinical priorities effectively Communicate effectively with patients, relatives and colleagues Use evidence, guidelines and audit to benefit patient care Act in a professional manner at all times Cope with ethical and legal issues which occur during the management of patients with general medical problems Educate patients effectively Become life-long learners and teachers. In this post the F2 will have opportunities to build on skills and experiences developed in their F1 year and will lead independent ward rounds and be supported in the transition into a more senior medical role. In addition, in this post the F2 will gain experience of performing procedures under supervision such as lumbar puncture, arterial cannulation, central venous line insertion, intercostal aspiration and drainage and the use of non-invasive ventilation. Where the placement is St Marys Hospital based Clinical supervisor(s) for Consultant Physicians: Professor Tim Orchard Dr. Jonathan Hoare, Professor Julian Teare, Dr Horace Williams, Dr Simon Peake, Dr the placement Natalie Direkze, Professor Huw Thomas, Dr Anna Casburn-Jones and Dr Evangelos Russo (starting January 2017). Main duties of the As part of the Gastroenterology team, along with the F1, CT2 and SpRs (STs), the F2 will be responsible for the care of patients with placement acute and chronic gastrointestinal disease and patients with other general medical problems requiring inpatient care. They will be expected to ensure that the medical records of these patients are accurately maintained. The F2 will be expected to attend the structured teaching programmes provided. They will participate in the acute medical take and provide ward cover according to the on-call rota. The F2 will be responsible for other specific clinical duties as allocated by consultants including performing other duties in occasional emergencies and unforeseen circumstances. Typical working pattern The F2 will participate in daily ward rounds of the in-patients, in this placement (e.g. including at least two Consultant ward rounds per week of ward rounds, clinics, theatre downstream inpatients and twice daily Consultant ward rounds of sessions) patients on the first floor. Timings of Consultant ward rounds will vary depending on which Consultant is leading the ward team. Ward work will be carried out with the other team members.

|   | They will attend the weekly departmental radiology / histopathology meeting (08:00am on Mondays).  On call requirements:  |
|---|---|
|   | Acute medical take 1 in 10; ward cover approximately 1 in 20, night shifts approximately 1 in 20.   |
| Local education provider (LEP) / employer information | Imperial College Healthcare NHS Trust was created on October 1, 2007 by merging St Mary's NHS Trust and Hammersmith Hospitals NHS Trust and integrating with the faculty of medicine at Imperial College London. Now one of the largest NHS trusts in the country, we have come together with the College to establish one of the UK's first Academic Health Science Centres (AHSCs). |

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| Trust   | Imperial College Healthcare NHS Trust  |
|---|--|
| Site  | St Mary's Hospital   |
| Trainee Information System (TIS) Post Code        |  |
| (and local post number if                         |  |
| known)  |  |
| Placement details (i.e. the                       | F2 Hepatology and Acute Medicine   |
| specialty and sub-                                |  |
| Specialty)  Department                            | The Dept of Hepatology comprises 9 Consultants of whom 6 do acute General Adult Medical on-call. There is a strong academic component to the Team (led by two ICSM Professors) Academic Clinical Fellows, 4-5 SpRs and several Clinical Research Fellows including visiting from overseas. Our department's special interests include Cirrhosis, Viral Hepatitis, Liver Cancer, Fatty Liver Disease and Alcoholic Hepatitis with active research programmes in all these areas, including a Clinical Trials Unit.  The department has one of the largest cohorts of viral hepatitis patients in Europe.  |
| Type of work to expect and learning opportunities | The Hepatology Team has one CT, one F2 and three F1 doctors, in addition to the SpRs.  All F2 doctors will generally be ward based during the 'normal' working day and expected to deliver the daily medical care of all the patients currently under the care of the Hepatology team, which includes general medical patients in addition to liver patients. There are daily consultant ward rounds. When on-call for general medicine, F2s will be involved with the clerking of patients being admitted and the on-going care of newly admitted patients.  St Mary's is a major teaching hospital, as part of Imperial College London, and medical students are often attached to this department, leading to teaching opportunities for the F2 if desired. |
|   | The overall educational objectives of the F2 year are to provide the trainee with the knowledge, skills and attitudes to enhance their ability to : -  |
|   | <ul> <li>Take a history and examine a patient</li> <li>Identify and approach problems logically</li> <li>Offer and implement initial management plans</li> <li>Prescribe safely</li> <li>Perform basic procedures safely</li> <li>Keep accurate &amp; relevant medical records</li> <li>Manage time &amp; clinical priorities effectively</li> <li>Communicate effectively with patients, relatives and colleagues</li> </ul>  |

| Where the placement is based Clinical supervisor(s) for the placement                   | <ul> <li>Use evidence, guidelines and audit to benefit patient care and understand the issues of Clinical Governance</li> <li>Act in a professional manner at all times</li> <li>Cope with ethical and legal issues which occur during the management of patients with general medical problems</li> <li>Educate patients effectively</li> <li>Become life-long learners and teachers.</li> </ul> St Marys Hospital Professor Mark Thursz, Prof Simon Taylor-Robinson, Dr Ashley Brown, Dr Shahid Khan, Dr Belinda Smith, Dr Ameet Dhar, Dr Bipolopi Management, Dr Harry Astaniados, Dr Heather Lowis  |
|---|---|
|   | Pinelopi Manousou, Dr Harry Antoniades, Dr Heather Lewis  |
| Main duties of the placement  | The F2 doctor is responsible with other staff for the ward care of patients and the maintenance of the patient's medical record. They will have opportunity to attend a variety of specialist outpatients clinics with the consultants when the ward work allows. They are expected to attend the departmental meetings; including Radiology, Cancer MDTs, Histology, Research presentations, and the weekly Grand Round. In addition, they will be expected to attend the structured teaching programmes provided.  The F2 doctor will be responsible for such other specific clinical duties as allocated by consultants, including performing other duties in occasional emergencies and unforeseen circumstances. |
| Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions) | Daily: 0845 FY1s update list 0900 Ward round Remainder of Day: Jobs 1700 Handover to On-Call  |
|   | Mon: 1215 – 1300 Radiology Meeting Wed: 1300 – 1500 FY1 Teaching Fri: 0945 – 1015 Histology Meeting 1030 – 1130 Research Meeting 1245 – 1345 Grand Round  |
|   | Team's GIM On call requirements: 1 in 5 (shift pattern) 0900-2100   |
| Local education provider (LEP) / employer information                                   | Imperial College Healthcare NHS Trust was created on October 1, 2007 by merging St Mary's NHS Trust and Hammersmith Hospitals NHS Trust and integrating with the faculty of medicine at Imperial College London. Now one of the largest NHS trusts in the country, we have come together with the College to establish one of the UK's first Academic Health Science Centres (AHSCs).   |

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| Trust   | Imperial College Healthcare NHS Trust  |
|---|--|
| Site  | St Mary's Hospital   |
| Trainee Information System (TIS) Post Code (and local post number if known) |  |
| Placement details (i.e. the specialty and subspecialty)                     | F2 HIV   |
| Department  | Wharfside Clinic, Jefferiss Wing and ward based, St Mary's Hospital  |
| Type of work to expect and learning opportunities                           | The F2 doctor will divide their time between the Wharfside HIV outpatient clinic (mainly the walk-in clinic) and the wards. HIV walk-in clinics are un-booked clinics for HIV positive patients who have acute medical problems related to their HIV infection. Patients present with a full range of HIV/AIDS related problems, including opportunistic infections, tumours and treatment related to toxicities. The learning opportunities will include: -  • Taking a history and examining a patient • Identifying and synthesizing problems • Prescribing safely • Keeping accurate and relevant medical records • Time management • Communicate effectively with patients, relatives and colleagues • Increase knowledge of HIV and related problems • Increase experience of management of inpatients, including planning for discharge  In terms of teaching activities, the F2 would attend and partake in a comprehensive induction programme aimed at all new CMOs/TMOs within the Jefferiss Wing. Attendance at F2 teaching twice a month and weekly medical teaching organized by the Postgraduate Department would be expected.  In addition, there is a weekly programme of multi-disciplinary teaching organized by the Department. This includes case presentations, Journal Club, expert invited speakers and informal group teaching. The post-holder will be expected to participate in this teaching programme. Support for the post-holder to carry out appropriate F2 assessments of competence, such as direct observed procedures (DOPS) will be given. |
| Where the placement is based  | St Marys Hospital  |

| Clinical supervisor(s) for the placement  | Dr Nicola Mackie   |
|---|--|
| Main duties of the placement  | The F2 will undertake approx 4-5 clinical outpatient sessions per week (mainly in the HIV walk-in clinic and on the HIV Day Ward) and 2 fixed sessions on the wards managing HIV in-patients. Senior medical staff are available at all times to provide clinical advice and support. The F2 will also be allocated 2 sessions per week for the administration of patient results.  Participation in all weekly teaching sessions, clinic meetings and clinical audit is expected. |
| Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions) | Daily Monday – Friday 9-5.  No on call requirement   |
| Local education provider (LEP) / employer information                                   | Imperial College Healthcare NHS Trust was created on October 1, 2007 by merging St Mary's NHS Trust and Hammersmith Hospitals NHS Trust and integrating with the faculty of medicine at Imperial College London. Now one of the largest NHS trusts in the country, we have come together with the College to establish one of the UK's first Academic Health Science Centres (AHSCs).  |

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| Trust   | Imperial College Healthcare NHS Trust  |
|---|--|
| Site  | St Mary's Hospital   |
| Trainee Information System (TIS) Post Code              |  |
| (and local post number if known)                        |  |
| Placement details (i.e. the specialty and subspecialty) | F2 Integrated Child Health   |
| Department  | The Paediatric service at Imperial is based at St Mary's and the Hammersmith hospitals. St Mary's is a busy and dynamic department that runs acute, ambulatory, specialist, intensive care, out-patient and community-based services for children and young people in North West London. The David Harvey Unit at the Hammersmith Hospital is made up of the Children's Ambulatory Unit, seeing self- and GP referrals during the working week, and Children's Outpatients with general, specialty and neonatal clinics.   |
|   | This F2 placement will be with the Imperial Integrated Child Health team which consists of consultant paediatricians, paediatric and GPVTS trainees and a strong multi-professional team including GPs, health visitors, community therapists, colleagues from CAMHS and social care. There will be opportunities for both clinical and project work with strong support from senior colleagues.   |
|   | This post would suit enthusiastic and proactive trainees with a keen interest in paediatrics, primary care, integrated working practices or project design.  |
|   | Imperial is well recognized nationally as a centre for innovation for exploring models of integrated child health, such as the PICH project ( <a href="www.pich.org.uk">www.pich.org.uk</a> ). The department has also developed an exciting programme of integrated child health called Connecting Care for Children ( <a href="www.cc4c.imperial.nhs.uk">www.cc4c.imperial.nhs.uk</a> ) which was shortlisted as a finalist in the 2014 HSJ Awards Primary Care & Community Service Redesign category, and will be a key area of work for these Foundation Year posts. |
|   | The department has an outstanding reputation for training - in 2010 it won the inaugural London Deanery 'Elisabeth Paice Award for Educational Excellence – Best Clinical Department' and consistently enjoys good feedback from trainees.   |
| Type of work to expect and learning opportunities       | The post is extremely flexible and the post-holders will work in a number of different clinical environments.  |
|   | It is envisaged that the F2 will rotate through 3 broad types of week: (1) Child Health GP Hubs and integrated child health work (2) Hammersmith Ambulatory Unit   |

(3) Community-based child health (to include time with community therapists, children's community nurses, health visitors, CAMHS); incorporating leave/education weeks

The F2 doctor will have opportunities to develop competencies in:

- Recognition and treatment of mild, moderate and severe illness in children in the context of primary care, ambulatory and secondary care settings
- Management of chronic paediatric long-term conditions in community based settings
- Prescribing safely for children
- Effective communication with children, young people, relatives and colleagues
- Coping with ethical and legal issues including child protection and medico-legal issues around children and young people
- Team-based working with medical, nursing and multidisciplinary teams
- Managing time and clinical priorities effectively
- Using evidence, guidelines and audit to benefit patient care
- Project planning and implementation
- The use of data to drive changes in healthcare provision
- The delivery of safe and effective integrated child health across primary and secondary care
- Taking preventative, whole-population approaches to the delivery of health care
- Experience of co-production work with children, young people and their families

Trainees are also expected to attend the weekly Complex Patients Meeting at St Mary's, to build relationships with the wider team and develop an understanding of more challenging or long term paediatric problems within secondary care.

### Where the placement is based

David Harvey Ambulatory Unit, Hammersmith Hospital Paediatric department, St Mary's Hospital

### Clinical supervisor(s) for the placement

The clinical supervision for these posts will come from the GP Child Health Hub paediatrician leads including:

Dr Mando Watson

Dr Bob Klaber

Dr Caroline Scott-Lang

Dr Mike Coren

Dr Beena Amin

Dr Nicky Coote

There will also be opportunities for clinical supervision and input from GPs working alongside the consultant paediatricians within the hubs.

|   | Attendance at a weekly consultant-led integrated child health lab meetings will also help to add further support and supervision. This also gives trainees a regular arena in which to present and critique their work.  |
|---|--|
| Main duties of the placement  | This will depend on which week of the placement the trainee is in; the detail of this is elaborated in the sections below.   |
|   | The F2 will be responsible with other staff for the care of patients including the maintenance of the patient's medical record. This will involve working with GPs to ensure that the clinical record from the Hub MDTs and clinics is recorded accurately, and actions and learning points logged.  |
|   | The doctors are expected to attend the structured teaching programmes provided by the department.  |
| Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions) | Within these posts the F2 doctor is supernumerary, working from 8.30am until 5pm alongside a rotating team of consultants and other multi-professional colleagues.   |
|   | There are three settings within which we would expect the F2 to gain significant paediatric experience:  |
|   | (1) Child Health GP Hubs and integrated child health work (preparation for, and attendance at hub MDTs and clinics, whole population work on practice-level data)  |
|   | Within the Connecting Care for Children Hubs, hospital paediatricians and GPs run monthly joint outreach clinics, together reviewing children who would otherwise have been referred to hospital. Through the paediatrician's specialist knowledge and the GP's extensive knowledge of the child's background, a comprehensive and long term management plan can be put in place, to be led by the GP. Cases are also discussed at the monthly hub multidisciplinary team (MDT) meetings, attended by a wide variety of specialists such as doctors, health visitors, dieticians and children's social workers. Through collaborative working and sharing knowledge, the care provided in both primary and secondary care can be greatly improved. |
|   | <ul> <li>The clinics and meetings provide excellent learning opportunities for trainees. Child health GP hub weeks will involve:         <ul> <li>Preparation for, attendance at, and debrief &amp; evaluation of multi-professional MDT meetings and joint GP-consultant clinics. These will be spread across different sets of GP practices in Hammersmith &amp; Fulham, West London and Central London CCGs.</li> </ul> </li> </ul>   |

Whole practice population data work that takes a preventative public health approach to the management of care for children within the practice.

- Involvement in Practice Champion (i.e. patient and carer) activities.
- Experience of planning and facilitating (with consultant support) the integrated child health lab meeting.
- (2) Children's Ambulatory Unit at the Hammersmith site (daily work within consultant-supervised paediatric ambulatory unit)

These ambulatory paediatrics weeks will involve:

- A full week of experience of the management of mild to moderately unwell children, and recognition of seriously unwell children within a 'walk-in' ambulatory care setting. This clinical work will be directly supported by the consultants, GPs, paediatric nurses and midwives working within the unit.
- Gaining supervised prescribing experience for common paediatric conditions.
- Gaining experience of common neonatal problems, with strong links with the medical and midwifery teams from Queen Charlotte's and Chelsea Hospital.
- Opportunities to attend paediatric and neonatal clinics running in the Hammersmith Children's Outpatients.
- (3) Community-based child health and education weeks (to include time with community therapists, children's community nurses, health visitors, CAMHS)

These community-based weeks will involve:

- A minimum of 5 sessions per week (ie one per day) of sitting in with community paediatric dieticians, occupational therapists, Speech and Language therapists, physiotherapists, specialist children's community nurses, health visitors, CAMHS therapists and doctors to gain a full experience of community child health.
- The opportunity to use case-study work to explore aspects of the patient journey for a child with complex health needs
- Presentation of experiences at the Friday lunchtime weekly integrated child health lab meeting
- Opportunity to participate in specialist outpatient clinics and simulation sessions

Throughout the placement, trainees have the opportunity to develop their own projects, perform audits or participate in research. Past projects have included:

- developing a paediatric ECG pathway for GPs
- developing a pathway for teenage pregnancy

| • | <ul> <li>setting up regular dental trainee visits to GP hubs to h</li> </ul> |  |
|---|--|--|
|   | promote good dental health   |  |

- developing management articles about menstruation in young girls with disabilities
- working with local CCG to commission paediatric pulse oximeters for GP practices
- collaborating with colleagues from Paediatric Emergency Medicine to successfully bid for funding to trial new acute community nursing posts

In addition, the trainees would have opportunities to get involved with any number of the weekly teaching sessions that happen in the paediatric department on the St Mary's site. Current teaching opportunities include:

#### Monday:

1230-1330 Paediatric Grand Round 1345-1730 Bob Klaber's General Paediatric training clinic

#### Tuesday:

0900-10.30 F2 teaching 1230-13:30 Simulation training

#### Thursday:

1130-1300 Complex patients meeting 1500-1700 Consultant led paediatric teaching

#### Friday:

0830-0900 Simulation training in A&E 1230-1400 Integrated Care Lab meeting

There are no weekend commitments & no on-call.

# Local education provider (LEP) / employer information

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| Trust  | Imperial College Healthcare NHS Trust  |
|--|--|
| Site   | St Mary's Hospital   |
| Trainee Information<br>System (TIS) Post Code<br>(and local post number if<br>known) |  |
| Placement details (i.e. the specialty and subspecialty)                              | FY2 Integrated Child Health  |
| Department   | St Mary's is a busy and dynamic department that runs acute, ambulatory, specialist, intensive care, out-patient and community-based services for children and young people in North West London. The General Paediatric in-patient service is located on Great Western Ward and the Paediatric Short Stay Unit (PSSU). Subspecialty Paediatric support is available from Infectious Diseases, Haematology, Allergy, Nephrology, Neurology and Neurodisability. Surgical specialties include General Paediatric Surgery, Trauma, Orthopaedics, ENT, Ophthalmology, Vascular and Urology. There are close links with the Child and Adolescent Mental Health team. St Mary's is a Regional Trauma Centre and the General Paediatricians share care for all trauma patients with the appropriate surgical teams. Westway Ward (day unit) delivers ambulatory care and urgent outpatient assessment for patients referred from A+E, local GPs and from other departments as well as day surgery and procedural support e.g. MRI under anaesthesia. The Paediatric Intensive Care Unit which receives patients requiring level 3 critical care from across the region. |
|  | The General Paediatrics team consists of 10 consultant Paediatricians and trainees in Paediatrics and local GP VTS schemes. There is a strong MDT ethos and the team work closely with colleagues from nursing, Physiotherapy, Occupational Therapy, Speech and Language Therapy, Dietetics and Play.  The department has an outstanding reputation for training and consistently enjoys good feedback with multiple green flags across the GMC survey annually. In 2010 it won the inaugural London Deanery 'Elisabeth Paice Award for Educational Excellence – Best Clinical Department'. The General Paediatrics department was awarded joint first place for "top training experience" in London by paediatric trainees in 2018.   |

The David Harvey Unit at the Hammersmith Hospital is made up of the Children's Ambulatory Unit, seeing self- and GP referrals during the working week, and Children's Outpatients with general, specialty and neonatal clinics. There are 4 Paediatric consultants delivering a consultant-led service and trainees from Paediatrics and Riverside GP VTS scheme.

Imperial is recognized nationally as a centre for innovation for exploring models of integrated child health. The department has developed an exciting programme of integrated child health called Connecting Care for Children (<a href="www.cc4c.imperial.nhs.uk">www.cc4c.imperial.nhs.uk</a>) which has won multiple awards including the 2018 HSJ award in the acute or specialist redesign category for London and the South.

This FY2 placement will be with the Imperial Integrated Child Health team which consists of consultant Paediatricians, Paediatric and GPVTS trainees and a strong multi-professional team including GPs, health visitors, community therapists, colleagues from CAMHS and social care. There will be opportunities for both clinical and project work with strong support from senior colleagues.

This post would suit enthusiastic and proactive trainees with a keen interest in paediatrics, primary care, integrated working practices or project design.

# Type of work to expect and learning opportunities

The post is extremely flexible and the post-holders will work in a number of different clinical environments.

It is envisaged that the FY2 will rotate through 3 broad types of week:

- (1) Child Health GP Hubs and integrated child health work
  - (2) Hammersmith Ambulatory Unit
  - (3) Community-based child health (to include time with community therapists, children's community nurses, health visitors, CAMHS); incorporating leave/education weeks

The F2 doctor will have opportunities to develop competencies in:

- Recognition and treatment of mild, moderate and severe illness in children in the context of primary care, ambulatory and secondary care settings
- Management of chronic paediatric long-term conditions in community based settings
- Prescribing safely for children
- Effective communication with children, young people, relatives and colleagues
- Coping with ethical and legal issues including child protection and medico-legal issues around children and young people
- Team-based working with medical, nursing and multidisciplinary teams
- Managing time and clinical priorities effectively

Using evidence, guidelines and audit to benefit patient care Project planning and implementation The use of data to drive changes in healthcare provision The delivery of safe and effective integrated child health across primary and secondary care Taking preventative, whole-population approaches to the delivery of health care Experience of co-production work with children, young people and their families Trainees are also expected to attend the weekly Complex Patients Meeting at St Mary's, to build relationships with the wider team and develop an understanding of more challenging or long term paediatric problems within secondary care. David Harvey Ambulatory Unit, Hammersmith Hospital Where the placement is based Paediatric department, St Mary's Hospital Clinical supervisor(s) for The clinical supervision for these posts will come from the GP Child the placement Health Hub paediatrician leads including: Dr Mando Watson Dr Bob Klaber Dr Mike Coren Dr Beena Amin Dr Nicky Coote Dr Katie Malbon Dr Caroline Scott-Lang (Unit Training Lead) There will also be opportunities for clinical supervision and input from GPs working alongside the consultant paediatricians within the hubs. Attendance at a weekly consultant-led integrated child health lab meetings will also help to add further support and supervision. This also gives trainees a regular arena in which to present and critique their work. Main duties of the This will depend on which week of the placement the trainee is in; the detail of this is elaborated in the sections below. placement The FY2 will be responsible with other staff for the care of patients including the maintenance of the patient's medical record. This will involve working with GPs to ensure that the clinical record from the Hub MDTs and clinics is recorded accurately, and actions and learning points logged. The doctors are expected to attend the structured teaching programmes provided by the department.

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

Within these posts the FY2 doctor is supernumerary, working from 8.30am until 5pm alongside a rotating team of consultants and other multi-professional colleagues.

There are three settings within which we would expect the FY2 to gain significant paediatric experience:

(1) Child Health GP Hubs and integrated child health work (preparation for, and attendance at hub MDTs and clinics, whole population work on practice-level data)

Within the Connecting Care for Children Hubs, hospital paediatricians and GPs run monthly joint outreach clinics, together reviewing children who would otherwise have been referred to hospital. Through the paediatrician's specialist knowledge and the GP's extensive knowledge of the child's background, a comprehensive and long term management plan can be put in place, to be led by the GP. Cases are also discussed at the monthly hub multidisciplinary team (MDT) meetings, attended by a wide variety of specialists such as doctors, health visitors, dieticians and children's social workers. Through collaborative working and sharing knowledge, the care provided in both primary and secondary care can be greatly improved.

The clinics and meetings provide excellent learning opportunities for trainees. Child health GP hub weeks will involve:

- Preparation for, attendance at, and debrief & evaluation of multi-professional MDT meetings and joint GPconsultant clinics. These will be spread across different sets of GP practices in Hammersmith & Fulham, West London and Central London CCGs.
- Whole practice population data work that takes a preventative public health approach to the management of care for children within the practice.
- Involvement in Practice Champion (i.e. patient and carer) activities.
- Experience of planning and facilitating (with consultant support) the integrated child health lab meeting.
- (2) Children's Ambulatory Unit at the Hammersmith site (daily work within consultant-supervised paediatric ambulatory unit)

These ambulatory paediatrics weeks will involve:

- Experience of the management of mild to moderately unwell children, and recognition of seriously unwell children within a 'walk-in' ambulatory care setting. This clinical work will be directly supported by the consultants, GPs, paediatric nurses and midwives working within the unit.
- Gaining supervised prescribing experience for common paediatric conditions.

- Gaining experience of common neonatal problems, with strong links with the medical and midwifery teams from Queen Charlotte's and Chelsea Hospital.
- Opportunities to attend paediatric and neonatal clinics running in the Hammersmith Children's Outpatients.
- (3) Community-based child health and education weeks (to include time with community therapists, children's community nurses, health visitors, CAMHS)

These community-based weeks will involve:

- The opportunity to use case-study work to explore aspects of the patient journey for a child with complex health needs
- Presentation of experiences at the Friday lunchtime weekly integrated child health lab meeting
- Opportunity to participate in specialist outpatient clinics and simulation sessions
- Clinical sessions tailored to training requirements e.g. with paediatric therapists, specialist children's community nurses, health visitors, CAMHS therapists and doctors.

Trainees are encouraged to spend time on the in-patient wards if their programme permits to gain additional clinical skills. There are opportunities to work alongside the Paediatric Surgeons to attend clinic and theatre lists.

Throughout the placement, trainees have the opportunity to develop their own projects, perform audits or participate in research. Past projects have included:

- developing a paediatric ECG pathway for GPs
- developing a pathway for teenage pregnancy
- setting up regular dental trainee visits to GP hubs to help promote good dental health
- developing management articles about menstruation in young girls with disabilities
- working with local CCG to commission paediatric pulse oximeters for GP practices
- collaborating with colleagues from Paediatric Emergency Medicine to successfully bid for funding to trial new acute community nursing posts

In addition the trainees would have opportunities to get involved with any number of the weekly teaching sessions that happen in the paediatric department on the St Mary's site. Current teaching opportunities include:

#### Monday:

1230-1330 Paediatric Grand Round 1345-1730 Bob Klaber's General Paediatric training clinic

|   | Tuesday:<br>0900-10.30 F2 teaching  |
|---|---|
|   | Thursday: 1130-1300 Complex patients meeting 1500-1700 Protected Paediatric teaching for all juniors  |
|   | Friday: 0830-0900 Simulation training in A&E 1230-1400 Integrated Care Lab meeting  |
|   | There are no weekend commitments & no on-call.  |
| Local education provider (LEP) / employer information | Imperial College Healthcare NHS Trust was created on October 1, 2007 by merging St Mary's NHS Trust and Hammersmith Hospitals NHS Trust and integrating with the faculty of medicine at Imperial College London. Now one of the largest NHS trusts in the country, we have come together with the College to establish one of the UK's first Academic Health Science Centres (AHSCs). |

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

| Trust   | Imperial College Healthcare NHS Trust  |
|---|--|
| Site  | St Mary's Hospital   |
| Trainee Information System (TIS) Post Code (and local post number if known) |  |
| Placement details (i.e. the specialty and subspecialty)                     | F2 Otolaryngology (ENT)  |
| Department  | The ENT team is comprised of 6 consultants, 4 registrars and 6 SHOs, 2 of which are F2 level. Paediatric and adult patients are operated on at SMH. Adult cases are performed as either a day case or on a 23 hour basis in the SIC.  Paediatric patients are jointly cared with the Paediatric team of  |
|   | doctors.   |
| Type of work to expect and learning opportunities                           | During the ENT attachment the F2 will be expected to see patients in the A&E department with acute ENT problems. If a patient requires admission, arrangements will be made for transfer to CXH liaising with the ENT on call team at CXH. They will manage GP referrals and see patients in clinic under supervision. They assist in daily ward rounds and help manage inpatients referrals.  Weekend and night on-calls are done at CXH with registrar support off site.  The overall educational objectives of the F2 year are to provide the trainee with the knowledge, skills and opportunity to be:  Competent in managing common ENT emergencies Formulate ENT management plans Perform flexible nasendoscopy and microsuction Manage patients with acute and chronic ENT problems in the outpatient clinic Undergo audit and participate in the weekly educational meeting (The Toynbee meeting- Thursday 5.30 -7 pm) Active participation in Radiology MDT weekly basis - Tuesday lunch time |
| Where the placement is based  | St Marys Hospital On-calls weekends and nights at Charing Cross.   |
| Clinical supervisor(s) for the placement                                    | Professor N.S.Tolley, Mr A Parikh, Miss R Kuchai, Mr M Rollin, Mr A Taghi.   |
| Main duties of the placement  | The day is 8am-5pm starting with a daily ward round. The F2 should prepare for the round with an effectible hand-over and be aware of which patients are required to be seen.  |

|                               | The F2 doctors take daily referrals from GP's and A&E., they are the primary conduit for departmental referral.   |
|-------------------------------|---|
|                               | At the end of the placement they will be able to manage all the acute ENT emergencies competently.  |
|                               | There is allocated theatre time in the F2 timetable to be able to participate in basic procedures such a tonsillectomy and grommet insertion. They will be expected to achieve competence in the management of tracheostomy patients. |
| Typical working pattern       | Mon: On-call/theatre  |
| in this placement (e.g.       | Tues: FY2 teaching/pre-assessment clinic  |
| ward rounds, clinics, theatre | 5 ,   |
| sessions)                     | Thurs: On-call/theatre/Paediatric clinic  |
|                               | Fri: On-call/day surgery  |
|                               |   |
|                               | On call requirements:   |
|                               | EWTD Compliant  |
| Local education               | Imperial College Healthcare NHS Trust was created on October  |
| provider (LEP) /              | 1, 2007 by merging St Mary's NHS Trust and Hammersmith  |
| employer information          | Hospitals NHS Trust and integrating with the faculty of medicine at   |
|                               | Imperial College London. Now one of the largest NHS trusts in the   |
|                               | country, we have come together with the College to establish one of   |
|                               | the UK's first Academic Health Science Centres (AHSCs).   |

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

| Trust  | Imperial College Healthcare NHS Trust  |
|--|--|
| Site   | St Mary's Hospital   |
| Trainee Information<br>System (TIS) Post Code<br>(and local post number if<br>known) |  |
| Placement details (i.e. the specialty and subspecialty)                              | FY2 General & Ambulatory Paediatrics   |
| Department   | St Mary's Hospital is an inner London teaching hospital. The Emergency department sees over 65 000 patients per year divided between adults and paediatrics (1/3). There is a 12 bedded Clinical Decision Unit with specialty consultant clinical cover for the frailty unit There are 14 whole time equivalent adult consultants (many work cross site with Charing Cross) and 6 children's consultants.  |
|  | The Urgent Care Centre (minor injuries and minor ailments) is run by a private provider adjacent to the main building and this service is not included in the department's workload.   |
|  | The site is the major trauma centre for NW London and there is a Consultant Trauma Team leader present 24/7.   |
| Type of work to expect and learning opportunities                                    | The post is extremely flexible and the post-holder will work in a number of different environments, but will primarily be based in Great Western Ward and the Paediatric Short Stay Unit (PSSU) at St Mary's Hospital. The department seeks to take an innovative approach to proactively managing the care of acutely unwell children. This involves early discharge of patients, close liaison with community nursing teams, GPs and health visitors and a supportive educational approach to parents and carers.  |
|  | <ul> <li>Weekly protected 2 hours teaching time on Thursdays</li> <li>Registrar-led simulation training every Friday morning, with regular high-fidelity sim training on Tuesdays and Friday lunchtimes</li> <li>Consultant led teaching ward rounds</li> <li>Opportunities to examine and formulate management plans</li> <li>Out of hours support for the Paediatric in-patient wards; experience managing patients with surgical, orthopaedic, and haematological issues such as Bone Marrow Transplantation</li> <li>Experience of the on call emergency teams (paediatric emergency and paediatric trauma)</li> </ul> |

| <ul> <li>Opportunities to attend paediatric outpatient clinics</li> <li>Attendance at Integrated Child Health lab meetings</li> </ul>  |
|--|
| <ul> <li>The F2 doctor will have opportunities to develop competencies in:</li> <li>Recognition and treatment of mild, moderate and severe illness in children</li> <li>Management of chronic paediatric long-term conditions</li> <li>Prescribing safely for children</li> </ul>  |
| <ul> <li>Presenting at weekly MDT meetings to discuss complex patients.</li> <li>Effective communication with children, young people,</li> </ul>   |
| <ul> <li>relatives and colleagues</li> <li>Using evidence, guidelines and audit to benefit patient care</li> <li>Coping with ethical and legal issues including child protection and medico-legal issues around children and young people</li> </ul>   |
| <ul> <li>Team-based working with medical, nursing and multi-<br/>disciplinary teams</li> <li>Managing time and clinical priorities effectively</li> </ul>  |
| <ul> <li>Community experience offered in this placement includes:-</li> <li>Close liaison with community services around complex discharges and ongoing community care</li> <li>Weekly MDT to discuss complex patients moving between primary secondary and tertiary care</li> <li>Opportunity to follow patients home with AHPs for follow up experience post discharge</li> <li>Opportunity for community visits with AHPs and community Paediatricians</li> <li>Working within innovative hospital to home service</li> <li>Opportunity to link with the team from CC4C to gain experience of integrated care models</li> </ul> |
| Great Western Ward and Paediatric Short Stay Unit 7th Floor, QEQM, St Mary's Hospital  |
| Dr Beena Amin<br>Dr Caroline Scott-Lang<br>Dr Katie Malbon   |
| The F2 participates in ward rounds, patient reviews, day-case admissions, rapid referrals and discharges. They will present patients at the weekly MDT meetings and discuss ongoing management plans. There is a strong culture of informal teaching, with other educational meetings throughout the week. There are formal handovers which they are expected to attend every morning and at the end of every day.  The post also includes sessions in the Paediatric A+E department, supervised by colleagues from Paediatric Emergency Medicine.   |
|  |

The F2 contributes to the 1 in 14 SHO paediatric rota at St Mary's. Working weeks are made up of:

- 1. Ward based weeks on PSSU or Great Western Ward
- 2. A+E late shifts, in the Paediatric Emergency Department
- 3. Integrated care blocks, working with CC4C on community projects
- 4. Education weeks, to pursue individual learning opportunities
- 5. Resident night shifts (blocks of 3 and 4 nights)

On call responsibilities are largely to Great Western, PSSU, Grand Union ward (Haematology and Infectious Diseases) and support for A+E patients where necessary. Night shifts are supported by experienced Paediatric middle-grade trainees and the Paediatric Site Practitioner team.

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

During a typical ward week the F2 doctor works from 8.30am until the late afternoon handover, alongside a rotating team of consultant, registrar and SHOs.

#### Daily:

0830-0915 Handover/Teaching/Meeting 0915-1230 Ward Round 1230-1645 Short-Stay unit work 1645-1715 Handover

#### Monday:

0830-0930 Handover & Team Meeting 1230-1330 Paediatric Grand Round

#### Tuesday:

0830-0900 X-ray meeting 1200 Safety huddle 0900-10.30 FY2 teaching

#### Wednesday:

1100-1130 Antibiotic stewardship ward round

#### Thursday:

1130-1300 Complex patients meeting 1500-1700 Protected Paediatric teaching for all juniors

#### Friday:

0830-0900 Simulation training in A&E 1230-1400 Integrated Care Lab meeting

On call requirements: The F2 doctor is one of 14 whole time equivalent doctors on the Paediatric SHO rota, covering Great Western Ward/PSSU and Grand Union Ward (Haematology and Infectious Diseases). This includes late shifts, weekends and nights, including Bank Holidays.

The post is banded at 1B and ensures maximal continuity of learning and service provision.

| Local education      | Imperial College Healthcare NHS Trust was created on October  |
|----------------------|---|
| provider (LEP) /     | 1, 2007 by merging St Mary's NHS Trust and Hammersmith  |
| employer information | Hospitals NHS Trust and integrating with the faculty of medicine at   |
|                      | Imperial College London. Now one of the largest NHS trusts in the country, we have come together with the College to establish one of |
|                      | the UK's first Academic Health Science Centres (AHSCs).   |

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

| Trust   | Imperial College Healthcare NHS Trust  |
|---|--|
| Site  | St Mary's Hospital   |
| Trainee Information                               |  |
| System (TIS) Post Code                            |  |
| (and local post number if                         |  |
| known)  |  |
| Placement details (i.e. the                       | FY2 in Public Health   |
| specialty and sub-                                |  |
| specialty)  |  |
| Department  | The School of Public Health at Imperial College London is made up of the Departments of Epidemiology and Biostatistics, Primary Care and Public Health, Infectious Disease Epidemiology, the Department of Genomics of Common Disease, along with the Imperial Clinical Trials Unit, and the Neuro-Epidemiology and Ageing (NEA) Research Unit. The Departments of Infectious Disease Epidemiology and Epidemiology and Biostatistics also host 2 MRC Centres; the MRC Centre for Outbreak Analysis and Modelling and MRC-HPA Centre for Environment and Health, respectively. The School is extensively involved, through the Academic Health Sciences Centre with Academic public health and primary care NHS initiatives in NW London.  The School was rated joint top in the UK for the quality of its |
|   | research in the 'Public Health, Health Services and Primary Care' category in the 2014 UK University Research Excellence Framework. The School of Public Health is also responsible for teaching a substantial part of the undergraduate curriculum to medical students at Imperial College. It also has an extensive programme of postgraduate teaching, comprising taught courses, short courses and supervised higher degree students. The School has a large research programme and its total budget in 2015/16 was over £50 million.  |
| Type of work to expect and learning opportunities | With the emphasis on increased delivery of health services in primary care and disease prevention, a strong research base in the key scientific disciplines that underpin such community and population-based strategies is essential. The School has a strong research and development profile while also serving the increasing needs of education and service delivery for Imperial College Faculty of Medicine in the 21st century.  We envisage that the Public Health Doctors will undertake two   |
|   | main activities:  1. Contribute to the public health activities in the Medical Director's Office at the Imperial College Healthcare NHS Trust. This might include for example working on a project in an area such as smoking cessation, promoting influenza uptake among staff,   |

|  | improving communication with community-based public health professionals, or working with the Patient Experience Centre.  |
|--|---|
|  | 2. Collaborate in a research project that will allow the F2 doctor to develop academic public health skills. This will include the opportunity to present their work at seminars and publish it in an academic journal. |
|  | The F2 doctor will have opportunities to develop competencies in:   |
|  | <ul> <li>Needs assessment</li> <li>Evaluation of health services and public health interventions</li> </ul>   |
|  | <ul> <li>Working with medical, nursing and other professionals<br/>in multi-disciplinary teams</li> </ul>   |
|  | <ul> <li>Managing time and work priorities effectively</li> <li>Using evidence, guidelines and audit to benefit patient care</li> </ul>   |
|  | <ul> <li>Project planning and implementation</li> <li>The use of data to drive changes in healthcare provision</li> </ul>   |
|  | <ul> <li>Taking whole-population approaches to the health<br/>improvement and the delivery of health care</li> </ul>  |
| Where the placement is based             | Reynolds Building, Charing Cross Hospital, Imperial College<br>Healthcare NHS Trust   |
|  | 2. Wright-Fleming Building, St Mary's Hospital, Imperial College Healthcare NHS Trust   |
| Clinical supervisor(s) for the placement | The clinical supervision for these posts will come from academics in the School of Public Health with Honorary or Substantive NHS Clinical Contracts:   |
|  | Professor Azeem Majeed Professor Helen Ward   |
|  | Professor Paul Aylin Professor Chris Millett  |
|  | Professor Paul Elliott Professor Paolo Vineis   |
|  | Dr Ann Hansell Dr Matthew Harris  |
|  | Attendance at a weekly academic seminars and other professional events will be encouraged.  |
| 88 1 1 41 641                            |   |
| Main duties of the placement             | This will depend on the location of the placement (Charing Cross Hospital or St. Mary's Hospital). The duties will be in two areas: academic and NHS public health.   |
|  | Hospital or St. Mary's Hospital). The duties will be in two areas:  |

ward rounds, clinics, theatre sessions)

0900-1200 Weekly ICHT Public Health Directorate management meeting

1330-1700 Work on ICHT public health project (e.g. smoking cessation)

#### Tuesday

0900-1100 Hospital FY2 Teaching SMH 1230-1330 Academic seminar at SMH 1430-1700 Work on ICHT public health project

#### Wednesday:

0900-1200Attend NW London public health meeting 1230-1330 Academic seminar at Charing Cross Hospital 1430-1700 Work on ICHT public health project

#### Thursday:

0900-1200 Work on ICHT public health project 1100-1200 Journal club (monthly) 1330-1700 Work on ICHT public health project

#### **Friday**

0800-1700 Emergency Department SMH

One day a week as well as on call duties (evenings, weekends and nights) will be in the emergency medicine department at St Mary's Hospital, which will provide ongoing direct patient contact and allow the trainee to maintain and develop new clinical skills.

There are four settings within which we would expect trainees to gain significant public health experience:

- 1. The Directorate of Public Health and Primary Care in the Medical Director's Office at the Imperial College Healthcare NHS Trust.
- 2. The School of Public Health at Imperial College London.
- 3. The WHO Collaborating Centre for Public Health Education & Training at Imperial College London.
- 4. Public health bodies such as the National Screening Committee and Public Health England.

The doctor will work under the supervision of Prof Azeem Majeed. Additional clinical supervisors will be nominated depending on the allocated public health project. The trainee will be supervised for on call duties in the Emergency Department will by Miss Nicola Batrick.

By the end of the 4-month placement, the postholder would be expected to

Demonstrate initiative, self-directed working / learning and skills related to research and project management

|   | Have completed or substantially contributed to at least one Public Health project   |
|---|---|
|   | Have contributed to one research paper or presentation  |
|   | Have gained an overview of the range of work and experience in Public Health medicine   |
| Local education provider (LEP) / employer information | Imperial College Healthcare NHS Trust was created on October 1, 2007 by merging St Mary's NHS Trust and Hammersmith Hospitals NHS Trust and integrating with the faculty of medicine at Imperial College London. Now one of the largest NHS trusts in the country, we have come together with the College to establish one of the UK's first Academic Health Science Centres (AHSCs). |

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

| Trust   | Imperial College Healthcare NHS Trust  |
|---|--|
| Site  | St Mary's Hospital   |
| Trainee Information                               |  |
| System (TIS) Post Code                            |  |
| (and local post number if                         |  |
| known)  |  |
| Placement details (i.e. the                       | F2 Respiratory and General Internal Medicine   |
| specialty and sub-                                |  |
| specialty)  |  |
| Department  | The department has a mixture of clinicians, academics, nurse specialists, specialist physiotherapists, Respiratory physiologists and administrative staff who work closely together. There are close links with the Infectious disease /HIV team and with the radiology, microbiology, histopathology and cytology departments.  The hospital is part of the wider Imperial College Healthcare NHS Trust along with the Hammersmith Hospital and Charing Cross Hospital. Some services operate across all sites and there are close links between the Respiratory physicians within the trust. There are 11 Consultant Chest physicians and 1 honorary consultant/senior lecturer who lead the acute respiratory and general medical inpatient teams                             |
| <del>-</del>                                      | · ·  |
| Type of work to expect and learning opportunities | There are two inpatient Respiratory teams, together forming one of five medical firms who participate in the acute medical take and manage admitted patients. Each team is staffed from a pool of 4 SpRs/STs; 4 SHO grade doctors (2 FY2, 2 CMT) and 4 FY1s. Staffing varies according to annual leave, study leave and on call commitments but <i>each team</i> will have a minimum of 1 SpR grade and 2 other members at any one time.   |
|   | Both teams manage patients with acute and chronic respiratory disease along with patients with general medical problems. <b>Team A</b> takes responsibility for inpatients on Manvers ward, who will have conditions such as lung cancer, COPD, respiratory failure, asthma, pneumonia, Intersitial lung disease, and pleural lung disease. <b>Team B</b> is responsible for the acute take and the care of patients admitted to the medical assessment unit on the acute take, until they go home or to an appropriate ward, Team B also takes responsibility for inpatients with confirmed TB in the isolation ward (Rodney porter).  The weekly timetable differs according to the team you are assigned to. The F2 will rotate through both teams during their time in post. |
|   | They will also participate in the acute take (including night shifts) and in the ongoing care of patients admitted via the take until their discharge or triage to a different medical team. The F2 will also provide out-of-hours ward cover on an on-call rota. The F2 will also   |

undertake a weekly community respiratory clinic, under supervision from Dr Elkin in rotation with other F2 and CMT. The overall educational objectives of the F2 year are to provide the trainee with the knowledge, skills and attitudes to be able to: Take a history and examine a patient Identify and synthesise problems □ Prescribe safely ☐ Keep an accurate and relevant medical record Manage time and clinical priorities effectively Communicate effectively with patients, relatives and colleagues Use evidence, guidelines and audit to benefit patient care ☐ Act in a professional manner at all times ☐ Cope with ethical and legal issues which occur during the management of patients with general medical problems Educate patients effectively Become life-long learners and teachers In this post the F2 will have opportunities to build on skills and experiences developed in their F1 year and will lead independent ward rounds and be supported in the transition into a more senior medical role. In addition in this post they will gain experience of interpreting thoracic radiology; performing procedures under supervision such as arterial cannulation, intercostal aspiration and drainage, lumbar puncture; the use of non-invasive ventilation. This is an Academic respiratory unit and the F2 will be expected to take an active role in education and research. This will involve teaching medical students and completing one audit or research project. They will have opportunities to present at the weekly departmental educational meeting and potentially at the hospital grand round. St Mary's Hospital, Imperial College Healthcare NHS Trust; mainly Where the placement is based Manyers ward. Rodney Porter ward and the acute medical wards adjacent to ED Clinical supervisor(s) for Dr Clare Ross Dr Laura Martin and Dr Georgina Russell are the the placement educational supervisors for the F2. Dr Sarah Elkin, Dr Onn Min Kon, Dr William Oldfield and Dr Melissa Wickremasinghe Dr Susannah Bloch, Dr Patrick Mallia, Dr Ernie Wong and Dr Loong Yuan Han are all clinical supervisors. As part of the chest team, along with the F1, CT1 and SpRs (STs), Main duties of the the F2 will be responsible for the ward based care of patients with placement acute and chronic respiratory disease and patients with other general medical problems requiring inpatient care. They will be expected to ensure that the medical records of these patients are accurately maintained. The F2 will be expected to attend the structured teaching programmes provided by the department and the weekly Foundation teaching.

|   | They will participate in the acute medical take and provide ward cover according to the on call rota.   |
|---|---|
|   | The F2 will be responsible for other specific clinical duties as allocated by consultants including performing duties in occasional emergencies and unforeseen circumstances.   |
| Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions) | Timings of Consultant ward rounds will vary depending on which team the F2 is on and which Consultant is leading the ward team – full details are provided in an induction pack.  |
|   | Team A Mon: Consultant Ward round and ward cover Tues: AM morning report; Ward round and ward cover Wed: AM: 8.15 Departmental teaching; 9.00 Microbiology MDT, Ward round and ward cover PM: Thurs: AM: Cancer MDT; PM: Radiology meeting, Consultant ward round Fri: Ward round Grand round, and ward cover |
|   | Team B Twice daily consultant ward round on the acute first floor patients, daily round of patients on Rodney porter Tues PM:TB consultant ward round on Rodney Porter ward. Wed: AM departmental teaching, microbiology meeting Thurs: PM radiology meeting, TB consultant round Fri: grand round            |
|   | On call requirements: Acute medical take 1 in 10. Ward cover approximately 1 in 20, night shifts approximately 1 in 20.   |
| Local education provider (LEP) / employer information                                   | Imperial College Healthcare NHS Trust was created on October 1, 2007 by merging St Mary's NHS Trust and Hammersmith Hospitals NHS Trust and integrating with the faculty of medicine at Imperial College London. Now one of the largest NHS trusts in the   |
|   | country, we have come together with the College to establish one of the UK's first Academic Health Science Centres (AHSCs).   |

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

| Trust  | Imperial College Healthcare NHS Trust   |
|--|---|
| Site   | St Mary's Hospital  |
| Trainee Information<br>System (TIS) Post Code<br>(and local post number if<br>known) |   |
| Placement details (i.e. the specialty and subspecialty)                              | F2 Trauma & Orthopaedics, SMH   |
| Department   | The Dept of Trauma & Orthopaedic Surgery at SMH provides the full range of trauma care and supports the North West London Major Trauma Centre. We also work closely with plastic surgery and rehabilitation colleagues to provide a comprehensive trauma service with orthoplastic, complex trauma, spinal and pelvic/acetabular expertise.   |
| Type of work to expect and learning opportunities                                    | The F2 doctor works on the junior rota with a core surgical trainee and a number of Trust grade doctors. The role provides support to the F1 doctors on the ward in day to day patient care as well as on call duties covering the Emergency department for trauma and orthopaedic referrals. There are daily trauma and elective theatre sessions and while the F2 doctor is not rostered for clinics, they are welcome to attend. The F2 doctor is expected to become involved in at least one audit and will be able to attend the weekly Trust teaching sessions. We have strong links with Imperial College, the Academic Health Science Centre. This post will give you excellent exposure to the breadth of trauma and orthopaedic experience. |
| Where the placement is based   | St Mary's Hospital  |
| Clinical supervisor(s) for the placement   | Mr Raymond Anakwe, Consultant Orthopaedic Surgeon   |
| Main duties of the placement   | After the on-call the F2 will present cases on the morning trauma round. They will accompany the consultant on the post take round.  They will support clerking of the patients on the Ward.  The F2 will attend the daily trauma list and ensure patients are adequately prepared, consented and clinically ready for the operation.  They will supervise the F1 together with the registrar to ensure pre and post-operative patients receive high quality safe care.  They will co-ordinate orthopaedic support to the trauma unit ward and ensure patients on the trauma unit under the orthopaedic team  |
|  | have their drug chart, discharge summary and medical notes completed effectively and comprehensively.   |

|   | The F2 will complete an audit during the attachment and present the audit at the monthly audit meeting.  They will attend the structured teaching programme within the |
|---|--|
|   | department as well as attending F2 teaching.   |
|   | They will review referrals to the orthopaedic team and with the registrar and consultant on call, initiate assessment and treatment.                                   |
| Typical working pattern in this placement (e.g. | The normal working pattern will vary from week to week and will include  |
| ward rounds, clinics, theatre sessions)         | Standard day shifts (theatre, ward), Long day on call duties, Resident night duties, week end on call duties   |
|   | The on call duties are 1:8 and attract a supplementary banding payment   |
| Local education                                 | Imperial College Healthcare NHS Trust was created on October   |
| provider (LEP) /                                | 1, 2007 by merging St Mary's NHS Trust and Hammersmith   |
| employer information                            | Hospitals NHS Trust and integrating with the faculty of medicine at  |
|   | Imperial College London. Now one of the largest NHS trusts in the  |
|   | country, we have come together with the College to establish one of  |
|   | the UK's first Academic Health Science Centres (AHSCs).  |

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| Trust   | Imperial College Healthcare NHS Trust  |
|---|--|
| Site  | St Mary's Hospital   |
| Trainee Information<br>System (TIS) Post Code<br>(and local post number if<br>known)    |  |
| Placement details (i.e. the specialty and subspecialty)                                 | F2 Urology   |
| Department  | Urology  |
| Type of work to expect and learning opportunities                                       | The F2 will provide cover for the patients on the ward and in the emergency department. The F2 will supervise the F1 and also provide support for theatre lists ensuring patient are clinically fit. They will attend theatre as well as clinic.  The F2 will attend the teaching on a Tuesday morning for F2 They will complete an audit during the attachment          |
| Where the placement is based  | St Mary's Hospital   |
| Clinical supervisor(s) for the placement  | Ranan DasGupta/ Justin Vale/ Erik Mayer  |
| Main duties of the placement  | Inpatient care of elective and emergency urology.  |
| Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions) | Mon: Ward Round/Prof Vale's clinic Tues: Ward Round/ Theatre Wed: Ward round am. Flexi list pm. Thurs: Ward Round/ Theatre Fri: Ward Round/ Mr Mayer's Clinic Sat: Sun: This is a banded post with on call requirements. They will participate in the on call rota for surgery as either first on (general surgical and ED) or second on (T&O and urology) out of hours. |
| Local education provider (LEP) / employer information                                   | Imperial College Healthcare NHS Trust was created on October 1, 2007 by merging St Mary's NHS Trust and Hammersmith Hospitals NHS Trust and integrating with the faculty of medicine at Imperial College London. Now one of the largest NHS trusts in the country, we have come together with the College to establish one of  |
|   | the UK's first Academic Health Science Centres (AHSCs).  |

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| Trust   | Imperial College Healthcare NHS Trust   |
|---|---|
| Site  | St Mary's Hospital  |
| Trainee Information System (TIS) Post Code (and local post number if known) |   |
| Placement details (i.e. the specialty and subspecialty)                     | F2 Vascular Surgery   |
| Department  | The ICHT Vascular Department is a specialised tertiary centre and the Vascular hub for Northwest London; a National referral centre for specialist conditions such as thoraco-abdominal aortic aneurysms, carotid disease and arteriovenous malformations making the environment ideal for trainees at all levels but especially for those who are pursuing a career in the specialty. The department is staffed by 8 Consultant Vascular Surgeons:   |
|   | Mr Richard Gibbs (Clinical Director of Surgery) Mr Colin Bicknell (Clinical Lead) Mr Christopher Aylwin Prof Alun Davies Mr Michael Jenkins Mr David Nott Miss Celia Riga (Unit Training Lead) Prof Nigel Stanfield (Head of School)  |
|   | There are 6 specialist trainees (ST4-ST8), 3 research registrars and 1 overseas fellow, 2 core trainees (CT), 1FY2 and 2 further CT-grade doctors. There are 4F1 doctors and 4 AVNPs.   |
| Type of work to expect and learning opportunities                           | The department has a specialist interest in aneurysm surgery, complex endovascular and robotic interventions, carotid surgery, diabetic foot disease, venous disease pathologies and arteriovenous malformations. The service has close links with the interventional radiology (endovascular), diabetes (amputation/lower limb bypass), stroke services (carotid surgery), renal, major trauma and cardiac surgery services. Three departmental consultants actively participate in the Major Trauma Center rota.  |
|   | All vascular inpatients (emergency and elective) are admitted to St Mary's hospital (8th floor QEQM) where there are currently 20 beds on Zachary Cope Ward (including 5 HDU) and 6 beds on Samuel Lane Ward. This gives 26 beds in total including HDU capacity. Vascular surgery also is heavily reliant on ITU and Albert Ward (surgical rehab) services and ward rounds take place in both locations. The department manages its own 5 bed HDU unit, giving unique learning opportunities towards the management of the critically ill patient under close supervision. |

The service has undergone significant reconfiguration in the provision of ward-based clinical cover. The vascular consultants were the first specialty in surgery to adopt the 7-day Consultant of the Week (CoW) model. Daily ward rounds are undertaken with the consultant and team of the week. This includes a systematic review of each patient, care planning for the day as well as forward planning of expected discharge dates for patients.

There are weekly multidisciplinary meetings where patients' imaging and treatment plans are reviewed. Trainees are well represented at these meetings and are actively involved. Monthly Clinical Governance/M&M meetings are also in place for vascular surgery. The Governance of the specialty is overseen by a dedicated committee.

#### Research & Clinical Governance

There is a great emphasis on Quality and Patient Safety within the Unit. In research the department is internationally renowned for its clinical and research based publications on surgical trials, technology, simulation and error in surgery. We have forged close working links with the engineering and basic science faculties at Imperial College and can genuinely point to successful translational research projects.

The vascular unit has a long history of research and development. The first carotid endarterectomy in the world was performed at the site, which has been at the forefront of development of many new techniques for arterial and venous disease. Recently, the first endovascular robotic procedures were performed in the vascular unit and a unique team training programme has been set up both as a direct result of research themes.

#### Education & Training

The department is strongly involved in the teaching programme of undergraduates and hosts a number of postgraduate specialist courses. All trainees attend the weekly departmental teaching programme, which includes interactive anatomy teaching (Anatomage), e-teaching modules (School of Surgery), and endovascular simulation in the UKs first fully immersive Endovascular Simulation Suite.

All trainees have allocated educational supervisors and clinical supervision is consultant led and expected to attend regular local faculty group meetings.

The overall educational objectives of the F1 year are to provide the trainee with the knowledge, skills and attitudes to be able to:

- Take a history and examine a patient in the elective and emergency setting
- Gain experience in an HDU setting
- Identify and synthesise problems
- Prescribe safely
- Keep an accurate and relevant medical record
- Manage time and clinical priorities effectively

|   | Communicate effectively with patients, relatives and  |
|---|---|
|   | <ul> <li>colleagues</li> <li>Use evidence, guidelines and audit to benefit patient care</li> <li>Act in a professional manner at all times</li> <li>Cope with ethical and legal issues which occur during the management of patients with general medical problems</li> <li>Educate patients effectively</li> <li>Regularly attend outpatient and theatre sessions</li> </ul>   |
| Where the placement is based  | St Mary's Hospital<br>Charing Cross   |
| 2000  | Hammersmith Hospital  |
| Clinical supervisor(s) for the placement  | Richard Gibbs (Clinical Director of Surgery) Professor Alun Davies (Professor of Surgery) Michael Jenkins (Consultant Vascular Surgeon) Colin Bicknell (Clinical Lead, Senior Lecturer and Consultant Vascular Surgeon) Celia Riga (Unit Training Lead)   |
| Main duties of the placement  | <ul> <li>To manage elective and emergency patients on the ward with the support of senior staff</li> <li>To assist in theatre and learn surgical techniques as appropriate.</li> <li>F2s are expected to attend the structured teaching programmes provided by the department.</li> <li>F2s will be responsible for such other specific clinical duties as allocated by consultants including performing other duties in occasional emergencies and unforeseen circumstances.</li> <li>F2s are responsible for the vascular HDU cover with supervision. They also cover clinics and are expected to help in theatre.</li> </ul> |
| Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions) | Mon 11am: Vascular Education Meetings Mon-Fri: Daily arterial theatre lists (SMH) Mon-Wed: Day Surgery Veins lists (CX/SMH) Wed: 14:00 Pre-assessment clinic Mon-Thu: Outpatient clinics (SMH/CX/HH, WMH) Fri: 9.30 Multidisciplinary meeting Fri: 14:00 Interactive teaching/Simulation training  On call requirements: Long days, weekends, nights  |
| Local education provider (LEP) / employer information                                   | Imperial College Healthcare NHS Trust was created on October 1, 2007 by merging St Mary's NHS Trust and Hammersmith Hospitals NHS Trust and integrating with the faculty of medicine at Imperial College London. Now one of the largest NHS trusts in the country, we have come together with the College to establish one of the UK's first Academic Health Science Centres (AHSCs).   |

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