| Trust | Chelsea and Westminster Hospital |
|---|---|
| Site | Chelsea and Westminster Hospital |
| Trainee Information System (TIS) Post Code (and local post number if known) | · |
| Placement details (i.e. the specialty and sub-specialty) | F1 Acute Internal Medicine |
| Department | Acute Assessment Unit |
| Type of work to expect and learning opportunities | Rotating through different acute medical areas: Acute Medical Take: Clerking, presenting cases to seniors, investigation interpretation, management plan |
| | synthesis, degree of autonomy Enhanced Care: up to 13 beds Critical Care area including non-invasive respiratory support. Twice daily consultant ward rounds |
| | Ward Bays: coordinating and completing ward jobs, DSUM and requests. Twice daily consultant ward rounds Weekly departmental teaching and lots of daily |
| Where the placement is based | consultant supervision. Large multiprofessional team. |
| Where the placement is based Clinical supervisor(s) for the placement | Chelsea and Westminster Hospital Acute medical consultants |
| Main duties of the placement | Clerking patients, requesting/ interpreting/ acting on acute Investigations, Diagnosis, Management plan formation and implementation, Liaising with other teams, discharge planning |
| Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions) | Typical working pattern in this post: Twice daily consultant ward rounds. On call requirements: |
| | 6 week rolling rota with prospective cover built in. 1 in 6 weekends. No nights. |
| Local education provider (LEP) / employer information | |

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

| Trust | Chelsea and Westminster Healthcare NHS Fdn Trust | |
|--|---|--|
| Site | Chelsea and Westminster Healthcare NHS Fdn Trust | |
| Trainee Information System (TIS) | | |
| Post Code (and local post number if | | |
| known) | | |
| Placement details (i.e. the specialty | F1 Emergency Medicine | |
| and sub-specialty) | | |
| Department | Adult Emergency Department. 11 consultants, 19 | |
| | Registrars, 6 CT1s, 12 F2s and 4 F1s. | |
| Type of work to expect and | The F1 is based in the adult Emergency department. | |
| learning opportunities | Exposure to all aspects of adult Emergency medicine | |
| | including resuscitation, major medical and surgical | |
| | presentations, minor injuries and illness as well as GP | |
| | stream presentations. Observational medicine in | |
| | Emergency ward. Psychiatry, Gynaecology, ENT and | |
| | Ophthalmology also covered. | |
| Where the placement is based | Chelsea and Westminster Hospital | |
| • | Dr Patil, Dr Earby, Dr Roberts, Ms Longstaff, Dr Pillay, Dr | |
| placement | Shah, Dr O Shaughnessy, Dr Deol, Dr Gidwani, Dr | |
| | Emerson, Dr Grant and Dr Burkert | |
| Main duties of the placement | Management of all presentations including history, | |
| | examination, investigation, differential diagnosis and | |
| | management plan. Ward work including arranging | |
| | complex investigations, liaison with MDT and safe | |
| | discharge. Opportunities for all practical procedures | |
| | suitable for the F1 year. There is 24 hour senior cover | |
| | present in the department at all times for advice, review | |
| | and work based tuition. | |
| , ,. | 1a banding including out of hours and weekend work. | |
| placement (e.g. ward rounds, clinics, | | |
| theatre sessions) | On call requirements: | |
| | No on call. | |
| Local education provider (LEP) / | Chelsea and Westminster Hospital NHS Foundation Trust | |
| employer information | | |
| | | |

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

| Trust | Chelsea and Westminster Hospital |
|---|--|
| Site | Chelsea and Westminster Hospital |
| Trainee Information System (TIS) Post Code (and local post number if known) | · |
| Placement details (i.e. the specialty and sub-specialty) | FY1 General Surgery |
| Department | Lower GI Megafirm – 6 Consultants Upper GI Megafirm - 4 Consultants Emergency Megafirm- 2 Consultant |
| Type of work to expect and learning opportunities | Upper GI Surgery: Ward round every morning Cappulation bloods arganizing investigations |
| | Cannulation, bloods, organizing investigations, updating list. Taking history and examining patients, Prescribing fluids, medication safely. Writing on electronic medical records accurately with plans of management. Communicating with patients, family of patient and colleagues. Learning how to prioritise and being organised. Educate patients effectively and medical students. 1:10 rota until 8pm 1:24 rota hospital at night Writing discharge summaries 2 FY1s in upper GI surgery Team: Dietitician, bariatric nurses Lower GI Surgery: Consultant ward rounds Registrar ward round every morning 1:10 rota until 8pm 1:14 hospital at night |
| | Pre-op clerking Handover daily 8am ward round with registrar radiology requests - prescribing surgical medications Manage post-op complications, up to date record keeping. 2FY1s in Lower GI Surgery Team – stoma nurse, cancer Nurse practitioner |

| | Emergency Surgery: |
|---|---|
| | |
| | On-call FY1 8am- 5pm Mon-Fri |
| | - Clerk and present |
| | - Make own decisions about management under |
| | supervision |
| | - Ample opportunities to practice clinical skills |
| | Ward work FY1 8am- 5pm |
| | Request investigations Manage ward patients day to day |
| | Communication and delegation |
| | Teaching students |
| | Theatre attendance |
| | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| | Daily WR with Mr Behar/Mr Gonzalez |
| | 2 FV4's in Emparagnes: Firms |
| | 2 FY1's in Emergency Firm |
| | 1:14 rota until 8pm including weekends No nights |
| Where the placement is based | Chelsea and Westminster Hospital |
| Clinical supervisor(s) for the | Mr. Nebil Behar, Mr Oliver Warren, Mr Evangelos |
| placement | Efthimiou |
| • | |
| Main duties of the placement | Attend ward rounds and ensure all that is required |
| | regarding bloods, investigations are carried out |
| | throughout the day. Pre-op patients before going into |
| Trusteel mention metters in this | theatre, whereby you can assist once a week. |
| Typical working pattern in this | Typical working nattorn in this past: |
| placement (e.g. ward rounds, clinics, theatre sessions) | Typical working pattern in this post : |
| theathe cooding) | Lower GI: |
| | Mon: 8:00am handover ,ward round, |
| | Tues: ward rounds(Consultant) |
| | Wed: pre op and theatre assisting |
| | Thurs: ward round |
| | Fri: ward round(Consultant) |
| | |
| | Upper GI: |
| | Monday-Friday: |
| | 8am handover, 8.30am ward jobs then jobs, |
| | 16.00pm-18.00pm post-op ward round. |
| | |
| | On call requirements: 1:10 weekend day shifts |
| | Hold blooms now clarking out of hours word |
| | Hold bleeps, new clerking, out of hours ward cover |
| Local education provider (LEP) / | 33.3. |
| employer information | |
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^{*}It is important to note that this description is a typical example of the placement and may be subject to change.

| Trust | Chelsea and Westminster Hospital |
|---|---|
| Site | Chelsea and Westminster Hospital |
| Trainee Information System (TIS) Post Code (and local post number if known) | erreiced and treesmineter receptor |
| Placement details | General Internal medicine |
| specialty and sub-specialty) | FY1 Endocrinology and Diabetes (Subject to Change) |
| Department | This department consists of nine Consultants, one Registrar, one full-time ward based F2, one community based F2 as well as the FY1. There are also diabetes specialist nurses and an endocrine specialist pharmacist. General Medicine and on-call rota |
| | Five of the consultants rotate into covering the ward every two weeks. They and the registrars spend much of the time in clinic; on average there are two Consultant ward rounds a week. |
| Type of work to expect and learning opportunities | 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 synthesize problems Prescribe safely Keep an accurate and relevant medical record Manage time and clinical priorities effectively Gradually take increased responsibility for activities on the ward Start to manage the ward team 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 | Chelsea and Westminster Hospital; Edgar Horne ward |
| - | Dr Morganstein, Dr Theodoraki, Dr Greener and Dr Scott |

| Main duties of the placement | The F1 is responsible for the care of the patients on the ward, identifying and managing any problems that occur. They must liaise with other members of the multi-disciplinary team in the management and discharge planning for patients on the ward. They also attend educational departmental meetings including the endocrine meetings weekly, where tests are interpreted and a separate diabetes patient MDT. The F1 attends one outpatient clinic per week, where they |
|------------------------------|--|
| | see new patients then discuss and review them with the Consultant. |

| Typical working pattern in this | Daily. |
|---------------------------------------|---|
| placement (e.g. ward rounds, clinics, | |
| | Monday: Diabetes MDT at 12:45 Ward MDT at 14:30 |
| | Tuesday: Endocrine meeting at 13:00 |
| | Wednesday: |
| | Friday : F1 teaching 10:00-12:00 |
| | Medical day-unit: The F1 is expected to help organize endocrine tests for outpatients. |
| | On-call requirements: |
| | The F1 is part of the General Medical on-call rota, about 2 blocks of on call per month either Mon-Thurs or Fri-Sun doing 10 hour days or late days, or 13 hour nights. |
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| Local education provider (LEP) / employer information | |
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| Trust | Chelsea and Westminster Hospital |
|---------------------------------------|---|
| Site | Chelsea and Westminster Hospital |
| Trainee Information System (TIS) | |
| Post Code (and local post number if | |
| known) | |
| Placement details | General Internal Medicine |
| Specialty and sub-specialty | FY1 Gastroenterology (Subject to change) |
| Department | Medicine |
| Type of work to expect and | Considerable experience in gastroenterology/hepatology |
| learning opportunities | and general internal medicine. |
| | Consultant teaching wards rounds 3/week. |
| | Attending multidisciplinary meeting |
| | (IBD/Hepatology/Radiology) |
| | Departmental GI academic meeting |
| | Grand round |
| | Procedures: Cannulation, ascitic taps, paracentesis, NG |
| | tube insertion, lumbar puncture, observe endoscopy |
| | (diagnostic and therapeutic) |
| | Foundation Year Teaching Programme |
| Where the placement is based | Chelsea and Westminster Hospital |
| Clinical supervisor(s) for the | Dr Wahed, Dr Joshi, Dr Patel, Dr Foxton, Dr Verma, Dr |
| placement | Hendy, Dr Al-Bakir, Dr Galloway and Dr Hackett |
| | |
| Main duties of the placement | Inpatient admission, assessment and management. |
| | Leading inpatient ward rounds (presentation of patients on |
| | ward rounds) |
| | Updating and maintaining patient lists |
| | Communicating with patients relatives |
| | Ordering laboratory tests |
| | Chasing results |
| | Clerking patient's |
| | Liaising with other teams |
| | Attending MDT meeting |
| | Practical skills |
| | Seeing 15-20 patients on the ward |
| | TTOs, DSUMs |
| | Updating list and handover |
| | Prescribing Ordering investigations |
| Typical working pattern in this | Ordering investigations Typical working pattern in this post: |
| placement (e.g. ward rounds, clinics, | Daily Ward Round – 8/9am-5pm |
| theatre sessions) | On call requirements: |
| urodu e sessions, | Unselected GIM on-call rota |
| Local education provider (LEP) / | OTISCICCIEU OTIVI OTI-CAII TOLA |
| employer information | |
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^{*}It is important to note that this description is a typical example of the placement and may be subject to change

| Trust | Chelsea and Westminster Healthcare NHS Fdn Trust |
|---|---|
| Site | Chelsea and Westminster Healthcare NHS Fdn Trust |
| Trainee Information | |
| System (TIS) Post Code | |
| (and local post number if | |
| known) | |
| Placement details | General (Internal) Medicine |
| Specialty and sub- | F1 Medicine for the Elderly (Subject to change) |
| specialty | |
| Department | Medicine for the elderly team compromises of 6 teams of 6 consultants. One team has two F1s, whilst the other teams have one F1. Each team has one F2 and there are 3 ST Registrars. |
| Type of work to expect and learning opportunities | Experience in general medicine focusing on frail, older inpatients requiring hospital admission, working as part of a multidisciplinary team and safe discharge planning from hospital Subspecialty areas includes Acute Frailty, Ortho-Geriatric Medicine, Perioperative Medicine and Surgical Liaison, Dementia and Stroke Rostered Acute Medicine experience in AAU medical clerking patients on the unselected medical take |

Clinical supervisor(s) for the placement

- Dr Ruth Mizoguchi: Nell Gwynn ward 4th Floor (and outliers on Annie Zunz)
- **Dr Timothy Tong:** Rainsford Mowlem ward 3rd Floor
- Dr Iñaki Bovill: Rainsford Mowlem Ward 3rd Floor and Chelsea
 Wing (4th Floor)
- Dr Avinash Sharma: Edgar Horn 4th Floor and Ortho-geriatric
 Medicine on Lord Wigram (3rd Floor)
- Dr Lydia Dennis David Erskine (4th Floor) Frailty and Acute
 Medicine (AAU)
- Dr Irina Safiulova: Nighingale Ward (4th Floor) and Ron Jon (3rd Floor)
- Dr Sarneet Singh: Nightingale ward (4th Floor) Dr Peter Kroker:
 Orthogeriatric Liaison

Main duties of the placement and clinical responsibilities

- 9AM Daily Handover Meeting in AAU teaching room
 sign in sheet
 daily for attendance, please ensure one representative from each
 team or ward, and patients allocated to the appropriate consultant
- Participation in daily Board Round with the ward MDT
- Daily Ward Rounds consultant/SpR/SHO
- Presenting new patients from AAU on morning ward round
- Clerking in patients who have been transferred from other hospitals e.g. HASU
- Organising investigations as well as progressing discharge planning, and ensuring summaries completed and timely coordinated discharges supporting the Multi-disciplinary team, complex discharge and community teams
- Liaising closely with colleagues and staff on the inpatient wards,

other specialities Communicating with and updating patients, families and carers, collateral histories, liaising with community colleagues **Personal Development** There are lots of opportunities to learn and develop new skills during this placement including contributing to Comprehensive Geriatric Assessment, Assessing for and managing patients living with frailty, develop communication skills with peers, colleagues, families and carers. Take the opportunity to present new patients on daily ward rounds to the consultant or SpR There is weekly Care of the Elderly Teaching meetings, shared week to week within the department, including prepare and present for Morbidity and Mortality meetings, topics and new developments in Geriatric Medicine. Involvement in audit and Quality Improvement Projects is encouraged. Please ask you allocated Educational Supervisor for sign posting on what projects are ongoing within the department There are opportunities to teach for medical students Year 2 to Final year who will be coming to the wards for regular rotations during the academic year. You are allocated 2 Personal Development Days (CPD) for Self-Directed Learning or Project Work for your Portfolio. Please discuss with your SpR or Consultant to ensure they are booked on the rota. This is in addition to any Study Leave. Typical working pattern Typical working pattern in this post: Monday: in this placement (e.g. 9.00am – 9.15am Board round and Consultant Ward Round ward rounds, clinics,

| theatre sessions) | Tuesday: | |
|--------------------------|--|--|
| | 9.00am Registrar ward round | |
| | 1.00-2.00pm – departmental meeting LG Floor PG Centre | |
| | Wednesday: | |
| | 9.15am Consultant ward round | |
| | Thursday: | |
| | 9.00am F1 ward round, | |
| | 1pm – Hospital grand round, PG Centre Link via Zoom | |
| | • Friday: | |
| | 9am Registrar ward round, | |
| | 12:00 – F1 teaching in Post grad Centre | |
| | 16.45pm weekend handover in AAU doctor's office | |
| | Weekly MDT meetings may differ by day and time will between wards. | |
| On call requirements: | Within the four months rotation: | |
| | 2x on call weekends | |
| | on call week on AAU | |
| | 7 nights ward cover | |
| | | |
| Local education provider | | |
| (LEP) / employer | | |
| information | | |
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^{*}It is important to note that this description is a typical example of the placement and may be subject to change.

| Trust | Chelsea and Westminster Healthcare NHS Fdn Trust |
|---|---|
| Site | |
| Trainee Information System (TIS) Post Code (and local post number if known) | |
| Placement details (i.e. the specialty and sub-specialty) | General (Internal) Medicine |
| specialty and sub-specialty | F1 Neurology/Stroke (Subject to Change) |
| Department | Neurology /Stroke in G(I)M |
| Type of work to expect and learning opportunities | Ward based work in joint department of neurology and stroke. The majority of inpatients have a stroke diagnosis so the bulk of work will relate to stroke inpatients, most of whom will have come to us from the HASU at Charing Cross where the C&W consultants also work. |
| | The role provides excellent experience of MDT working, learning about medical management in predominantly older patients, as well as complex discharges. |
| | The F1 is required to be up to date with inpatients each morning requesting investigations, fluid balance, weight, PT/OT progress and chasing investigations. |
| | New patients must have a medical examination. |
| Where the placement is based | Chelsea and Westminster Hospital, medical wards |
| Clinical supervisor(s) for the placement | Dr Davies; Dr Janssen; Dr Redwood; & Dr Singh-Curry Dr Kennedy, Dr Helen Grote (Consultant Neurologists) and Dr Salwa Elmamoun (Consultant Stroke Physician |
| Main duties of the placement | Maintain patient's medical records, updating lists, prepare for afternoon ward rounds. |
| | Attend (and present at least once) in the Monday lunch time departmental meeting, attend radiology meeting and discuss neurology and stroke cases. Attend ward referrals if possible with registrars. |
| | Cross cover with the stroke team re nature of inpatient work load being mainly stroke patients. |
| Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions) | Mon: 9am ward round, 1pm neurology meeting/presentation, 2pm ward round |
| , | Tues: 9am ward round, 2pm consultant ward round |
| | Wed: 9am AEC/LPs and ward round |
| | Thurs: 9am ward round, 130pm neuroradiology |

STFS is a collaboration between HE Kent, Surrey & Sussex, HE South London, Brighton & Sussex Medical School, King's College London School of Medicine & St George's University of London

| | meeting, 2pm ward round MDU/consultant |
|---|---|
| | Fri: 9am ward round and AEC, 2pm consultant ward round |
| | Weekend – 1 in 5 8am-8pm |
| | On call requirements: Trolleys – clerking forms from A&E and ward cover |
| Local education provider (LEP) / employer information | |

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

| Trust | Chelsea and Westminster Hospital |
|---------------------------------------|--|
| Site | Chelsea and Westminster Hospital |
| Trainee Information System (TIS) | |
| Post Code (and local post number if | |
| known) | |
| Placement details | General (internal) and Respiratory medicine |
| Specialty and sub-specialty | FY1 Respiratory Medicine (Subject to Change) |
| Department | David Erskine Ward |
| | 2.5 x ward consultants (daily senior input) |
| | 2 x SpRs |
| | 1 FY2/CMT1 |
| Type of work to associate and | 2 x F1s |
| Type of work to expect and | David Erskine is part general medical and part |
| learning opportunities | respiratory support unit. It lends itself to managing |
| | patients requiring respiratory isolation and non-invasive ventilation. |
| | There is a senior ward every morning Mon- Fri followed |
| | by a multi-disciplinary team meeting. |
| | There is a significant opportunity to experience a wide |
| | range of respiratory diagnoses and procedural skills. |
| | The respiratory team are expanding and a pleural |
| | service is in early development. |
| Where the placement is based | Chelsea and Westminster Hospital |
| Clinical supervisor(s) for the | Dr. Dilys Lai |
| placement | |
| Barrel Constitution | D '' W |
| Main duties of the placement | Daily Ward and Board rounds |
| | Planning patient care and discharge |
| | Liaising with other staff members |
| | General & Respiratory procedures (supervised where appropriate) |
| | Ensuring electronic records are up to date |
| Typical working pattern in this | Typical working pattern in this post: |
| placement (e.g. ward rounds, clinics, | . , , , , , , , , , , , , , , , , , , , |
| theatre sessions) | Monday – Friday 9am – 5/6pm |
| | |
| | On call requirements: part of G(I)M rota which |
| | comprises acute admitting (non-selective) work on |
| | AAU and downstream ward cover |
| | |
| | |
| Local education provider (LEP) / | |
| employer information | |

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

| Trust | Chelsea and Westminster Hospital |
|---|---|
| Site | Chelsea and Westminster Hospital |
| Trainee Information System (TIS) Post Code (and local post number if known) | |
| Placement details (i.e. the specialty and sub-specialty) | F1 Obstetrics & Gynaecology |
| Department | This is a large department with many consultants. - Obstetrics and Gynaecologists - Specialist interest include fetal medicine, cardiac problems in pregnancy, minimal access surgery, gynaecology ultrasound - Works closely with NICU |
| Type of work to expect and learning opportunities | No on calls, weekends or nights. Usually 8am-5pm |
| | 2 months: Antenatal ward based, with opportunities to assist at caesarean, assess women in obstetric urgent care unit. |
| | 2 Months: Gynaecology ward based, with opportunity to attend gynae theatres, assess emergency patients in ED |
| | Learning opportunities: Bed side teaching from seniors F1will teach Medical Students Presentation at Obstetric and Gynaecology MDTs Service improvement audit Surgical and Obstetric training available if doctor interested in an O and G career |
| Where the placement is based | Chelsea and Westminster Hospital |
| Clinical supervisor(s) for the placement | Miss Claudine Domoney |
| Main duties of the placement | Daily team Ward Round Care of ward patients, preparation of discharge summaries Obstetrics — care of antenatal (and occasional postnatal) patients, attend 2 obstetric MDTs per week Gynaecology — presurgical assessment and postoperative patient care, care of emergency gynaecology patients, attend gynaecology oncology MDT |
| Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions) | Typical working pattern in this post: |
| | Mon-Fri 8am-5pm Ward round 8am every day |

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| | Consultant ward round approx. 11am, followed by ward jobs e.g. scan requests, discharges, bloods, arranging multidisciplinary team input etc. Wednesdays: 8am CTG meeting and 10am perinatal meeting On call requirements: No weekends or on call |
|---|---|
| Local education provider (LEP) / employer information | |

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

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|---------------------------------------|---|
| Trust | Royal Trinity Hospice |
| | 30 Clapham Common North Side |
| | London SW4 0RN |
| Site | Royal Trinity Hospice |
| | 30 Clapham Common North Side |
| | London SW4 0RN |
| Trainee Information System (TIS) | |
| Post Code (and local post number if | |
| known) | |
| Placement details (i.e. the specialty | F1 Palliative Care, Royal Trinity Hospice |
| and sub-specialty) | |
| Department | Department has 4 Consultants. Inpatient unit has 2 |
| | wards each with a named consultant, other 2 |
| | consultants provide ad hoc cover as required. |
| | Consultants provide ad not cover as required. |
| | Currently 2 SpRs, 3 GPVTS (1 WTE, 2x 0.4WTE), 1 |
| | specialty doctor (0.6WTE), 2 hospice doctors (each 0.6 |
| | |
| | WTE) and 2 FY1 doctors |
| | Innations unit has 26 hads (1 ward of 14 hads the other |
| | Inpatient unit has 26 beds (1 ward of 14 beds the other |
| | of 12 beds). Occupancy varies between 60-80%. Also |
| | have large community team but trainee will spend |
| | majority of time on inpatient wards. |
| | |
| | Patients have wide variety of diagnoses, malignant and |
| | non- malignant and are at varying stages of their |
| | illness. Many patients have multiple comorbidities. |
| Type of work to expect and | FY1 doctors will spend majority of time on inpatient unit. |
| learning opportunities | Daily ward round of all patients with consultant/ SpR/ |
| | Specialty doctor, GP VTS or Hospice doctor. |
| | Main role in holistic assessment of patients, symptom |
| | management, end of life care including advanced care |
| | planning, discharge planning and communication with |
| | friends and family. Also see new admissions to inpatient |
| | unit and attend weekly Interdisciplinary Team meetings. |
| | Prescribing of medications specific to individual |
| | diagnoses and those necessary for symptom control at |
| | the end of life. |
| | Consultants always available for advice and often review |
| | patients on days other than formal ward round day. |
| | Weekly complex psychosocial meeting with liaison |
| | consultant psychiatrist, weekly medical tutorial, fortnightly |
| | journal club, 6 weekly ethics forum. |
| | Regular Schwartz rounds |
| | Opportunities for participation in quality improvement |
| | including audit |
| | Multiple medical student placements provide |
| | opportunities for teaching |
| | ppportunities for teaching |
| | |

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| Where the placement is based | Royal Trinity Hospice |
| | 30 Clapham Common North Side |
| | London SW4 0RN |
| Clinical supervisor(s) for the | Dr Samantha Lund (Palliative Care) |
| placement | Dr Amy Kingston Dr Amy Hawkins |
| | Dr James Renshaw |
| | Di vallica (Charlaw |
| | |
| | |
| Main duties of the placement | The F1 doctor is responsible with other members of the team for the ward care of patients and the maintenance of the patient's medical record. Ward rounds are daily. Also responsible for clerking of new patients to the inpatient unit, communication with family/ carers and with other healthcare professionals. |
| | · |
| | |
| | In addition- |
| | Thursday 1100-1230 Ward IDT |
| | Wednesday 0930 Complex psychosocial meeting |
| | Every second Monday or Wednesday at 1300 Journal |
| | club 6 weekly Ethics Forum (Wednesday lunchtime) |
| | Weekly medical tutorial (Thursday lunchtime) |
| | The state of the s |
| | No on call commitment |
| Local education provider (LEP) / employer information | Chelsea and Westminster Hospital The post will be based at Royal Trinity Hospice in Clapham. |

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

| Trust | Chelsea and Westminster |
|---|---|
| Site | Liaison Psychiatry |
| Trainee Information System (TIS) Post Code (and local post number if known) | |
| Placement details (i.e. the specialty | Liaison Psychiatry |
| and sub-specialty) | |
| Department | The post is within a service covering South Kensington and Chelsea. The population is approximately 100,000 and is a varied and interesting one comprising of great wealth and also social deprivation. The Community Mental Health Team covers South Kensington and Chelsea and relates to two substantive Consultant Psychiatrists (Dr Clare Smith and Dr Sarah Marriott). Within the local service the Community Mental Health Team interfaces with the In-patient services and Home Treatment Team, as well as Psychological Medicine and other multidisciplinary teams (including in primary care). As well as Substance Misuse services. There are local Child and Adolescent, Older Adults, and Eating Disorders services. The SKC CMHT provides Assessment and Brief Treatment of referrals of people with complex mental health problems, and more extended working with people with complex and enduring mental health problems, often under CPA. Professionals in the team include doctors, psychiatric nurses, mental health social workers (and AMHPs), an occupational therapist, psychologists, input from a pharmacists, support workers and peer support workers, medical secretaries and administrative staff. There are also links to a variety of voluntary and statutory services within the borough which have specific provision for clients with mental health problems. These include SMART which is a local charity located near the mental health centre which provides daytime occupation and rehabilitation. |
| Type of work to expect and | |
| Type of work to expect and learning opportunities | The F1 doctor will engage in community mental health work for the South Community Mental Health Team under the supervision of Dr Clare Smith, Consultant Psychiatrist. The general clinical duties of the post include: Participation in clinical multidisciplinary reviews, with relevant documentation. Joint initial assessments/reviews under supervision. Joint home visits with experienced multidisciplinary team members. Similarly joint urgent assessments as indicated, supervision provided by Dr Clare Smith/Dr Sarah Marriott, as well as senior multidisciplinary input. Liaison with other professionals within and external to the service, voluntary agencies and carers, |

including Primary Care. Annual physical and lifestyle reviews of patients on Clozapine, long acting antipsychotic injections and lithium, as well as those with co-morbid physical health problems. The preparation of psychiatric reports and clinical referrals to mental health and physical health services. Where the placement is based Kensington and Chelsea Mental Health Centre. Chelsea and Westminster Hospital Clinical supervisor(s) for the Dr Clare Smith placement Work with the multidisciplinary team to see patients for Main duties of the placement routine and urgent reviews, both in the mental health centre, and in their homes. Supervision: The Consultant to whom the trainee is responsible is Dr Clare Smith. Other members of the team include Community Psychiatric Nurses, Social Workers, Psychologists and Occupational Therapists. The ethos of the team is eclectic and multidisciplinary. Our emphasis is on working in a Recovery focused way delivering both health and social care, and working with families and carers. The type of work to expect and learning opportunities The F1 doctor will engage in community mental health work for the South Community Mental Health Team under the supervision of Dr Clare Smith, Consultant Psvchiatrist. The general clinical duties of the post include: Participation in clinical multidisciplinary reviews, with relevant documentation. Joint initial assessments/reviews under supervision. Joint home visits with experienced multidisciplinary team members. Similarly joint urgent assessments as indicated, supervision provided by Dr Clare Smith/Dr Sarah Marriott, as well as senior multidisciplinary input. Liaison with other professionals within and external to the service, voluntary agencies and carers, including Primary Care. Annual physical and lifestyle reviews of patients on Clozapine, long acting antipsychotic injections and lithium, as well as those with co-morbid physical health problems. The preparation of psychiatric reports and clinical referrals to mental health and physical health services. Specific Training Opportunities Include: The assessment and management of acute psychiatric emergencies, the prescribing of medication and the monitoring of side effects. The integration of psychological and social interventions in the overall process of care planning. The use of the Mental Health Act and Mental Capacity Act in a community setting.

| Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions) | The management of physical health needs and psychiatric co-morbidities. Community work including joint home visits with multidisciplinary staff. Experience of continuity of care. Psychotherapy experience: The F1 will be allocated to a psychotherapy supervisor (Dr Anne Patterson/local tutor) and participation in the weekly Balint group is expected. Teaching/training: K&C junior doctors' teaching at St Charles Hospital on Wednesday afternoons. Foundation doctor teaching This is an exciting time for the service which is continually developing at a fast pace Basic hours only (9am – 5pm) Mon 9am zoning meeting. Supervision – Dr Clare Smith Physical health clinic. Tues Zoning meeting. New assessments/reviews/f/up appointments/home visits New assessments/reviews/f/up appointments/home visits Wed Zoning meeting Academic Programme. Balint Group Thurs Zoning meeting. New assessments/reviews/f/up appointments/home visits. New assessments/reviews/f/up appointments/home visits. Fri Zoning meeting. New assessments/reviews/f/up appointments/home visits. C&W teaching. Clinical admin. |
|---|---|
| Local education provider (LEP) / employer information | |

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

| Trust | Chelsea and Westminster | |
|---|---|--|
| Site | Adult/Older Adult Liaison Psychiatry (18+) | |
| Trainee Information System (TIS) Post Code (and local post number if known) | | |
| Placement details (i.e. the specialty and sub-specialty) | Adult/Older Adult Liaison Psychiatry (18+) | |
| Department | Psychiatry | |
| Type of work to expect and learning opportunities | Under close supervision from consultant/ST the FY1 will gain an understanding of the diagnosis and | |
| learning opportunities | management of common mental disorders seen in acute hospital settings (delirium, depression, anxiety dementia) and the interplay between physical and mental disorders. The overall educational objectives of the FY1 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 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 The following intended learning outcomes, as mapped to the relevant foundation professional capabilities in the foundation curriculum, should be achievable within a psychiatric post at both F1 and F2 level, in any | |
| Where the pleasment is based | service setting. CNWL | |
| Where the placement is based Clinical supervisor(s) for the placement | Dr Catherine Adams | |
| Main duties of the placement | The Chelsea and Westminster Hospital Psychiatric Liaison Team comprises of two consultant Psychiatrists (2 FT), a higher trainee, team manager, 7 FT and 3 PT Psychiatric Liaison Nurses. The team sees patients over 18 with mental health problems in Chelsea and Westminster Hospital on the medical and surgical wards, including the Regional Burns Unit and the Emergency Department. The team see's around 220 patients a month. Main duties of placement Assess mental health patients in the acute hospitals referred to liaison services | |

| | Assess interaction between physical status and mental health Development of management plan after discussion with MDT Liaise with ward staff regarding assessment and management Follow up a small caseload Provide proactive liaison with physicians and surgeons (join ward rounds etc) Maintenance of clinical records 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 |
|---|---|
| Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions) | Become life-long learners and teachers |
| Local education provider (LEP) / employer information | |

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

| Trust | Chelsea and Westminster |
|---|--|
| Site | F1, General Adult Psychiatry, CNWL - St Charles |
| | Hospital |
| Trainee Information System (TIS) | |
| Post Code (and local post number if known) | |
| Placement details (i.e. the specialty | General Adult Psychiatry |
| | Concrait Addit 1 Systillarly |
| Department | Psychiatry |
| and sub-specialty) | |
| | Section 2: Communication, team working and leadership 6. Communicates clearly in a variety of settings |
| | 5. Communication closing in a varioty of contingo |

| | 7 Marko offootiyaly oo a toom markar |
|--------------------------------|---|
| | 7. Works effectively as a team member |
| | 8. Demonstrates leadership skills |
| | Section 3: Clinical care |
| | 9. Recognises, assesses and initiates |
| | management of the acutely ill patients |
| | 10. Recognises, assesses and manages patients |
| | with long-term conditions |
| | 11. Obtains history, performs clinical examination |
| | (both physical and mental state), formulates differential |
| | diagnosis and management plan |
| | 13. Prescribes safely (with a particular emphasis on |
| | psychiatric prescribing) |
| | 16. Demonstrates understanding of the principles of |
| | health promotion and illness prevention |
| | Section 4: Safety and Quality |
| | 18. Recognises and works within limits of personal |
| | competence |
| | 19. Makes patient safety a priority in clinical |
| | , , , , |
| | practice 20 Contributes to quality improvement |
| | 20. Contributes to quality improvement |
| | The following capabilities may be less easily achieved |
| | within a psychiatric post, although there may be |
| | specific achievable capabilities. |
| | 12. Requests relevant investigations and acts upon |
| | results |
| | 14. Performs procedures safely |
| | The following capabilities are unlikely to be realistically |
| | achieved within a psychiatric placement and are best |
| | suited to assessment within acute hospital settings. |
| | 15. Is trained and manages cardiac and respiratory |
| | arrest |
| | 17. Manages palliative and end of life care |
| | A. many of the descriptors here are more aligned |
| | to skills achieved within the acute hospital setting. |
| | However, those on in-patient placements may be able |
| | to achieve some of these capabilities, and in particular |
| | the following: |
| | "Performs rapid, focused assessment of illness severity |
| | including physiological monitoring and also considering |
| | mental health aspects." |
| | Both in-patient and community posts may have the |
| | opportunity to |
| | "Perform[s] prompt, rapid, focused assessment of the |
| | patient who presents an acute risk to themselves or to |
| | others in the context of mental disorder, incapacity or |
| | incompetence" |
| | B. Many of these capabilities may only be |
| | achievable in the in-patient setting within psychiatric |
| | posts |
| | C. These capabilities are only likely to be |
| | achievable in in-patient settings, and it is likely that |
| | they will more practicably be achieved within the acute |
| | hospital setting. |
| Where the placement is based | Site(s): Danube Ward, St Charles Hospital, Exmoor St, |
| Tricio dio piacementis based | London W10 6DZ |
| Clinical supervisor(s) for the | Sujaa Arokiadass |
| placement | - Sajas / Horidado |
| Piacomone | |
| Main duties of the placement | Main duties of placement |
| mani dados of the placement | All the responsibilities and duties listed below will be |
| | 7 1.3 respectivismiles and daties noted below will be |
| | |

undertaken under supervision and with appropriate support to ensure safe working within the expected FY2 competency level.

- •Detailed clerking, history taking and initiation of necessary investigations and assessments for Triage Ward patients.
- •Establishing, initiating and evaluating treatment plans, risk assessments, capacity assessments in collaboration with the multi-disciplinary team and under the supervision of the Consultant Psychiatrist.
- •Undertake comprehensive physical assessments of patients admitted to Danube Ward including requesting relevant investigations and liaison with other medical specialities when required.
- •Interviewing relatives and carers of patients as required.
- •Undertaking the relevant referrals to other disciplines and services both within the multi-disciplinary team as well as to services and resources external to the service
- •Observation of Trust and local policies and procedures; including those related to medicines management and physical healthcare.
- •Undertake administration work including contributing to preparation of reports and discharge summaries.
- •The FY will be expected to provide support and teaching of medical students.
- •The FY will be encouraged to participate in a Quality Improvement Project and supervision is available for this

In addition to this, additional opportunities are available:

- •Shadow core trainees doing emergency work in hours
- •Community work such as shadowing seniors seeing patients for assessment or CPA review in the community and undertaking assessments with consultant supervision as both consultant supervisors also work in the North Kensington Community Recovery Team, based close to St Charles

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

Working pattern:

Basic hours only (9am – 5pm)

Please note that some timings may change prior to commencing the post

Mon: 9.15am MDT Handover 10.30am MDT reviews 2.00pm Ward work

Tues: 9.15am MDT Handover

10.00 am Supervision with Consultant

11.00 am MDT Reviews

2.00pm Ward Work (or community work)

Wed: 9.15am MDT Handover

12.30am Academic meeting at St Charles / FY

teaching SMH

Thurs: 9.15am MDT Handover 10.00am MDT Reviews

2.00pm Ward Work (or community work)

| | Fri: 9.15am MDT Handover 10.00am ST/CT Teaching 11.00am MDT Reviews |
|---|---|
| Local education provider (LEP) / employer information | Employer information: The trainee will remain an employee of Imperial College Healthcare NHS Trust while in this placement but will have an honorary contract with CNWL |

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

| Trust | Chelsea and Westminster Hospital |
|---|--|
| Site | Chelsea and Westminster Hospital |
| Trainee Information System (TIS) | |
| Post Code (and local post number if | |
| known) | |
| Placement details (i.e. the specialty | F1 Trauma and Orthopaedics |
| and sub-specialty) | |
| Department | Trauma and Orthopaedics |
| Type of work to expect and | Daily Trauma Meeting |
| learning opportunities | Daily Ward Round |
| | Opportunities to attend Weekly Trauma & Elective |
| | Surgery |
| | Ward Cover |
| Where the placement is based | Chelsea and Westminster Hospital |
| Clinical supervisor(s) for the | Mr. Dattani |
| placement | |
| | |
| Main duties of the placement | Medical Management of Orthopaedic patients. |
| Typical working pattern in this | Mon: 07.45am-17.00pm |
| placement (e.g. ward rounds, clinics, | Tues: 07.45am-17.00pm |
| theatre sessions) | Wed: 07.45am-17.00pm |
| | Thurs: 07.45am-17.00pm |
| | Fri: 07.45am-17.00pm |
| | On call requirements: |
| | |
| | One of the 3 FY1 posts only has to do: |
| | 2 weekends on calls for General Surgery (8am- |
| | 8pm) twice in a 4 month period. |
| | • 10 weekdays of ward cover for General Surgery |
| | (5pm-8pm) in a 4 month period. |
| | No nights |
| Local education provider (LEP) / employer information | |

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

| Trust | Chelsea and Westminster Healthcare NHS Fdn Trust |
|---|--|
| Site | Chelsea and Westminster Healthcare NHS Fdn Trust |
| Trainee Information System (TIS) Post Code (and local post number if known) | |
| Placement details (i.e. the specialty and sub-specialty) | F1 Urology |
| Department | Based on the surgical wards; 5 consultants, 1 Deanery specialty registrar, 2 Senior Clinical Fellows, 2 junior clinical fellows, 1 CT2 |
| Type of work to expect and learning opportunities | Generally ward based during the working day and delivering the daily medical care of all the patients on the ward. 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 Access to theatre and flexible cystoscopy lists |
| Where the placement is based | |
| Clinical supervisor(s) for the placement | Mr Hama Attar (Clinical Lead), Mr Bijan Khoubehi, Mr Michael Dinneen, Miss Lona Vyas, Mr Mohammed Mahmoud and Miss Christodoulidou |
| Main duties of the placement | As above |
| Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions) | Monday-Mr Attar and Mr Khoubehi (parallel lists) Tuesday-Miss Christodoulidou Wednesday-clinics and MDT Thursday-Mr Mahmoud Friday- Mr Dinneen and Mr Mahmoud |
| Local education provider (LEP) / employer information | |

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

Programmes 19-21 - Academic Anaesthetics and Critical Care— based at Charing Cross/St Mary's/Hammersmith or Chelsea and Westminster Hospitals

Reference: 2122/IMP/19 Reference: 2122/IMP/20 Reference: 2122/IMP/21

Individual Placement Descriptor (IPD) for the four month academic placement Separate IPDs for clinical placements are available on foundation school website

Type of programme

This is a 4 month research placement in Academic Critical Care and Anaesthetics.

Employing trust: Academic placement based at:

Chelsea and Westminster Hospital NHS Foundation
Trust

This will be project dependent and may be at Charing Cross, St Mary's, Hammersmith or Chelsea and Westminster Hospital

Brief outline of department

The Division of Anaesthesia, Pain Medicine and Intensive Care is an academic division sitting within the Faculty of Medicine of Imperial College London. Academic activities occur at both Imperial College Healthcare NHS Trust and Chelsea and Westminster Hospital NHS Foundation Trust. Across the two Trusts there is a wide spectrum of Critical care and Anaesthetic activity, for example trauma, burns, neuro-critical care, and cardiac and obstetric anaesthesia. As such a wide range of projects are offered.

The Division is led by Professor Masao Takata and is the home to many well-respected academics from the fields of Critical Care, Anaesthesia and Pain. The research activities of the Division cover a variety of subjects from biological profiling of critically ill patients using cutting edge techniques such a metabolic or transcriptomic profiling to machine learning in healthcare and improving the understanding of inflammation.

Website: https://www.imperial.ac.uk/department-surgery-cancer/research/apmic/

Structure of academic project/what expected

The AF2 year will include four months of Emergency Medicine at Chelsea & Westminster Hospital, four months in Intensive Care at the Royal Marsden Hospital and four months of academic activity at one of the associated hospitals, depending on the project. The academic placement can cover projects in anaesthesia, critical care, outreach, post-operative recovery and pain relief research, based on the AF2's skills and preferences. The posts are well suited for those wishing to gain a basic grounding in peri-operative medical research and have been highly valued by previous AF2s. Work done by previous AF2s on this program has been presented internationally and published.

Education is a key objective for the academic department with medical student (including BSc) and postgraduate training. The AF2 would be expected to contribute to education in all areas of anaesthesia and pain management.

Clinical commitments during academic placement

There is no fixed clinical commitment during the academic placement. However, there is the opportunity to develop clinical skills if desired.

Departmental academic teaching programme (if applicable)

There are weekly academic meetings as well as weekly Trust F2 teaching. The AF2 would also be welcome to attend clinical departmental teaching whist on the academic placement.

Academic Lead:

Dr. David Antcliffe Clinical Senior Lecturer in Critical Care Medicine d.antcliffe@imperial.ac.uk

| Trust | Chelsea and Westminster Hospital |
|---|--|
| Site | Chelsea and Westminster Hospital |
| Trainee Information System (TIS) | |
| Post Code (and local post number if | |
| known) | |
| Placement details (i.e. the specialty | F2 Acute Internal Medicine |
| and sub-specialty) | |
| Department | Acute Assessment Unit |
| Type of work to expect and | Rotating through different acute medical areas: |
| learning opportunities | |
| | Acute Medical Take: Clerking, presenting cases to seniors, investigation interpretation, management plan synthesis, degree of autonomy |
| | Enhanced Care: up to 13 beds Critical Care area including non invasive respiratory support. Twice daily consultant ward rounds |
| | Ward Bays: coordinating and completing ward jobs, DSUM and requests. Twice daily consultant ward rounds |
| | Ambulatory Emergency Care/ Same Day Emergency Care: day case medical unit with variety of hot clinics, clinical pathways, and admission avoidance work |
| | Large amounts of consultant supervision and lots of opportunity to do practical procedures and improve clinical acumen. Weekly departmental teaching |
| Where the placement is based | Chelsea and Westminster Hospital |
| Clinical supervisor(s) for the placement | Acute Medical Consultants |
| Main duties of the placement | Clerking, acute medicine ward, enhanced care and ambulatory care tasks. |
| Typical working pattern in this | 14 week rolling rota through different acute medical |
| placement (e.g. ward rounds, clinics, theatre sessions) | areas, prospective cover is built in as well as weeks with opportunities to go to clinics and do QI and audit. 2 in 14 |
| | weekends compensated with zero days, no nights. |
| Local education provider (LEP) / employer information | |

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

| Trust | Chelsea and Westminster Healthcare NHS Fdn Trust |
|---|--|
| Site | Chelsea and Westminster Healthcare NHS Fdn Trust |
| Trainee Information System (TIS) Post Code (and local post number if known) | |
| Placement details (i.e. the specialty and sub-specialty) | F2 Emergency Medicine |
| Department | Adult Emergency Department (this post does not include the Paediatric emergency department) |
| Type of work to expect and learning opportunities | All aspects of adult emergency medicine will be covered in this 4 month post. This will include resuscitation, presentations to the majors area especially medical and surgical emergencies as well as gynaecology, orthopaedics and psychiatry. The post also includes working in the fully integrated Urgent Care Centre (UCC) managing GP type presentations as well as injuries and ENT and Eye problems. All aspects of the F2 curriculum are covered. A good opportunity for practical procedures. Regional centre for Burns, Plastics and HIV. |
| Where the placement is based | Chelsea and Westminster Healthcare NHS Fdn Trust |
| Clinical supervisor(s) for the placement | |
| Main duties of the placement | Full shift pattern with no on call. Shifts are in both the main AE and the UCC. Majority of the work is in the diagnosis and treatment of the undifferentiated patient. |
| | Shifts vary between 8 and 10 hours but by the nature of this 24 hour specialty do include a significant out of hours commitment of nights and weekends. Rota includes 2 hours of teaching every week and designated time for CPD. There is consultant presence till 10.00pm during the week and there is a 19 Registrar rota providing 24 hour presence for support and advice. The Urgent Care Centre also has very experienced Emergency Nurse practitioners with a keen interest in education. |
| Local education provider (LEP) / employer information | |

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

| Trust | Chelsea and Westminster Hospital |
|---|---|
| Site | Chelsea and Westminster Hospital |
| Trainee Information System (TIS) Post Code (and local post number if known) | |
| Placement details (i.e. the specialty and sub-specialty) | F2 General Surgery: Emergency & Upper GI Surgery |
| Department | A separate Emergency Surgery Service daytime consisting of 2 Consultants, 1 Registrar, 1 CT1, 2 FY1s. 3 Consultant Bariatric and Upper GI/Endocrine Surgery with 3 SpR's, 1 FY2 (this post) and 2 FY1's |
| Type of work to expect and learning opportunities | Emergency (40%) when Emergency CT1 off 8am-5pm weekdays, taking referrals from A&E, ward teams, clinics & GPs. Clerking and initiating management plans, consenting, interfacing with many specialties. Opportunity to attend emergency theatre and do procedures. Upper GI (60%) Daily ward rounds support for F1's, assist in theatre MDT and clinics possible |
| Where the placement is based | Chelsea and Westminster Hospital |
| Clinical supervisor(s) for the placement | Mr Behar, Emergency Surgery Mr Efthimiou, Upper GI Surgery |
| Main duties of the placement | Clerking new patients, initiating management plans, leadership – delegating tasks to F1s and troubleshooting problems with ward patients, assisting in theatre. |
| Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions) | Weekdays 8am-5pm starts with morning handover in AAU. Patients admitted in previous 24h discussed . Followed by ward round and theatre. When on Emergency Service, seeing referrals with students and FY1s, preparing patients for theatre. Registrar and Consultant take referrals during daytime. 5pm handover to evening SHO on AAU. When on Upper GI, ward management of patients and assist in theatre. On call requirements: 1 in 12. Covering General Surgery/ Urology/ T&O out of hours compliant with new contract. |
| Local education provider (LEP) / employer information | |

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

| Trust | Chelsea and Westminster Hospital |
|---|--|
| Site | Chelsea and Westminster Hospital |
| Trainee Information System (TIS) Post Code (and local post number if known) | · |
| Placement details (i.e. the specialty and sub-specialty) | General (Internal) Medicine |
| Specialty and sub-specialty | F2 Community Diabetes (Subject to Change) |
| Department | Diabetes and Endocrinology Medicine Directorate This department consists of nine Consultants, one Registrar, one Senior Clinical fellow, one ward based F2, this post as well as the FY1. There are also diabetes specialist nurses and an endocrine specialist pharmacist. General Medicine and on-call rota |
| | Five of the consultants rotate into covering the ward every two weeks. They and the registrars spend much of the time in clinic; on average there are two Consultant ward rounds a week. |
| Type of work to expect and learning opportunities | 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 synthesize problems Prescribe safely Keep an accurate and relevant medical record Manage time and clinical priorities effectively Gradually take increased responsibility for activities on the ward Start to manage the ward team 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. General Medicine (including Elderly Medicine) and on-call rota |
| Where the placement is based | Edgar Horne Ward. Community Diabetes clinic. |

| Clinical supervisor(s) for the placement | Dr Daniel Morganstein, Dr Veronica Greener, Dr Aikaterini Theodoraki |
|---|--|
| Main duties of the placement | They will have the opportunity to work with the consultants in out-patients or community clinics. The F2 doctor with their team is responsible for the ward care of patients and the maintenance of the patient's medical record. |
| Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions) | Mon: All day ward work Diabetes MDT at 13:00 |
| | Tues: Ward work Endocrinology MDT at 13:00 |
| | Wed: Ward work PM – Community Diabetes MDT- Ward work |
| | Thurs: AM – FY2 teaching PM – Community Diabetes Clinic when possible |
| | Fri: Ward based work |
| | On call requirements: |
| | General Medical On-Calls |

| | On call requirements: |
|---|--------------------------|
| | General Medical On-Calls |
| Local education provider (LEP) / employer information | |
| | |

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

| Trust | Chelsea & Westminster Hospital Trust |
|---|--|
| Site | Chelsea & Westminster Hospital Trust |
| Trainee Information System (TIS) Post Code (and local post number if known) | Cheres Carlot Ca |
| Placement details (i.e. the specialty and sub-specialty) | General (Internal) Medicine |
| Specialty and sub-specialty | F2 Endocrinology and Diabetes (Subject to Change) |
| Department | This department consists of nine Consultants, one Registrar, one Senior Clinical fellow, one Community based F2, this post as well as the FY1. There are also diabetes specialist nurses and an endocrine specialist pharmacist. |
| | Five of the consultants rotate into covering the ward every two weeks. They and the registrars spend much |
| | of the time in clinic; on average there are two Consultant ward rounds a week. |
| Type of work to expect and learning opportunities | 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 synthesize problems Prescribe safely Keep an accurate and relevant medical record Manage time and clinical priorities effectively Gradually take increased responsibility for activities on the ward Start to manage the ward team 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 |
| Where the placement is based | Become life-long learners and teachers. Chelsea and Westminster Hospital; Edgar Horne ward |
| Clinical supervisor(s) for the placement | Dr Nogueira, Dr Theodoraki, Dr Morganstein, Dr Greener & Dr Scott |

| Main duties of the placement | They must liaise with other members of the multi- | |
|------------------------------|---|--|
| | disciplinary team in the management and discharge | |
| | planning for patients on the ward. | |
| | They also attend the endocrine results MDT meetings | |
| | weekly, where dynamic endocrine tests are interpreted. | |
| | There is an opportunity to attend one outpatient clinic | |
| | per week, where they review patients, then discuss and | |
| | review them with the Consultant. | |

| Typical working pattern in this | Daily: |
|---|---|
| placement (e.g. ward rounds, clinics, theatre sessions) | Morning handover in AAU Ward round – either F2, registrar or consultant-led (senior ward rounds frequently in the afternoons) |
| | Monday: MDT at 2:30 |
| | Tuesday: Morning clinic Endocrine meeting at 13:00 in beta-cell clinic |
| | Wednesday Morning Diabetes MDT |
| | Thursday: F2 teaching 10:00-12:00 |
| | Friday: Radiology meeting at 12:30 |
| | Extras: MDT board-round at 12:00 everyday |
| | Medical day-unit: The F2 is expected to help organize endocrine tests for outpatients. |
| | On-call requirements: |
| | The F2 is part of the General Medical on-call rota, about 2 blocks of on call per month either Mon-Thurs or Fri-Sun doing 10 hour days or late days, or 13 hour nights. |
| Local education provider (LEP) / employer information | |

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

| Trust | Chelsea and Westminster Healthcare NHS Fdn Trust |
|-----------------------------|--|
| Site | Chelsea and Westminster Healthcare NHS Fdn Trust |
| Trainee Information | |
| System (TIS) Post Code | |
| (and local post number if | |
| known) | |
| Placement details (i.e. the | General (Internal) Medicine |
| specialty and sub- | |
| specialty) | |
| Specialty and sub- | F2 Medicine for the Elderly (Subject To change) |
| specialty | |
| Department | Medicine for the elderly team compromises 6 teams of 6 |
| | consultants across 5 base inpatient wards in addition to the |
| | stroke unit on Nell Gwynne Ward. |
| Type of work to expect | The F2 doctor will be primarily ward based during the normal |
| and learning opportunities | working day under the relevant teams. There will be plenty of |
| O spiral | opportunities to lead ward rounds during the week, along with |
| | registrar and consultant teaching ward rounds. |
| | It is encouraged for F2 doctors to attend clinics, which range |
| | from general medicine to specialist clinics including memory, |
| | falls, acute frailty, spina bifida and virtual GP MDT. |
| | This is a great opportunity to improve focused history- |
| | taking/examination skills, and arranging investigations/ |
| | management plans. |
| | All teams have one MDT meeting per week, where decisions |
| | will be made with the whole MDT team about the patients' safe |
| | discharge and ongoing progress on the ward. Both F1 and F2 |
| | doctors will be expected to participate in discharge discussions |
| | and planning along with MDT. |
| | |
| | |

All F2 doctors on this job will have on calls on AAU (either Mon-Thurs or Fri-Sun) usually 1 in 4 weeks. Whilst in the AAU attachment the F2 will be involved with generic clerking of patients being assessed.

Clinical supervisor(s) for the placement

- **Dr Salwa Elmamoun:** Acute Stroke, Nell Gwynne 4th Floor
- Dr Rebecca Redwood : Acute Stroke, Nell Gwynne
- Dr Ruth Mizoguchi: Nell Gwynn ward 4th Floor (and outliers on Annie Zunz)
- **Dr Timothy Tong:** Rainsford Mowlem ward 3rd Floor
- Dr Iñaki Bovill: Rainsford Mowlem Ward 3rd Floor and Chelsea Wing (4th Floor)
- Dr Avinash Sharma: Edgar Horn 4th Floor and Ortho-geriatric Medicine on Lord Wigram (3rd Floor)
- Dr Lydia Dennis David Erskine (4th Floor) Frailty and Acute Medicine (AAU)
- Dr Irina Safiulova: Nighingale Ward (4th Floor) and Ron Jon (3rd Floor)
- **Dr Sarneet Singh:** Nightingale ward (4th Floor)
- **Dr Peter Kroker**: Orthogeriatric Liaison

Main duties of the placement

- 9AM Daily Handover Meeting in AAU teaching room— sign in sheet daily for attendance, please ensure one representative (FY1/FY2/SHO) from each team or ward, and patients allocated to the appropriate consultant.
- Participation in daily Board Round with the ward MDT
- Daily Ward Rounds consultant/SpR/SHO
- Presenting new patients from AAU on morning ward round
- Clerking in patients who have been transferred from other hospitals e.g. HASU
- Organising investigations as well as progressing discharge planning, and ensuring summaries completed and timely coordinated discharges supporting the Multi-disciplinary team, complex discharge and community teams
- Liaising closely with colleagues and staff on the inpatient wards, other specialities

| | Communicating with and updating patients, families and carers, |
|--------------------------|---|
| | collateral histories, liaising with community colleagues |
| Personal Development | There are lots of opportunities to learn and develop new skills during this placement including contributing to Comprehensive Geriatric Assessment, Assessing for and managing patients living with frailty, develop communication skills with peers, colleagues, families and carers. Take the opportunity to present new patients on daily ward rounds to the consultant or SpR and at the daily board round or MDT. There is weekly Care of the Elderly Teaching meetings, shared week to week within the department, including prepare and present for Morbidity and Mortality meetings, topics and new developments in Geriatric Medicine. Involvement in audit and Quality Improvement Projects is encouraged. Please ask you allocated Educational Supervisor for sign posting on what projects are ongoing within the department There are opportunities to teach for medical students Year 2 to Final year who will be coming to the wards for regular rotations during the academic year. You are allocated 2 Personal Development Days (CPD) for Self-Directed Learning or Project Work for your Portfolio. Please discuss with your SpR or Consultant to ensure they are booked on the rota. This is in addition to any Study Leave. |
| Local education provider | |
| - | |
| (LEP) / employer | |
| information | |
| | |

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

| Trust | Chelsea and Westminster Healthcare NHS Fdn Trust |
|---|--|
| Site | Chelsea and Westminster Healthcare NHS Fdn Trust |
| Trainee Information System (TIS) Post Code (and local post number if known) | |
| Placement details | General Internal Medicine |
| specialty and sub-specialty) | F2 GUM/HIV |
| Department | The FY2 trainee will work as part of a multi-disciplinary team in John Hunter clinic in the St Stephens Centre, Chelsea and Westminster Hospital. They will be directly supervised by a number of consultants within John Hunter clinic providing real time clinical supervision. They will also meet regularly with their named clinical supervisor, Dr Sara Day, over the 4 month post. They will also have an approved FY2 educational supervisor, usually the same one for a whole year. |
| | GU Medicine – John Hunter Clinic: 4-6 consultants/staff grades Out-patient GU and specialist GU clinics |
| | HIV – Ron Johnson ward: Work alongside HIV team on the HIV specialty ward |
| Type of work to expect and learning opportunities | Outpatient GU clinics taking sexual histories, performing investigations, giving results and treatment (face to face and interactive online) |
| | Working alongside MDT team (nurses, doctors, health advisors) |
| | Learning how to do HIV point of care tests, cryotherapy, male and female genital examination |
| | HIV on calls on Ron Johnson ward alongside an StR or on calls with the acute medicine team (clerk new admissions) |
| | Opportunity for additional experience in HIV clinics, chronic GUM clinics, sexual dysfunction clinics, and contraception clinics where rota allows |
| | Teaching: HIV/GUM directorate teaching every Wednesday morning from 9-11am Dedicated FY2 teaching (Thurs 10-12pm) |
| | Junior doctor meeting/case discussion in John Hunter |

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| | clinic from Jan 2018 (Tues 8-9am) |
|---|---|
| | Gillie Hoffi dali 2010 (1 des 0-3am) |
| | Clinical governance: Participation in quality improvement projection or audit |
| Where the placement is based | Chelsea and Westminster Hospital NHS Foundation Trust & St Stephens Centre |
| Clinical supervisor(s) for the placement | Dr Sara Day, Dr Roberta Brum, Dr Ruth Byrne, Dr Kimberley Forbes Dr Gurmit Jagjit Singh (currently on mat leave) |
| Main duties of the placement | Outpatient clinics: Seeing patient presenting with or without symptoms for sexual health screens. Liaising with senior doctors, nurses, health advisers regarding patients. Patients often examined by FY2, slides inspected via microscopy and then FY2 delivers results and management plan prescribing from clear protocols. |
| | Result checks: one session a week going through all results from previous week and liaising with health advisers to make sure all patients have been contacted regarding positive results. |
| | HIV ward cover (alongside SPR): evening or weekend shifts seeing HIV patients on the ward, in the day care unit or presenting to A&E. Daily ward round with reg/consultants and then doing jobs generated. Evenings 5-9pm; weekends 9-9pm. |
| | AAU clerking: one weekend during rotation, clerking medical patients referred by A&E or GPs in acute admissions unit. Presenting to consultants and then looking after the patients from then. |
| Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions) | Typical working pattern in this post: Mon 9-5pm Clinic/admin Tues 9-5pm Clinics Wed 9-11am teaching |
| Local education provider (LEP) / employer information | |

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

| Trust | Chelsea and Westminster Hospital |
|---|--|
| Site | Chelsea and Westminster Hospital |
| Trainee Information System (TIS) Post Code (and local post number if known) | |
| Placement details (i.e. the specialty and sub-specialty) | General (Internal) Medicine |
| Specialty and sub-specialty | F2 Haematology (Subject to Change) |
| Department | Haematology / G(I)M |
| Type of work to expect and learning opportunities | Work load: Consultant and SpR led ward rounds Typical inpatients: Level II malignancy patients (myeloma, lymphoma, leukaemia, sickle cell crisis, chemotherapy, and neutropenic sepsis. Review patients in medical day unit who are admitted for blood tests, blood transfusions etc Review of haemato-oncology patients attending chemotherapy day unit Providing outpatient advise on anticoagulation . Assisting in anticoagulation clinic when staffing levels require General Medicine (including Elderly Medicine) and oncall rota Learning opportunities Option to attend OPD and new and follow up patients |
| | Bone marrow biopsy Weekly MDT meetings Radiology meeting Interpretation blood films See ward referrals with SpR |
| Where the placement is based | Chelsea and Westminster Hospital |
| Clinical supervisor(s) for the placement | Dr Ian Gabriel |
| Main duties of the placement | Daily ward rounds Ward jobs AAU INR dosing service daily (less frequent) Anticoagulation clinics – Dr Godfrey or colleague will provide training and test at the start of the placement; clinics are done with the anticoagulation nurse; usually able to sit in for the first clinic Review patients in medical day unit Review of haemato-oncology patients attending the chemotherapy day unit. |

| Typical working pattern in this placement (e.g. ward rounds, clinics, | Typical day 9am – 5pm |
|---|--|
| theatre sessions) | On call requirements: |
| | General medical on calls |
| | 7 – 8 sets of on calls in 4 months including AAU |
| | trolleys, ward cover and night shifts |
| | No haematology on calls |
| Local education provider (LEP) / employer information | |

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

| Trust | Chelsea & Westminster Hospital | |
|---|--|--|
| Site | Chelsea & Westminster Hospital | |
| Trainee Information System (TIS) Post Code (and local post number if known) | | |
| Placement details (i.e. the specialty and sub-specialty) | General Internal Medicine | |
| Specialty and sub-specialty | F2 Medical Oncology and Palliative Care (Subject to Change) | |
| Department | Department has 5 Consultants, 3 of whom are most involved with these posts (Ruth Caulkin/Sarah Cox/Tom Newsom-Davis). | |
| | Job split equally between Medical Oncology/Palliative Care with GIM on-calls. | |
| | Currently 2 F2s, 1 GPST2 (3 SHOs), 3 SpRs working within two close-knit multi-professional teams. | |
| | AOS (Acute Oncology Service) is involved in patients with complications relating to their cancer diagnosis / treatment, or those with an acute new cancer diagnosis. In terms of inpatients,~ 8-12 at any point in time. | |
| | Palliative care department. Predominantly hospital liaison service with only a small number of inpatients under sole care of palliative care team. Liaison team see patients across all settings in the hospital. Closely linked with Royal Trinity Hospice although all trainee time is spent at Chelsea. | |
| | The department is closely linked with the Royal Marsden, often responsible for medical care of numerous RMH patients admitted via the Acute Assessment Unit (AAU) and Emergency Department. | |
| Type of work to expect and learning opportunities | F2 Doctors will spend 2 months on Palliative care & 2 months on Oncology. | |
| | Palliative care is a largely referral specialty (some inpatients) with daily ward-rounds with StR/ CNS/ Alone. Main role in symptom management, complex decision making, end of life care including advanced care planning as well as discharge planning. | |
| | Oncology involves daily ward rounds with the AOS clinical nurse specialist, registrar, with close support from the consultant. | |

| | The consultants are available most days and very | |
|---|--|--|
| | helpful together with SpR in reviewing new referrals (new cancer diagnosis or complications of cancer or palliative care) or patients of concern. | |
| | Opportunity to attend oncology and palliative care OP clinics dependent on interest. | |
| Where the placement is based | Chelsea & Westminster Hospital NHS Foundation Trust | |
| Clinical supervisor(s) for the placement | Dr Sarah Cox (Palliative Care) Dr Ruth Caulkin (Palliative Care) Dr Tom Newsom-Davis (Acute Oncology and Lung) Dr Cathryn Brock (Oncology – Skin, Urology) Prof Mark Bower (HIV Oncology) | |
| Main duties of the placement | The F2 doctor is responsible, with other members of the team, for the ward care of patients and the maintenance of the patient's medical record. | |
| | Daily ward rounds of patients under oncology and palliative care team. Also involved in reviewing patients attending the Medical Day Unit/Gazzard Day Care with oncology and/or palliative care problems and emergencies. | |
| | Attend weekly multidisciplinary teaching. Support learning of our 5th and final year medical students from Imperial College London Medical School. | |
| Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions) | Daily: 09:00 AOS Team Meeting 09:15 Palliative Care meeting 16.30 Handover to general medicine if needed. Handover on Fri to weekend Onc reg. | |
| | Mon: 09:30-13:30 W/R and Wards 14:30-17:00 W/R & Wards Tues: 09:30-17:00 W/R & Wards Wed: 9:00 MDT education session 09:30-17:00 W/R & Wards Thurs: 9.30-11.00 Oncology and Palliative Care MDT 10:00-12:00 (F2 Teaching) Fri: 09:30-17:00 W/R & Wards | |
| | On call requirements: Cover the GIM oncall rota which includes weekend and night on-calls | |
| Local education provider (LEP) / employer information | | |

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| Trust | Chelsea and Westminster Healthcare NHS Fdn Trust | |
|---|---|--|
| Site | Chelsea and Westminster Healthcare NHS Fdn Trust | |
| Trainee Information System (TIS) | | |
| Post Code (and local post number if | | |
| known) | Caranal (Internal) Madiaina | |
| Placement details | General (Internal) Medicine | |
| specialty and sub-specialty | F2 Neurology and stroke (Subject to Change) | |
| Department | 5 consultants, 2 (or 3) registrars,1 F2 and 1 F1. Medical students (8) every 2 weeks. | |
| Type of work to expect and | Predominantly stroke inpatient work, with neurology | |
| learning opportunities | inpatients approx. 4 patients. | |
| | Daily consultants ward rounds. Multidisciplinary team. | |
| | Outpatients: Day patients for review or procedures (lumbar punctures, GON injections). SHO/HO organises patients for attendance at day unit. | |
| | Weekly meetings: Neurology and stroke team meeting (HO and SHO expected to give regular presentations/lead journal club), Neuroradiology meeting, MDT | |
| | Opportunities to see both neurology and stroke ward referrals with SpR support, also TIA patients in AEC; Present patients on ward rounds. | |
| Where the placement is based | Chelsea and Westminster Hospital | |
| Clinical supervisor(s) for the placement | Dr Davies; Dr Janssen; Dr Redwood; & Dr Singh-Curry. Dr Helen Grote (Consultant Neurologists) and Dr Salwa Elmamoun (Consultant Stroke Physician). | |
| Main duties of the placement | General Medicine (including Elderly Medicine) and on- call rota | |
| | Reviewing ward patients daily in preparation for ward rounds. General ward jobs. Clerking new patients using detailed clerking proforma. | |
| | Procedures in day unit. | |
| | Presentations for weekly meetings. | |
| | Cross cover with the stroke team to ensure that inpatient work is covered on ward basis rather than specialty basis | |
| Typical working pattern in this | Typical working pattern in this post: | |
| placement (e.g. ward rounds, clinics, theatre sessions) | Mon: Review patients/ward jobs in morning. 1pm weekly team meeting. Consultant ward round afternoons. | |

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| | Tues: Review patients/ward jobs in morning. Consultant ward round afternoon. |
|---|--|
| | Wed: MDT meeting. Procedures in MDU/ward work. Consultant ward round in afternoon. |
| | Thurs: F2 teaching/ward work. Lunchtime neuroradiology meeting. Consultant ward round. |
| | Fri: Ward work in morning. Consultant ward round in afternoon. |
| | On call requirements: |
| | General Medicine |
| Local education provider (LEP) / employer information | |

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Updated: 25 March 2022

| Trust | Chelsea and Westminster Hospital |
|---|---|
| Site | GP |
| Trainee Information System (TIS) Post Code (and local post number if known) | |
| Placement details (i.e. the specialty and sub-specialty) | F2 General Practice |
| Department | GP |
| Type of work to expect and learning opportunities | F2s are expected to run their own surgeries, with one or two clinics daily. The workload is a mixture of emergency appointments and long-term care. There are opportunities to do supervised home visits, work with the district nurses, participate in minor surgery and attend nurse-led sessions. |
| Where the placement is based | The F2 will be placed in a GP Practice local to Chelsea. |
| Clinical supervisor(s) for the placement | Depends on which Practice the F2 is allocated to. |
| Main duties of the placement | To see patients in a GP setting. At first in emergency clinics, dealing with acute conditions and learning the appropriate management. Taking part in joint clinics learning how to deal with chronic conditions e.g. diabetes, asthma, hypertension. To take part in flu clinics, diabetes clinics, antenatal clinics and post natal checks. Prescribe safely and use national guidelines. To learn about the running of a GP practice by attending practice meetings, learning about QOF. Checking blood results and pathology. Checking and filing letters from the hospital. |
| Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions) | Mon: 0900 - 1200 Own surgery 1530 - 1800 Own surgery Tues: 0900 - 1200 Own surgery Wed: Sitting in with supervisor Thurs: F2 Teaching 10:00-12:00 1530 - 1800 Own surgery Fri: 0900 - 1200 Own surgery 1530 - 1800 Own surgery |
| Local education provider (LEP) / employer information | On call requirements: Nil |

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

| Chelsea and Westminster Healthcare NHS Fdn Trust |
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| Chelsea and Westminster Healthcare NHS Fdn Trust |
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| |
| General Internal Medicine |
| F2 HIV Medicine |
| The FY2 trainee will work as part of a multi-disciplinary team on the Ron Johnson ward at Chelsea and Westminster Hospital They will be directly supervised by a StR and a consultant providing real time clinical supervision. They will meet regularly with their named clinical supervisor (Prof Mark Nelson) over the 4 month post. They will also have an approved FY2 educational supervisor, usually the same one for a whole year. HIV – Ron Johnson ward: 3 SpRs (GUM/HIV & ID) 2 IMTs, 1 Trust Grade 7 ward Consultants, 1 Associate Specialist |
| Responsible for HIV inpatients and working as part of the HIV ward team. |
| Reviewing patients on rapid review and day care ward (acute presentations, post discharge reviews, procedures, investigations) |
| Initial assessment of HIV patients in A&E and AAU. Presenting to consultants and looking after patients during inpatient stay. |
| Opportunities to perform clinical procedures e.g. lumbar punctures, skin biopsies |
| Consultant ward round daily am Academic ward round (Thurs morning) |
| Clinical Meetings: MDT Wednesdays 1pm Radiology meeting Thursdays 11:30am Neuroradiology meeting Thurs 1:30 pm |
| Teaching: Weekly GUM/HIV academic teaching (Wed 9-11am) Dedicated FY2 teaching (Thurs 10-12pm) Trust grand round (Thursday pm) |
| |

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| | improvemen | ernance: participation in quality t project or audit. Opportunity to present onally- if possible. | |
|---|---|---|--|
| Where the placement is based | Chelsea and Westminster Hospital NHS Foundation Trust & St Stephens Centre | | |
| Clinical supervisor(s) for the placement | Prof Nelson, Dr Bracchi, Dr Dalla Pria, Dr Holmes, Professor Cooke, Dr Mackie, Professor Winston, Dr Garvey | | |
| Main duties of the placement | Ward work, rapid review and day care | | |
| Typical working pattern in this placement (e.g. ward rounds, clinics, | Typical work | Typical working pattern in this post: | |
| theatre sessions) | Mon | am ward round SpR pm ward round Consultant | |
| | Tues | am ward round SpR/Consultant | |
| | Wed | am ward round SpR/Consultant pm MDT | |
| | Thurs | 9am paper ward round St. Stephens Centre (all consultants) 11:30am Radiology meeting | |
| | Fri | am ward round SpR pm ward round Consultant | |
| | Sat | If On Call | |
| | Sun | If On Call | |
| | On call requi | rements: 6 in Ron Johnson ward | |
| Local education provider (LEP) / employer information | | | |

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

| Trust | Chelsea and Westminster Healthcare NHS Fdn Trust |
|---|--|
| Site | Chelsea and Westminster Healthcare NHS Fdn Trust |
| Trainee Information System (TIS) Post Code (and local post number if known) | |
| Placement details (i.e. the specialty | Intensive Care Medicine |
| and sub-specialty) | Department of Anaesthesia, Critical Care and Pain |
| Department | Intensive Care Unit |
| Type of work to expect and | General ICU care: |
| learning opportunities | Responsible for daily assessment of critically ill patients on the general ICU, prior to twice daily ward round, and ensuring plans delivered Opportunity to review, with supervision, referrals of critically unwell patients from the emergency department, wards or theatres Opportunity to manage critically ill burns patients (tertiary referral centre for burns) Practical skills: Gain experience in managing organ support e.g. invasive ventilation, vasopressors/inotropes and renal replacement therapy Gain procedural skills e.g. arterial line insertion, central venous line insertion and chest drain placement Opportunity to attend emergencies on the ICU Communication/team work: Observe discussions about ICU admission, end of life care, withdrawal of organ support and organ donation Work with ICU multidisciplinary team Attend once weekly multi-disciplinary team meeting regarding long stay patients Formal teaching: Twice weekly teaching as part of the formal ICU |
| Where the placement is based | teaching programme Chalcon and Wootmingtor Haspital |
| Where the placement is based Clinical supervisor(s) for the | Chelsea and Westminster Hospital Dr.Linsey Christie (FICM Tutor, Consultant ICLI/Anges) |
| Clinical supervisor(s) for the placement | Dr Linsey Christie (FICM Tutor, Consultant ICU/Anaes) Dr Michelle Hayes (Consultant ICU/Anaes) Dr Alice Sisson (Consultant ICU/Anaesthesia) |
| Main duties of the placement | Safe and thorough assessment of critically ill patients prior to ward rounds and delivering the ward round plans |
| Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions) | Ward rounds twice daily |
| Local education provider (LEP) / employer information | |

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

| Trust | Chelsea and Westminster Healthcare NHS Fdn Trust |
|---|---|
| Site | Royal Brompton Hospital, SW3 6NP Royal Brompton & Harefield NHS Foundation Trust |
| Trainee Information System (TIS) Post Code (and local post number if known) | |
| Placement details (i.e. the specialty and sub-specialty) | F2 Intensive Care Medicine |
| Department | Adult Intensive Care Unit- Doverdale Elizabeth Intensive Care Unit and High Dependency Unit |
| Type of work to expect and learning opportunities | Intensive care and high dependency ward work including ward rounds Assessment of critically ill patients Understanding organ support in ICU (e.g. airway, ventilator and inotrope management) Experience in practical procedures including: Central venous line placement Arterial line placement Working in a large multidisciplinary team Well supervised with comprehensive teaching programme |
| Where the placement is based | Royal Brompton Hospital, SW3 6NP Royal Brompton & Harefield NHS Foundation Trust |
| Clinical supervisor(s) for the placement | Dr Uddin and Dr Passariello |
| Main duties of the placement | As an F2 doctor, duties include: 1. Assessing critically ill patients 2. Documentation of patient care, admission clerking, discharge summaries and daily notes 3. Formulating management plans 4. Participation in Consultant led ward rounds 5. Organisation of patient care 6. Liaising with multidisciplinary teams 7. Gaining competence in vascular access, peripheral, central venous and arterial line 8. Attending resuscitation calls with registrars |
| Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions) | Full-shift 1 in 7 rota including nights. Always supervised by at least a registrar (ICU middle grade doctor equivalent). 2 Consultant led ward rounds per day including weekends. Shifts are 0800-1700, 0800-2100 or 2000 to 0900 (nights). Nights are worked in blocks of 3 or 4 with at least 3 days off afterwards. Multiple opportunities for informal teaching Regular ICM focussed weekly IMT teaching programme – and also expectation to attend FY |

| | teaching remotely. |
|---|---|
| Local education provider (LEP) / employer information | Royal Brompton & Harefield NHS Foundation Trust is a major cardiology, respiratory medicine and cardiothoracic surgical tertiary referral centre. Recently(2020) there has been a reconfiguration of services to increase critical care capacity on EICU. The AICU, EICU & HDU at Royal Brompton Hospital care for patients after elective heart and lung surgery and interventions, as well as cardiothoracic emergency admissions. In addition critical care supports severe respiratory diseases (ILD, CF, asthma), including extracorporeal support (ECMO) for patients with severe acute lung failure, NIV and sleep apnoea support. The service also supports the national pulmonary hypertension and Adult Congenital Heart Disease services. F2 trainees are on a rota tier with IMTs and CST and rotate through areas in 6 week blocks. All posts in this rota are linked to training programmes. Critical care is very committed to training and receives excellent feedback from trainees. |

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| Trust | Chelsea and Westminster Healthcare NHS Fdn Trust |
|---|---|
| Site | Chelsea and Westminster Healthcare NHS Fdn Trust |
| Trainee Information System (TIS) Post Code (and local post number if known) | |
| Placement details (i.e. the specialty and sub-specialty) | F2 Obstetrics & Gynaecology |
| Department | This is a large department with many consultants. Obstetrics and Gynaecologists Specialist interests include fetal medicine, cardiac problems in pregnancy, minimal access surgery, gynaecology ultrasound, menopause Works closely with NICU |
| Type of work to expect and learning opportunities | The F2 rotates around a number of areas (always supported by SPR and consultant) : |
| | Gynae on call – assessment of gynae acute admissions from ED, supporting FY1 on gynae ward, admission and consent for miscarriage management from Early Pregnancy Unit |
| | 2) Labour ward on call – Assessing pregnant women in labour ward triage and day admission unit, assisting at caesareans, and seeing any patients on the labour ward, ante-natal ward, High dependency obstetric ward, or post-natal ward that the midwives have queries about |
| | Post-natal ward – review and discharge of women after they have given birth, identification of complications, discharge summaries and prescribing TTO |
| | 4) Clinics – assessment of patients in gynae outpatients clinic, with liason with consultant / SPR for management |
| | 5) Theatre – Day Treatment and Main Theatres – assisting in all gynae procedures. |
| | 6) Labour ward triage – seeing all the acute admissions with pregnancies over 20 weeks. |
| | 7) Ward F2 work. Ward Rounds, Internal referrals, attending MDT |
| | Learning opportunities: - Bed side teaching from seniors - F2 will teach Medical Students |

| Where the placement is based Clinical supervisor(s) for the placement | Presentation at Obstetric and Gynaecology MDTs (including CTG presentations) Two day maternal and obstetric emergency course with simulation during the placement Service improvement audit Surgical and Obstetric training available if doctor interested in an O and G career to develop competitive portfolio Excellent preparation for GP training in clinics, postnatal care, acute assessment experience Chelsea and Westminster Hospital. (Obstetrics, Gynaecology and Labour Wards) Mr Rick Richardson |
|---|--|
| Main duties of the placement | As above |
| Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions) | Working day 8am-5pm Once weekly 'long day' – (cover both Obstetrics and Gynaecology from 5pm -8pm) A week typically involves a day of each of the activities described above. On call requirements: Overall 1: 8 rota Includes Obstetrics & Gynaecology two SPRs (both on site) and one consultant (sometimes resident). Nights: 2x Fri, Sat, Sun 8pm-8am (with preceding Friday & following Monday off), 2x Mon, Tues, Wed, Thurs (with following Friday and the next week off). Weekends: 2 x 'long weekend' 8am-8pm (cover both Obstetrics & Gynaecology) 1x 'short weekend' 8am-8pm Friday and 8am-1pm Saturday and Sunday (cover Gynaecology). |
| Local education provider (LEP) / employer information | |

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

| Trust | Chelsea and Westminster Hospital | | |
|---|--|--|--|
| Site | Chelsea and Westminster Hospital | | |
| Trainee Information System (TIS) Post Code (and local post number if known) | | | |
| Placement details (i.e. the specialty and sub-specialty) | FY2 Paediatrics | | |
| Department | Neptune, Jupiter, Mercury and PHDU | | |
| Type of work to expect and learning opportunities | Multi- disciplinary approach to Child Health Clerking new admissions to the ward after being admitted from Paediatrics A&E Involved in diagnosis and management of vast array of General Paediatrics Child Protection training/issues Capillary blood gases Cannulas/blood taking | | |
| Where the placement is based | | | |
| Clinical supervisor(s) for the placement | Dr Alsaud | | |
| Main duties of the placement | Ward round duties Clerking DSUMS/TTAS Cannulas/blood taking Participating in 1 in 8 on call rota Supporting Paediatric Surgical team (1 in 16) | | |
| Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions) | Monday – Friday 08.30am-17.00pm On call requirements: Long day: 08.30 am – 21.00 pm Evening shift: 08:30 am – 19.00 pm Saturday & Sunday on-call 08.30am- 21.00pm and 0830 am – 1630 pm Night Shifts: 20:30 pm – 09:00 am Thur – Sun (4 nights) and Mon – Wed (3 nights) | | |
| Local education provider (LEP) / employer information | | | |

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

| Trust | Chelsea & Westminster Hospital | | |
|---|--|--|--|
| Site | Psychiatry | | |
| Trainee Information System (TIS) | . Systematy | | |
| Post Code (and local post number if known) | | | |
| Placement details (i.e. the specialty and sub-specialty) | Psychiatry: Community Recovery Team | | |
| Department | Psychiatry: Community Recovery Team | | |
| Type of work to expect and learning opportunities | The F2 will provide community work for the South Community Recovery Team under the supervision of Dr Annie Hall. The general clinical duties of the post include: Participation in joint initial assessment meetings and relevant documentation. Liaison with other professionals within and external to the service, voluntary agencies and carers, including Primary Care. Annual physical and lifestyle reviews of patients on Clozapine, linking with the Clozapine clinic. The preparation of psychiatric reports and clinical referrals to mental health and physical health services. Initial assessments under supervision. Joint home visits with experienced multidisciplinary team members. Crisis assessments for the CMHT Team, supervision provided by CT1, ST4-6, team consultants depending upon availability. | | |
| | Specific Training Opportunities Include: The assessment and management of acute psychiatric emergencies Prescribing of medication and the monitoring of side effects Integration of psychological and social interventions in the overall process of care planning. The use of the Mental Health Act and Mental Capacity Act in a community setting. The management of physical health needs and psychiatric co-morbidities. Community work including joint home visits with multidisciplinary staff. Experience of continuity of care. | | |
| Where the placement is based | South Kensington & Chelsea Mental Health Centre 1 Nightingale Place, London SW10 9NG | | |
| Clinical supervisor(s) for the placement | Dr Sarah Marriott | | |
| Main duties of the placement | Work with the multidisciplinary team to see patients for routine and urgent reviews, both in the mental health centre, and in their homes. The trainee will remain an employee of Chelsea & Westminster Hospital NHS Trust while in this | | |

| | placement but will have an honorary contract with CNWL. | | | |
|---------------------------------------|---|--------------------------|--------------------------|--|
| | | | | |
| | The following intended learning outcomes, as mapped to the relevant foundation professional capabilities in the | | | |
| | | | | |
| | | | pe achievable within a | |
| | | post at both F1 and | F2 level, in any service | |
| | setting. | | | |
| Typical working pattern in this | Working pa | | | |
| placement (e.g. ward rounds, clinics, | Basic hour | s only (9am – 5pm) | | |
| theatre sessions) | | AM | PM | |
| | Mon | Community | Community reviews | |
| | | reviews and urgent | and urgent | |
| | | assessments | assessments | |
| | Tues | Annual physical | Community reviews | |
| | | and lifestyle | and urgent | |
| | | reviews of | assessments | |
| | | clozapine patients | | |
| | Wed | Clinical Review Academic | | |
| | | Meeting Programme | | |
| | | Balint Group | | |
| | Thurs | Acute trust | | |
| | '''' | teaching (C&WH) | • | |
| | | Supervision with | | |
| | | Dr Marriott | | |
| | Fri | Community | Clinical Work | |
| | '" | reviews and urgent | | |
| | | assessments | | |
| Lead advertism maridan (LED) / | | a3353311151113 | | |
| Local education provider (LEP) / | | | | |
| employer information | | | | |
| | | | | |

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

| Trust | Chelsea & Westminster Hospital |
|---|---|
| Site | Psychiatry |
| Trainee Information System (TIS) Post Code (and local post number if known) | T Gyoriad y |
| Placement details (i.e. the specialty and sub-specialty) | Psychiatry: Eating Disorders |
| Department | Psychiatry |
| Type of work to expect and learning opportunities | The F2 doctor would have opportunity to work across the inpatient and outpatient departments. They would have opportunity to: Gain skills in psychiatric history taking and formulation Conduct assessments of new patients presenting with eating symptoms under direct then indirect supervision To admit/clerk in patients admitted to the ward and follow them through their journey from inpatients to day patients to outpatients To participate actively in a multidisciplinary team gaining skills in team working and valuing the contribution of others To join the staff reflective practice group To learn about prescribing in psychiatry and specifically for patients with Eating Disorders To learn about psychological treatment modalities and evidence based treatment To undertake physical health examinations and basic investigations eg blood taking Keep an accurate and relevant medical record Manage time and clinical priorities effectively Communicate effectively with patients, relatives |
| Where the placement is based | and colleagues The unit is based in the Mental Health Centre within the grounds of Chelsea and Westminster Hospital. |
| Clinical supervisor(s) for the placement | Dr Frances Connan |
| 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 the outpatient department and on the inpatient ward as well as with other members of the multidisciplinary team. They are expected to attend the structured teaching programmes provided by the department. They are expected to attend one hour of formal supervision weekly with their named supervisor. The doctor will be responsible for such other specific clinical duties as allocated by consultants. The following intended learning outcomes, as mapped to the relevant foundation professional capabilities in |

| Typical working pattern in this placement (e.g. ward rounds, clinics, | the foundation curriculum, should be achievable within a psychiatric post at both F1 and F2 level, in any service setting. Working pattern: Basic hours only (9am – 5pm) | | |
|---|--|--|---------------------------------------|
| theatre sessions) | Mon | AM Handover / supervision / ward work | PM Ward work |
| | Tue | Management round / ward work | Community follow up appts and reviews |
| | Wed | Assessment and team meeting / local academic programme | Team meeting |
| | Thu | Acute site teaching (C&W) | Ward work |
| | Fri | New patient assessment | Weekend planning meeting |
| Local education provider (LEP) / employer information | | • | , |

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

| Trust | Chelsea and Westminster Hospital | | |
|---|---|--|--|
| Site | CNWL | | |
| Trainee Information System (TIS) Post Code (and local post number if known) | | | |
| Placement details (i.e. the specialty and sub-specialty) | General Adult Psychiatry: Community Recovery Team | | |
| Department | Psychiatry | | |
| Type of work to expect and learning opportunities | Training Objectives The training objectives will be formally agreed at the start of the post in the clinical and training supervision. They will take into account the needs and interests of the FY2 doctor. Clinical Supervision One hour of weekly clinical and training supervision is provided by Dr Annie Hall or covering consultant Ongoing supervision (involving direct and close | | |
| | supervision or discussion) will be additionally provided, tailored to the competency level and experience of the trainee by Dr Annie Hall. In the absence of the consultant this will be provided by the covering consultant. | | |
| | Academic Programmes & CPD (One Session) One session a week is set aside for participation in a weekly local Postgraduate Academic Programme and related CPD or academic activities. Weekly journal club and peer teaching occur on Wednesday at the Gordon Hospital on Wednesday afternoon. There is also a Grand Round held monthly at HQ. Trainees are expected to also attend their weekly Foundation trainee teaching at Chelsea and Westminster hospital which occurs on a Thursday morning. | | |
| | Trainees are encouraged to review with their supervisor those opportunities to participate in external courses and CPD events relevant to their training that may arise. They are encouraged to set up taster weeks in specialities relevant to their future interests. | | |
| | Psychotherapy Training Trainees are expected to participate in regular weekly Balint groups on Wed mornings 10am at the Gordon Hospital | | |
| Where the placement is based | | | |
| Clinical supervisor(s) for the placement | Dr Annie Hall | | |
| Main duties of the placement | Joint Homeless Team reviews persons referred primarily via third party/ voluntary organization. These clients generally are assessed either in a Thursday or Friday am Clinic at a homeless day centre or on the | | |

| Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions) | streets in monthly doctor outreach done after-hours with both JHT and Outreach staff for a multi- disciplinary assessment. The FY2 trainee will have the opportunity to attend these day centres with the ST4-6 and members of the JHT. Clients seen in day centres or on outreach are discussed in the weekly team meeting and either sign posted to appropriate services or taken on if they meet the threshold for the service. The Joint Homeless Team deals primarily in Severe and Enduring Mental Illness and has anecdotal evidence of significant improvement in a portion of supported clients. Those clients who remain in the service are generally given a care coordinator and are reviewed annually at minimum for Care Plan Assessments where not only their psychiatric medication but their physical health, social circumstance are reviewed. FY2 trainee will have the opportunity to attend CPA meetings with senior medical staff. Working pattern: Basic hours only (9am – 5pm) AM PM Mon Community reviews and urgent assessments Community reviews and urgent assessments Tues Community reviews and urgent assessments Community reviews and urgent assessments Wed 10am - Balint Group at Gordon Hospital 13.00 – 14.00 Business Meeting 13:30 or 14.00 – 17.00 Gordon Hospital academic meeting Thurs 10:00 – 12:00 - Acute trust teaching (C&WH) 13.00 – 14.00 Trainee Supervision 14.00 -16.30 CRM (Clinical review meeting) Fri 9.30 -12.00 - Passage Day Centre - Kings Scholar Passage/Carlisle Place SW1P 1NP West London Day Centre, (once a month) - 134-136 Seymour PI, London W1H 6OJ With ST4-6 Patient reviews with ST4-6 or team |
|---|---|
| Local education provider (LEP) / employer information | members |

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

| Trust | Chelsea & Westminster Hospital |
|--|--|
| Site | CNWL |
| Trainee | OTTE |
| Information | |
| | |
| System (TIS) Post Code | |
| | |
| and local post number if | |
| • | |
| known) | |
| Placement | General Adult Psychiatry: Child & Adolescent Mental Health Service |
| details (i.e. | |
| the specialty | |
| and sub- | |
| specialty) | Developmen |
| Department | Psychiatry |
| Type of work to expect and learning opportunities | Collingham Child & Family Service is a tier 4 pre-adolescent (5-13 years) CAMHS service. The service provides tier 4 assessments and treatment of children referred from a wide geographic area. The service has a contract with NHS England. The multi-disciplinary team consists of child & adolescent psychiatrists, clinical psychologists, social workers, family therapists, clinical nurse specialist, occupational therapist, speech & language therapist, nursing team. Education is provided on site by the Chelsea Children's Hospital School. The service has one whole-time Consultant Child & Adolescent Psychiatrist and one Higher Trainee post split between 2 Trainees. There is one Psychiatry Core Training Post and one FY2 within the Collingham Child & Family Centre. The post holder will, as part of the MDT team, contribute to the assessment and treatment of children with complex mental health problems that require a more intensive service than can be provided by a tier 3-outpatient service. Clinical Supervision Dr Wannan provides most of the clinical supervision for this post. From time-to-time it will be appropriate for the post holder to receive clinical supervision from non-medical members of the MDT e.g. Clinical Psychology, Family Therapy, Clinical Nurse Specialist and Social Worker. Your trainer, Dr Wannan, will provide your regular, once a week formal clinical supervision sessions. Educational supervision will be provided by your |
| \A/baya 4ba | allocated educational supervisor. |
| Where the placement is based | Collingham Child & Family Centre |
| Clinical | Dr Gary Wannan |
| supervisor(s) | |
| for the | |
| placement | |
| Main duties | The post holder will be the key doctor responsible for completing the admission |
| of the | process and assessing children's mental states on a regular basis. There is |
| placement | opportunity for experience within the family therapy team and individual work with children as well as experience of the consultation process within the community. Dr Wannan provides educational supervision; other members of |
| | the MDT team may provide clinical supervision for different aspects of the clinical work. |

| | _ | | | | | |
|---|----|---|---|--|----------|--|
| Typical | | Monday | Tuesday | Wednesday | Thursday | Friday |
| working pattern in this placement (e.g. ward rounds, clinics, theatre sessions) | AM | Collingham Admissions Ward review | Collingham Preadmission meetings Clinical audit admin | Academic programme | Research | Collingham Red Focus Team Blue Focus Team Green Focus Team |
| | PM | Collingham Referral Meeting Case Formulation Administration | Collingham Team teaching Consultant supervision | Once month academic programme C & W | Research | Collingham Family work Discharge procedures |
| Local education provider (LEP) / employer information | | | | | | |

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

| Trust | Chelsea and Westminster Hospital |
|---|---|
| Site | The Royal Marsden, Fulham Road, SW3 6JJ |
| Trainee Information System (TIS) | |
| Post Code (and local post number if | |
| known) | |
| Placement details (i.e. the specialty | F2 Intensive Care Medicine |
| and sub-specialty) | |
| Department | Critical Care Unit; The Royal Marsden CCU comprises of 16 beds, and is one of the largest specialist cancer critical care units in the United Kingdom. The unit admits 1400 patients per annum and is able to provide multi-organ support for patients. The case mix for the unit includes care for patient who have undergone complex, major cancer surgery, medical oncology patients, bone marrow transplant patients and patients having undergone phase 1 trials and cellular therapies. |
| | There are 7 dedicated critical care consultants who run the service, 7 senior Anaesthetic and/or Intensive Care Registrars and Fellows, 2 Core Medical Trainees and 3 Foundation Year 2 doctors who provide dedicated medical cover for the unit. |
| | The department runs a structured education programme which includes journal club, in situ simulation, weekly dedicated consultant lead teaching, daily handover teaching, central line/chest drain courses and an introduction to intensive care (Basic Assessment and Support in Intensive Care Course) for Foundation Year 2 doctors. We also offer opportunities to go to theatres and taster weeks in anaesthesia. |
| Type of work to expect and learning opportunities | Twice daily consultant led ward rounds. Daily review of CCU patients. Admission and discharge of CCU patients Opportunity to develop practical skills – central line, arterial line, chest drain insertions, and airway management. Additionally: |
| | Take a history and examine a patient Identify and synthesize 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 |

STFS is a collaboration between HE Kent, Surrey & Sussex, HE South London, Brighton & Sussex Medical School, King's College London School of Medicine & St George's University of London

| | Educate patients effectively Become life-long learners and teachers Present on ward rounds and at multidisciplinary team meetings Junior doctors are actively encouraged to participate with audit projects, service improvement projects and |
|---|---|
| Where the placement is based | research. The Royal Marsden, Fulham Road, SW3 6JJ |
| Clinical supervisor(s) for the placement | Dr P Gruber |
| Main duties of the placement | Direct clinical care for level 2 and 3 patients on the critical care unit. |
| Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions) | Twice daily ward rounds with consultants (8am-11am; 5pm-7pm), daily review of up to 16 CCU patients, opportunity to go to theatre and manage a patient in an anaesthetist's role, opportunity to review critically ill patients on the ward with the critical care outreach time Long days 8am-8pm, short days 8am-6pm, nights |
| | 8pm-8 am. |
| Local education provider (LEP) / employer information | The F2 will remain an employee of Chelsea and Westminster but will have an honorary contract with the the Royal Marsden Hospital. |

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

| Chelsea and Westminster NHS Foundation Trust |
|---|
| West Middlesex site |
| F1 A&E |
| Emergency Medicine |
| For the Emergency Medicine job you will work within the Emergency Medicine team as a whole, but also with many other working groups. There are 9 Emergency Medicine and 3 Pediatric Emergency Medicine consultant. 30 middle grades with usually 4 working at a time (but will changeover throughout the day) and 25 SHOs (usually 3-5 working at any time). There department is also staffed by 110 nurses of different levels in total and usually around 12 are working at a time. In the Observation Bay and Clinical Decision Unit (CDU) itself there will be the FY1, 2 Nurses and an A&E technician (extremely well trained HCAs); however the rest of the A&E team is never far away to offer help when it's needed. The Observation Bay has 6 beds and CDU has 5 chairs for patients. Most of these patients will be your responsibility, but sometimes the Emergency Medicine doctor who initially clerked them will continue their management. On top of this venturing out into the Majors areas to see new patients is essential for gaining the surgical competencies that the post is designed for. The job also requires working extensively with other teams of specialists; in particular the ICRT team. Their remit is to prevent unnecessary admissions so this will help facilitate the discharge of many Observation Bay patients. |
| Organizing and coordinating patient's management, either for referrals to inpatient teams for admissions, or to arrange discharge. |
| Lots of experience assessing patients, both sick and relatively well. Lots of experience creating management plans and initiating them, but with outstanding senior support for all problems. |
| |

| Where the placement is based | Also good experience (surgical especially - as this is supposed to be a surgical placement) in the Majors and Resuscitation areas assessing and treating acutely unwell patients Emergency Department |
|---|--|
| Clinical supervisor(s) for the placement | Dr Zul Mirza |
| Main duties of the placement | The main job is looking after patients in the Observation ward. Entails assessing them for suitability for discharge, deterioration or other changes in condition. Plenty of multidisciplinary team discharge co-ordination. When the Observation Bay is quieter there is lots of opportunity to see patients in the Minors area (good for surgical skills such as suturing and fracture management) Majors area (good for seeing surgical abdomens especially) and the Resuscitation Room (great for everything acute). |
| Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions) | Monday to Friday 07:30 to 15:30. Time spent sorting the patients in the Observation Bay is variable; it can take all day (and longer) or can be done within an hour on occasions to free up time to see new patients. FY1 teaching takes place every Thursday at 2pm. No on calls in this placement. |
| Local education provider (LEP) / employer information | Chelsea and Westminster Hospital NHS Foundation Trust provides services from Chelsea and Westminster Hospital and West Middlesex University Hospital—and a number of community-based services across London, such as award-winning sexual health and HIV clinics. |

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| Trust | Chelsea and Westminster NHS Foundation Trust |
|--|--|
| Site | West Middlesex site |
| Trainee Information System (TIS) | F2 Emergency Medicine |
| Post Code | |
| Placement details | Emergency Medicine |
| Department | Emergency Department |
| Type of work to expect and | You will rotate daily between the Majors, Paediatrics |
| learning opportunities | and Resus areas. We are a busy department with a great variation in acuity and pathology |
| | The department in staffed by 12 consultant, 60 junior doctors and 110 nurses, plus other MDT members. |
| | You will be assessing, investigating and treating patients from all age groups. |
| | Any concerns are discussed with the registrar, and any Majors / Resus patient to be discussed with a senior before discharge. |
| | There will be ample opportunity to perform practical procedures. |
| | Shifts are typically 8-10 hours long with a 30-45 minute break, but are always 12 hours long at the weekends. |
| | Learning opportunities include: |
| | Clerking Examining and carrying out investigations on all A&E patients. Some practical skills include reducing fractures/dislocations, plastering, suturing, chest drain insertion, peripheral line placement, setting up drips/nebulisers and of course explaining diagnoses and management, and often breaking bad news. |
| Where the placement is based | Emergency Medicine |
| Clinical supervisor(s) for the placement | Dr Jasmin Cheema, Dr Caroline Smith, Dr Zulfiquar Mirza. Dr El-Askary, Dr. Yunus Gokdogan, Dr. Shackleton, Dr. Friedman, Dr Mathur, Dr Shadadeh, Dr Bizanti, Dr Torabi & Dr Goroszeniuk |
| Main duties of the placement | Assessing the acutely unwell patient (taking history and examining them) and initiating initial management to stabilize the patient before referring them onto the appropriate specialty or discharging them home. The FY2 is sometimes expected to see a patient before they have been triaged. |

| | You will often need to multi-task and deal with several patients at once in different parts of the department. |
|---|---|
| Typical working pattern in this | The shifts are: |
| placement (e.g. ward rounds, clinics, | |
| theatre sessions) | 0730 -1830 |
| | 1030-2130 |
| | 1300-0000 |
| | 2100-0800 |
| | Interspersed with zero days |
| | FY2 teaching takes place at 13:00 every Wednesday. |
| | On call requirements: |
| | On-call weekend duty every 1 in 3 weekends. |
| | , , |
| | If working nights, the shift ends with a ward-round with a consultant at 07:30. Otherwise duties begin with reporting to the registrar in charge who allocates which part of the department to start in, and work begins. |
| Local education provider (LEP) / employer information | Chelsea and Westminster Hospital NHS Foundation Trust provides services from Chelsea and Westminster Hospital and West Middlesex University Hospital—and a number of community-based services across London, such as award-winning sexual health and HIV clinics. |

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| Trust | Chelsea and Westminster NHS Foundation Trust |
|---|--|
| Site | West Middlesex site |
| Trainee Information System (TIS) Post Code (and local post number if known) | Care of the Elderly – F1 |
| Placement details (i.e. the specialty | The Care of the Elderly department consists off the |
| and sub-specialty) | following wards: Crane Ward, Kew ward, Lampton Ward, Orthogeriatrics (on Osterley 1) |
| Department | The Care of the Elderly department has various teams based on the sub-specialty interest including Acute Geriatrics, Stroke Medicine, and Orthogeriatrics. For inpatient care, our department covers 4 bed bases as mentioned below: |
| | Crane Ward is a 28 bed (12 male, 12 female and 4 side rooms) Acute Care of the Elderly ward. This ward has acutely ill patients who have complex multi-morbidities requiring MDT approach. Consultants are Dr Lethby and Dr Todorov. Kew ward is a 28 bed ward - 22 Stroke beds and 6 Care of the Elderly beds. As Stoke is a condition more commonly affecting Older People, hence most of the stroke patients will also be requiring same MDT comprehensive approach. Consultants are Dr Singh and Dr Drumm. Lampton Ward is a 29 bed (12 male, 12 female and 5 side rooms) Acute Care of the Elderly ward. This ward has acutely ill patients who have complex multi-morbidities requiring MDT approach. Consultants are Dr Lethby and Dr Todorov. Osterley 1 has approximately 20 beds for elderly patients who have sustained a fractured neck of femur who are under joint care between Orthopaedics and specialist Orthogeriatrics team. Consultant is Dr Varma. |
| | Per bed base, there is one Registrar, 3-4 IMT/GPVTS/FY2 and 1-3 FY1s, supported by several non training grade or locum doctors. |
| Type of work to expect and learning opportunities | During the placement you will be spending time on the ward and also doing unselected integrated medical on calls. West Middlesex is a busy hospital and offers |

| | trainees vast work experience of various medical conditions. The on calls are well supported by acute medical team. |
|---|--|
| | Ward work: As an FY1 Doctor, you will generally be on the ward during the 'normal' working day and expected to deliver the daily medical care of all the patients on their ward irrespective of specialty. |
| | Consultant- twice a week consultant led ward rounds. The registrar does a ward round on 1-2 days per week. |
| | This is an excellent opportunity to see a large range of acute pathology and manage patients, taking responsibility for the sick patients and doing ward rounds; but generally the workload is shared quite equally. You will have opportunity to learn to coordinate and prioritise tasks. |
| | There is opportunity for procedures on the ward occasionally including chest drains and lumbar punctures, but these tend to be a rarity. |
| | The consultants will encourage the trainee doctors to do some essential curricular work including audits and revision for various exams. |
| | You will be expected to attend daily MDT board rounds +/- weekly ward MDT, X-ray meetings (1 hour per week) and departmental teaching clubs (1 hour per week). These meetings are educational and would help in developing greater understanding of managing patients with complex multiple comorbidities that are acutely unwell. |
| | FY1 Teaching on Thursday afternoons. It is essential to attend 70% of the teaching. |
| | Communication being very essential, you will be expected to talk to patients families (visiting starts at 14:00), and to document the conversations held very clearly in the notes |
| Where the placement is based | |
| Clinical supervisor(s) for the placement | One of the Consultants listed above |
| Main duties of the placement | One of the Consultants listed above |
| Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions) | Ward round 09:00 – 13:00 midday. Afternoon spent completing jobs identified during the ward round until 17.00. This is the same schedule every day. Lunchtime events vary. |
| | Tuesday: 13:00 – 14:00 Grand Round Meeting. |

| | Thursday: 8:30 – 9:30, x-ray meeting FY1 teaching every week at 2pm. Friday: 13:15-14:15 Departmental teaching On call requirements: |
|---|---|
| | If you are 1st on call then you will be called to AAU to help clerk during the day. You could be F1 providing ward cover. On calls are integrated unselected medical admissions. During on calls you will be well supported by different tiers of doctors-F2/GPVTS/JCF/CMT and Registrar/SCF. |
| Local education provider (LEP) / employer information | Chelsea and Westminster Hospital NHS Foundation Trust provides services from Chelsea and Westminster Hospital and West Middlesex University Hospital—and a number of community-based services across London, such as award-winning sexual health and HIV clinics. |

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| Trust | Chelsea and Westminster NHS Foundation Trust |
|---|--|
| Site | West Middlesex |
| Trainee Information System (TIS) | Endocrinology – F1 |
| Post Code (and local post number if | |
| known) | |
| Placement details (i.e. the specialty | West Middlesex site - Marble Hill 2 ward with additional |
| and sub-specialty) | outliers on Marble Hill 1 ward |
| Department | The Endocrinology team consists of 4 Consultants, 2 Registrars, 1CT1, 1JCF, 2FY1s, and 1 Diabetic Nurse Specialists. There is a patient load of between 28 - 32 The team also look after diabetic foot patients in the hospital usually under joint care with the podiatrists. |
| Type of work to expect and | Mainly a general medicine job, good variety of |
| learning opportunities | cases. |
| | Conducting ward rounds with seniors or |
| | independently. |
| | History & examinations.Practical procedures. |
| | Medical administration. |
| | MDT patient meetings (foot / pituitary / thyroid) |
| | Grand round presentations. |
| | Endocrine lunches with talks. |
| Where the placement is based | West Middlesex site - Marble Hill 2 ward with additional |
| landing the placement to bacca | outliers on Marble Hill 1 ward |
| Clinical supervisor(s) for the | Dr Marcus Martineau, Dr Rashmi Kaushal or |
| placement | Dr Sheharyar Qureshi |
| No. 1 Constitution | DI I |
| Main duties of the placement | Please see above. |
| Typical working pattern in this | Working hours: 08:30 – 18:30, with additional on call |
| placement (e.g. ward rounds, clinics, theatre sessions) | commitment |
| | Monday: |
| | Consultant Ward Round. |
| | Tuesday: |
| | Ward Round. Grand Round meeting. |
| | Wednesday: Ward Round. |
| | Thursday: |
| | Consultant Ward Round, Endocrine lunch & FY1 |
| | teaching. |
| | Friday: |
| | Ward round & weekend handover |
| Local education provider (LEP) / | Chelsea and Westminster Hospital NHS Foundation |
| employer information | Trust provides services from Chelsea and Westminster |
| | Hospital and West Middlesex University Hospital—and |
| | a number of community-based services across London, |
| | such as award-winning sexual health and HIV clinics. |



| Trust | Chelsea and Westminster NHS Foundation Trust |
|---|--|
| Site | West Middlesex site |
| Trainee Information System (TIS) Post Code (and local post number if known) | F2 ENT |
| Placement details (i.e. the specialty and sub-specialty) | ENT |
| Department | ENT |
| Type of work to expect and learning opportunities | If registrar or middle grades are away then you are expected to consent patients for theatre list (list 4 days a week), then morning ward round. Afternoon, either more ward cover, emergency bleep holding or emergency clinic. They also have a chance to attend theatres if other duties are covered. |
| | On call long days covering ENT only- A&E and taking GP referrals. The person on call does the emergency clinic. |
| | Weekends Saturday-Sunday 8am-8pm covering ENT only |
| | You are expected to clerk patients, care for ward patients, perform practical procedures such as FNE, micro-suction, quinsy / pinna, haematoma aspiration and run own clinics. |
| | Typical routine ENT skills learned: Flexible nasolaryngoscopy Micorsuction of Ears Aspiration of peritonsillar (quinsy) abscess Arrest of nasal bleeding and packing opf nose Nasal cauterization I+D of H&N superficial abscess Management of otitis externa Removal of foreign bodies in ENT (adult and paediatric) |
| Where the placement is based | West Middlesex site – ENT |

| Clinical supervisor(s) for the placement | Mr Niall Daly |
|---|---|
| Main duties of the placement | As below |
| Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions) | Duties of junior ENT doctors (4 in total in the department) as per priority: - Emergency bleep holder / ward and ED cover - Emergency clinic - Theatre cover This is a well supervised post with constant senior cover available during working hours. The middle and senior overnight oncall rota is jointly covered with Imperial ENT department. This is an excellent post for GP trainees and Surgical trainees interested in ENT or allied specialties like Neuro/Plastics/OMFS |
| Local education provider (LEP) / employer information | Chelsea and Westminster Hospital NHS Foundation Trust provides services from Chelsea and Westminster Hospital and West Middlesex University Hospital—and a number of community-based services across London, such as award-winning sexual health and HIV clinics. |

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| Trust | Chelsea and Westminster NHS Foundation Trust |
|---|---|
| Site | West Middlesex |
| Trainee Information System (TIS) Post Code (and local post number if known) | FY1 Acute Medical Unit |
| Placement details (i.e. the specialty and sub-specialty) | West Middlesex University Hospital – AMU (Acute Medical Unit incorporating ECA (Enhanced Care Area) and AEC (Ambulatory Emergency Care) |
| Department | AMU a 64 bed unit (incorporating a 6 bed ECA) run by 10 Consultants who are trained in Acute and General Internal Medicine. |
| | The day-to-day team looking after the patients consists of FY1s, FY2s, Junior Clinical Fellows and 6 registrars who rotate between all areas of the ward and AEC. There are 5 Consultants on clinical duty each day, each allocated to a different area of the ward/AEC. |
| | Patients referred from ED or the community will be admitted to AMU first and then either be discharged or transferred to another ward for a longer stay. |
| Type of work to expect and learning opportunities | The ambulatory emergency care unit (AEC) is a thriving facility which is integral in caring for patients safely without admitting them to hospital. |
| | The AEC helps to reduce the work load from the accident and emergency department and the acute medical take, though essentially it is a community facing service and works in a tight interface with general practice. A broad range of medical conditions are evaluated on the unit daily, many of them involving more peripheral specialties such as rheumatology and dermatology. There are also weekly hot clinics in rheumatology, endocrinology, gastroenterology and cardiology. Many planned procedures such as lumbar puncture, pleural drains and ascetic drain are performed here. |
| | Each FY1 will be part of a team with FY2/JCFs/PAs that work an 18 week rota. This involves working on the acute medical unit, the enhanced care unit and the ambulatory care unit. There are currently no night shifts on the AMU rota and a 1:3.6 weekend commitment. |

| | The Enhanced Care Area is severed by a dedicated | |
|---|---|--|
| | The Enhanced Care Area is covered by a dedicated registrar or senior clinical fellow and is a good opportunity to learn about respiratory support systems and the acutely unwell patient. | |
| | Junior doctors get great exposure to acute medical problems and have the opportunity to perform procedures and assess acutely unwell patients. | |
| Where the placement is based | West Middlesex University Hospital, Isleworth | |
| Clinical supervisor(s) for the | Dr Angharad Jenkins (Service Director for Acute | |
| placement | Medicine) Dr Ashkan Sadighi (Service Director for AEC) Dr Sanjay Krishnamoorthy Dr Emma Rowlandson Dr Sanja Zrelec Dr Elora Mukherjee Dr Mark Lander Dr Iona Thorne | |
| | Dr Craig Leaper | |
| Main duties of the placement | Take a history and examine a patient Make diagnoses and create a problem list 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 Teaching and guidance of medical students attached to the firm Become life-long learners and teachers Develop team working skills, working alongside doctors, nurses, and allied healthcare professionals | |
| | Understand the importance of handover, to attend and communicate relevant patient information effectively Manage end of life care appropriately | |
| Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions) | Monday - Friday: 08:30-17:00/21:00 Handover at 8.30am start Daily Ward Rounds from 8.30am onward MDT Board round at 12:00 Ward jobs 13:00-17:00 Communication with other teams and relatives 1:3.6 weekends 08:30-17:00/21:30 Teaching/Education Grand Round: Tuesdays 1-2 AMU Teaching: Friday 12:45 – 14:00 | |

| | We support and ensure attendance at weekly FY1 teaching sessions Each Foundation trainee will be given a teaching slot to teach on an area of medicine of their interest to fulfill curriculum requirements |
|---|---|
| Local education provider (LEP) / employer information | Chelsea and Westminster Hospital NHS Foundation Trust provides services from Chelsea and Westminster Hospital and West Middlesex University Hospital—and a number of community-based services across London, such as award-winning sexual health and HIV clinics. |

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

| Trust | Chelsea and Westminster NHS Foundation Trust | | |
|---|--|--|--|
| Site | West Middlesex | | |
| Trainee Information System (TIS) Post Code | F1 Cardiology | | |
| Placement details | Cardiology | | |
| Department | There are currently 8 consultants, 4 senior clinical fellows, 4 SpR's (joint with Chelsea on rotation), 2.5 SHOs and 2 FY1s in the Cardiology Department. The team works closely with the Care of the Elderly Heart Failure Team at WMUH. We have a cardiac catheter lab on site and carry out angiography, angioplasty and pacing on site. We transfer patients for complex cardiac procedures and for surgery to Hammersmith and Brompton Hospitals. | | |
| Type of work to expect and learning opportunities | Daily ward rounds on a consultant of the week model and carrying out subsequent ward jobs, in addition to re-assessing and caring for ward patients when necessary. General medicine on calls include both medical takes clerking new patients referred by GPs/A+E, and ward cover (NB no night shifts, but long days 08:00–21:30). There is an on call shift every 1 day every other week. You work 2 weekends in 4 months. Lots of support, and learning opportunities. | | |
| Where the placement is based | West Middlesex University Hospital; Syon 1 ward (30 beds) | | |
| Clinical supervisor(s) for the placement | Dr Nick Pantazopoulos or Dr Raffi Kaprielian. | | |
| Main duties of the placement | Please see above | | |
| Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions) | Contracted to work 08:30 – 17:30. Consultant led ward round every day, in addition | | |
| , | Tuesday Grand round | | |
| | Wednesday: Lunch time cardiology meeting. Thursday: Cardiology JCC (optional) 8 am Cardiology MDT 12.30pm F1 teaching Thursday pm | | |
| | Saturday and Sunday: As per on-call requirement. | | |

| | On call requirements: 2 long weekends (Friday-Sunday 08:00-21:30; one on take and one ward cover) per four months. One fixed day, twice a month. This rotates from acute take and ward cover. On take doctors must participate in the post-take ward round and subsequent jobs the |
|---|---|
| | next day |
| Local education provider (LEP) / employer information | Chelsea and Westminster Hospital NHS Foundation Trust provides services from Chelsea and Westminster Hospital and West Middlesex University Hospital—and a number of community-based services across London, such as award-winning sexual health and HIV clinics. |

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

| Trust | Chelsea and Westminster NHS Foundation Trust | |
|---|--|--|
| Site | West Middlesex site | |
| Trainee Information System (TIS) Post Code (and local post number if known) | F1 Gastroenterology | |
| Placement details (i.e. the specialty and sub-specialty) | | |
| Department | Gastroenterology | |
| Type of work to expect and learning opportunities | Manage patient day-to-day care, observing for any changes and be prepared to manage acutely unwell patients. | |
| | Exposure to general medicine plus gastroenterology specific cases including alcoholic liver disease and inflammatory bowel disease. | |
| Where the placement is based | | |
| Clinical supervisor(s) for the placement | Dr K Sundaram, Dr R Appleby, Dr E Johnston, Dr G Chadwick, Dr S Pannick, Dr Kyaw | |
| Main duties of the placement | Ward Rounds every morning. Ward work (taking bloods, cannulation) Seeing acutely ill patients. Discharge planning. Ordering and following up tests/investigations. Prescribing. Arranging physiotherapy / OT input before patients are discharged. Updating the patient list to include blood test results. | |
| Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions) | Daily consultant or SpR ward round Monday: Ward round and ward jobs. | |
| | Tuesday: Ward round and ward jobs | |
| | Wednesday: Ward round, ward jobs, Gastroenterology team meeting. | |
| | Thursday: Imaging MDT meeting @8:30am with this link: Click here to join the meeting Ward round and ward jobs. FY1 teaching. | |

| Friday: Ward round and ward jobs. |
|---|
| Saturday and Sunday: Off unless on-call. |

| Local education provider (LEP) / employer information | Chelsea and Westminster Hospital NHS Foundation Trust provides services from Chelsea and Westminster |
|---|--|
| | Hospital and West Middlesex University Hospital—and a number of community-based services across London, such as award-winning sexual health and HIV clinics. |

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

| Trust | Chelsea and Westminster NHS Foundation Trust | | |
|---|--|--|--|
| Site | Site: West Middlesex University Hospital | | |
| Trainee Information System (TIS) Post Code (and local post number if known) | | | |
| Placement details (i.e. the specialty and sub-specialty) | Critical Care | | |
| Department | Critical Care | | |
| Type of work to expect and learning opportunities | All FY1 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. The FY1 will be involved with the generic clerking of patients being admitted and the ongoing care of the patients in the unit. The overall educational objectives of the FY1 year are to provide the trainee with the knowledge, skills and attitudes to be able to: • Take a history and examine a patient. | | |
| | 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 critically ill patients. Learn the assessment and resuscitation of the acutely sick patient Receive training in core practical procedures including, intubation, CVP and arterial line placement, chest drainage insertion and ascitic drainage | | |
| Where the placement is based Clinical supervisor(s) for the placement | Dr Tim Peters | | |
| Main duties of the placement | The FY1 doctor is a key component of the critical care medical team. ICU/HDU care is provided on a fully multidisciplinary model. They will work with the ICM consultant, resident and anaesthetic trainee to provide critical care services to inpatients, ward patients elsewhere in the hospital, as part of outreach, and to the A&E department when required. 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 attending Microbiology Ward Round and weekly MDT meeting | | |

| Typical working pattern in this | Daily: Handover meeting at 08:00 | |
|---------------------------------------|--|--|
| placement (e.g. ward rounds, clinics, | Ward Round at 09:00 | |
| theatre sessions) | Handover at 17:00 | |
| | Traing of at 17.00 | |
| | Monday: | |
| | | |
| | Critical Care. | |
| | Tuesday: | |
| | Critical Care. MDT meeting at 13:00. | |
| | Wednesday: | |
| | am Critical Care. pm Off | |
| | Thursday: | |
| | Critical Care. FY1 teaching at 14:00. | |
| | Friday: | |
| | Critical Care. Departmental teaching at 14:00. | |
| | Chilical Care. Departmental teaching at 14.00. | |
| | N | |
| | No on calls | |
| Local education provider (LEP) / | Chelsea and Westminster Hospital NHS Foundation | |
| employer information | Trust provides services from Chelsea and Westminster | |
| | Hospital and West Middlesex University Hospital—and | |
| | a number of community-based services across London, | |
| | | |
| | such as award-winning sexual health and HIV clinics | |

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

| Trust | Chelsea and Westminster NHS Foundation Trust | |
|---|---|--|
| Site | West Middlesex site | |
| Trainee Information System (TIS) Post Code (and local post number if known) | FY1 Liaison Psychiatry | |
| Placement details (i.e. the specialty and sub-specialty) | West London Mental Health Trust Site: West Middlesex | |
| Department | Liaison Psychiatry | |
| Type of work to expect and learning opportunities | This is great opportunity for FY1 trainees whether they want to pursue psychiatry as a career or not. The majority of medical school graduates are not going to pursue psychiatry as a career but with mental illness being as prevalent as 30% in the general hospital setting, all of them will be faced with having to manage mental health issues in their patients for their entire careers. | |
| | Liaison psychiatry, offers a unique experience as it encompasses the assessment, diagnosis and management of mental health presentations which occur in the acute hospital. These can be presentations that arise or become problematic alongside physical health co-morbidity or as a sequelae of organic issues in the initial instance. Learning opportunities include: • Assessment and management of patients aged 16 and above who present with mental health needs within an acute general hospital setting in the WMUH. This will also include presentations to the ED of patients who are in crisis. • Development a good formulation of cases using a bio-psycho-social model understanding the influences of each on health and illness (both mentally physically). • Understanding risk management and available services in the community that can support patients in their recovery. • Working with a multidisciplinary team, including medical and surgical colleagues | |
| | | |

| | and interfacing with other Trust and non Trust services to develop good interagency working. Acquiring more knowledge of the Mental Health Act, MCA, DOLs and other related legislations. | | | |
|--|--|--|--|--|
| Where the placement is based | Hounslow Liaison Psychiatry Service (HLPS) West London NHS Trust Site: West Middlesex University Hospital | | | |
| Clinical supervisor(s) for the placement | Other staff include: Dr Michael Yousif (Cons Liaison Psychiatrist) Other sessional consultants with another full time Consultant being recruited to start in August 2022. Band 8a Team Manager 3 wte Band 7 liaison nurses 5 wte Band 6 liaison nurses 1 wte Administrative staff member | | | |
| Main duties of the placement | PY1s will be expected assist in assessments and management of inpatients referred from medical and surgical services as well as patients from the Emergency Department and Urgent Care Centre at West Middlesex University Hospital. Initially this will be done in pairs and supervision from more senior doctors and consultant will always be available. When the FY1 trainee feels confident and it is clinically appropriate to do so after discussion with the supervising consultant, they can do assessments/reviews on their own which must be discussed with the consultant/senior medic on duty. Attend weekly one hour supervision sessions, with their supervising consultant and also attend daily multi-disciplinary liaison meetings/ward rounds in accordance to their timetable. Engage in teaching activities both for medical students and for the acute trust staff. Engage in small projects suited to their level of training and this will be supervised by the consultant. Liaise with the staff of other services and organizations within the voluntary and statutory sectors advising on patient matters as appropriate. | | | |

| | _ | n with valouant tooms in anyth beauti-1 | |
|--|---|---|--|
| Typical working pattern in this | Liaise with relevant teams, ie acute hospital teams, community teams, or out of hours teams for example to ensure adequate clinical handover at the beginning and end of each working day. Be fully involved in the process of medical and clinical audit and participate as appropriate to the process of Clinical Governance. Mon AM – Team Handover 9-9.30am | | |
| placement (e.g. ward rounds, clinics, theatre sessions) | IVIOIT | Clinical work (assessments, reviews) PM – Clinical work | |
| PLEASE NOTE THAT ASSESSMENTS IN ED MUST ALWAYS BE JOINT FOR THE FY1. | Tues | AM – Team Handover 9-9.30am Team meeting 10 – 11am Supervision with Consultant 1 hour to be arranged at a mutually convenient time on this day. PM Clinical work | |
| | Wed | AM – Team Handover 9-9.30am Clinical work PM - Academic meeting, Journal club and OOH supervision 3.30 – 4.30pm | |
| | Thurs | AM – Team Handover 9-9.30am Clinical work PM - Foundation programme teaching + Clinical work | |
| | Fri | AM - Team Handover 9-9.30am Clinical work PM – Clinical work | |
| | | There are also regular teaching sessions within the team and interteam session between the tri-borough liaison services that will be held on different days. | |
| | There ar | e no on call requirement out of hours | |
| Local education provider (LEP) / employer information | Chelsea and Westminster Hospital NHS Foundation Trust provides services from Chelsea and Westminster Hospital and West Middlesex University Hospital—and a number of community-based services across London, such as award-winning sexual health and HIV clinics | | |

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

| Trust | Chelsea and Westminster NHS Foundation Trust |
|---|--|
| Site | West Middlesex |
| Trainee Information System (TIS) Post Code | F1 Respiratory Medicine |
| Placement details | Respiratory Medicine |
| Department | The Respiratory Department consists of 4 consultants, 2 SpR's, 1 CT1 and 2 FY1's. There are currently 2 Junior clinical fellows, and there are plans to expand the team further. |
| Type of work to expect and learning opportunities | The FY1 will be involved in generic clerking of admitted patients and continuing their care. |
| Where the placement is based | West Middlesex University Hospital. Ward Osterley 2 with medical outliers mainly on Syon 2 ward. |
| Clinical supervisor(s) for the placement | Dr. Bobby Mann/Dr Rubab Ahmed/Dr Helen Burgess/Dr Veronica Smith depending on junior doctor allocation |
| Main duties of the placement | The FY1 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 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 placement (e.g. ward rounds, clinics, theatre sessions) | Monday: AM Consultant ward round PM X-ray meeting. PM Ward round. Tuesday: AM CT1/JCF led ward round (Mini consultant ward round). PM Grand round PM Ward work Wednesday: AM SpR Ward Round. PM Jobs and possible audit / research time (Mini consultant ward round). Thursday: AM Ward work PM FY1 teaching / Consultant ward round. |
| Local education provider (LEP) / employer information | Chelsea and Westminster Hospital NHS Foundation Trust provides services from Chelsea and Westminster Hospital and West Middlesex University Hospital—and a number of community-based services across London, such as award-winning sexual health and HIV clinics. |

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



NW Thames Foundation School Individual Placement Description

| Placement | F1 General/Upper GI surgery /Colorectal |
|---|--|
| | surgery/Urology |
| | |
| The department | The surgical department consists of 8 consultant general surgeons with special interests in emergency, colorectal, Upper GI, who participate in on call/on-take rota; and 4 Consultants Breast surgeons, who manage mainly elective activity and 4 Consultants Urologist |
| | The department is based in a district general hospital which serves Hounslow, Isleworth, Richmond and has close ties with tertiary centers, which are part of Imperial HealthCare Trust as well as Chelsea and Westminster and Royal Marsden Hospitals. |
| Trust & Site | Chelsea and Westminster NHS Foundation Trust Site: West Middlesex University Hospital. The FY1 is responsible for looking after inpatients on Osterley 1 and 2, Richmond, Day Surgery wards and any other wards with surgical outliers |
| The type of work to expect and learning opportunities | Primarily ward based work (e.g. taking blood, ordering investigations, cannulation and making referrals). You need to make sure you are familiar with all patients on the ward and that all bloods and other investigations are up to date. |
| | The FY1 is mainly responsible for ensuring that emergency admissions for Surgery and Urology (including those from Theatres) are managed correctly as well as looking after the surgical/urology patients on wards and completing any relevant paperwork such as discharge summaries in timely manner. |

| | 1 |
|---|---|
| | A typical day involves a morning ward round, for which F1s need to prepare updates, then jobs along with chasing of results. |
| | On elective operative days you also manage the post operative care of patients who have extended stays. You may also be asked to attend Theatre on these days to assist seniors. |
| | You are also required to be available for emergency surgical procedures. |
| | Involved in preparing presentations for weekly MDTs and |
| | Surgical Academic meeting- on Fridays 14:00 16:00. |
| | Opportunities to attend clinics when the wards are less busy. |
| | On calls involve ward cover most of the time but some opportunities to clerk in A&E. |
| | As it is a teaching trust as well as learning on the job you will also be expected to teach medical students, which is a good way to revise topics as it is all too easy to fall into bad habits passed along from seniors. |
| Clinical Supervisor(s) for the | Mr Nikhil Pawa |
| placement* | Mr Jason Smith |
| | Mr Musa Barkeji |
| Main duties of the relative | Mr Konstantinos Charitopoulos |
| Main duties of the placement | Please see above. |
| Typical working pattern in this placement | The contracted working day is $08:00 - 17:00$ and an on call shift is from $08:00 - 17:00$ during the day and then $16:00 -$ midnight weekday and $1400-2200$ weekends twilights – please see illustration of a typical week below. |
| Employer information | Chelsea and Westminster NHS Foundation Trust West Middlesex Hospital Site - is an award winning acute teaching hospital that provides a full range of hospital services to the London Boroughs of Hounslow and Richmond upon Thames. It serves a local population of around |

| 425,000 people and the hospital has over 400 beds. |
|--|
| |

* Please note that at this Trust the role of the Educational and Clinical Supervisor is merged into one role. One Educational Supervisor is allocated per placement. It is important to note that this description may be subject to change.

| Monday | Emergency | Emergency | Upper GI | General | Urology | TWILIGHT ZERO | colorectal |
|-----------|-------------------|-----------|----------|-----------|---------|------------------|------------|
| Tuesday | Emergency | Emergency | Upper GI | General | Urology | TWILIGHT ZERO | colorectal |
| Wednesday | <mark>ZERO</mark> | Emergency | Upper GI | Emergency | Urology | TWILIGHT General | colorectal |
| Thursday | Emergency | ZERO | Upper GI | Emergency | Urology | TWILIGHT General | colorectal |
| Friday | Emergency | Emergency | Upper GI | General | Urology | TWILIGHT General | colorectal |
| Saturday | | Day | | | | TWILIGHT | |
| Sunday | | Day | | | | TWILIGHT | |

| Trust | Chelsea and Westminster NHS Foundation Trust |
|---|---|
| Site | West Middlesex |
| Trainee Information System (TIS) Post Code (and local post number if known) | FY2 Acute Medical Unit |
| Placement details (i.e. the specialty and sub-specialty) | West Middlesex University Hospital – AMU (Acute Medical Unit incorporating ECA (Enhanced Care Area) and AEC (Ambulatory Emergency Care) |
| Department | AMU a 64 bed unit (incorporating a 6 bed ECA) run by 10 Consultants who are trained in Acute and General Internal Medicine. |
| | The day-to-day team looking after the patients consists of FY1s, FY2s, Junior Clinical Fellows and 6 registrars who rotate between all areas of the ward and AEC. There are 5 Consultants on clinical duty each day, each allocated to a different area of the ward/AEC. |
| | Patients referred from ED or the community will be admitted to AMU first and then either be discharged or transferred to another ward for a longer stay. |
| Type of work to expect and learning opportunities | The ambulatory emergency care unit (AEC) is a thriving facility which is integral in caring for patients safely without admitting them to hospital. |
| | The AEC helps to reduce the work load from the accident and emergency department and the acute medical take, though essentially it is a community facing service and works in a tight interface with general practice. A broad range of medical conditions are evaluated on the unit daily, many of them involving more peripheral specialties such as rheumatology and dermatology. There are also weekly hot clinics in rheumatology, endocrinology, gastroenterology and cardiology. Many planned procedures such as lumbar puncture, pleural drains and ascetic drain are performed here. |
| | Each FY1 will be part of a team with FY2/JCFs/PAs that work an 18 week rota. This involves working on the acute medical unit, the enhanced care unit and the ambulatory care unit. There are currently no night shifts on the AMU rota and a 1:3.6 weekend commitment. |

| Where the placement is based Clinical supervisor(s) for the placement | The Enhanced Care Area is covered by a dedicated registrar or senior clinical fellow and is a good opportunity to learn about respiratory support systems and the acutely unwell patient. Junior doctors get great exposure to acute medical problems and have the opportunity to perform procedures and assess acutely unwell patients. West Middlesex University Hospital, Isleworth Dr Angharad Jenkins (Service Director for Acute Medicine) Dr Ashkan Sadighi (Service Director for AEC) Dr Sanjay Krishnamoorthy Dr Emma Rowlandson Dr Sanja Zrelec Dr Elora Mukherjee Dr Mark Lander Dr Iona Thorne Dr Craig Leaper |
|---|---|
| Main duties of the placement | Take a history and examine a patient Make diagnoses and create a problem list 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 Teaching and guidance of medical students attached to the firm Become life-long learners and teachers Develop team working skills, working alongside doctors, nurses, and allied healthcare professionals Understand the importance of handover, to attend and communicate relevant patient information effectively Manage end of life care appropriately |
| Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions) | Monday - Friday: 08:30-17:00/21:00 Handover at 8.30am start Daily Ward Rounds from 8.30am onward MDT Board round at 12:00 Ward jobs 13:00-17:00 Communication with other teams and relatives 1:3.6 weekends 08:30-17:00/21:30 <i>Teaching/Education</i> Grand Round: Tuesdays 1-2 AMU Teaching: Friday 12:45 – 14:00 |

| | We support and ensure attendance at weekly FY1 teaching sessions Each Foundation trainee will be given a teaching slot to teach on an area of medicine of their interest to fulfill curriculum requirements |
|---|---|
| Local education provider (LEP) / employer information | Chelsea and Westminster Hospital NHS Foundation Trust provides services from Chelsea and Westminster Hospital and West Middlesex University Hospital—and a number of community-based services across London, such as award-winning sexual health and HIV clinics. |

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

| Trust | Chelsea and Westminster NHS Foundation Trust |
|---|---|
| Site | West Middlesex |
| Trainee Information System (TIS) Post Code | |
| Placement details | F2 Cardiology |
| Department | Cardiology- There are currently 8 consultants, 5 senior clinical fellows, 4 SpR's (joint with Chelsea on rotation), 2.5 SHOs and 2 FY1s in the Cardiology Department. The team works closely with the Care of the Elderly Heart Failure Team at WMUH. We have a cardiac catheter lab on site and carry out angiography, angioplasty and pacing on site. We transfer patients for complex cardiac procedures and for surgery to Hammersmith and Brompton Hospitals. |
| Type of work to expect and learning opportunities | As an FY2 you are on the general medical on call rota with usually weekly on call commitments and at least one set of nights per 4 months. Daily ward rounds on a consultant of the week model and carrying out subsequent ward jobs, in addition to re-assessing and caring for ward patients when necessary. General medicine on calls include both medical takes clerking new patients referred by GPs/A+E, and ward cover. Lots of support, and learning opportunities. You can also get a lot of experience in clinic, there are daily clinics where you can be supernumerary. There is also the opportunity to get some practical experience with procedures like DC cardioversion and echo. |
| Where the placement is based | West Middlesex University Hospital. The department consists of a 30 bedded ward, cardiac catheterization suite and the cardiac investigations department. |
| Clinical supervisor(s) for the placement | Dr Sadia Khan |
| Main duties of the placement | As above. |

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

As above and:

Monday

Medical Mondays

Tuesday:

Grand round

Wednesday:

Cardiology teaching and FY2 teaching in the afternoon.

Thursday:

MDT lunchtime

Saturday and Sunday:

On call is applicable.

On call requirements:

Usually once a week and then usually 2 weekends in 4 months (one on take and one ward cover) and

| | then usually 2 sets of 7 nights (which are split with a week off in between) |
|---|---|
| Local education provider (LEP) / employer information | Chelsea and Westminster Hospital NHS Foundation Trust provides services from Chelsea and Westminster Hospital and West Middlesex University Hospital—and a number of community-based services across London, such as award-winning sexual health and HIV clinics. |

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

| Trust | Chelsea and Westminster NHS Foundation Trust |
|---|--|
| Site | West Middlesex university hospital |
| Trainee Information System (TIS) Post Code (and local post number if known) | Care of the elderly -F2 |
| Placement details (i.e. the specialty and sub-specialty) | The Care of the Elderly department consists off the following wards: Crane Ward-acute geriatric ward Kew ward-stroke/general care of the elderly ward Lampton Ward –care of the elderly ward AMU 8 beds-Acute Frailty Unit, Osterley 1&2 wards: 15-25 bedded Orthogeriatrics unit Covering for Silver Trauma and Surgical liaison |
| Department | The Care of the Elderly department has various teams based on the sub-specialty interest including Acute Geriatrics, Frailty, Stroke, Orthogeriatrics silver trauma and surgical liaison. For inpatient care, our department covers 5 bed bases as mentioned below: Crane Ward is a 28 bed (12 male, 12 female and 4 side rooms) Acute Care of the Elderly ward. This ward has acutely ill patients who have complex multimorbidities requiring MDT approach. This ward has been used for COVID 19 positive patients (mainly elderly), when there is clinical need and is ran by geriatric consultants – Dr G Tododrov(service clinical lead and special interest- Frailty) and Dr Mark Lethby (interest in dementia, frailty and community geriatrics). Kew ward - 22 Stroke beds and 6 Care of the Elderly bed. As Stroke is a condition more commonly affecting Older People, hence most of the stroke patients will also be requiring same MDT comprehensive approach. 2 consultants- Dr Ravneeta Singh and Dr Brian Drumm Lampton Ward- Acute Geriatrics ward with 28 beds are under Dr Martin-Marero (frailty consultant) and Dr Linda Tsam (interest in orthogeriatric and frailty). Orthogeriatric- Osterley 1&2 wards-15-25 bedded Orthogeriatrics unit within reach into silver trauma and surgical liaison. Dr Varma and Dr Todorov are the consultants |

All the wards are 28 bedded ward base structure: 2 Consultant per ward, one Registrar/IMT3 trainee per ward base, 3-4 IMT1/IMT2/GPVTS/F2, 2 FY1s

Type of work to expect and learning opportunities

During the placement you will be spending time on the ward and also doing unselected integrated medical on calls. West Middlesex is a busy hospital and offers trainees vast work experience of various medical conditions. The on calls are well supported by acute medical team and consultant post take ward round twice a day.

Ward work:

As an FY2 Doctor, you will generally be on the ward during the 'normal' working day and expected to deliver the daily medical care of all the patients on their ward irrespective of specialty.

The working day starts with 30min board round/handover with senior sister/therapist/consultant/junior doctors and member of the complex discharge team.

Consultant- twice a week consultant led full ward

rounds. Once a weak consultant troubleshooting ward

The registrar does a ward round on 1-2 days per week. As an FY2, you will be expected to do a ward round with at least one other FY1. Usually consultant comes before the end of the working day in order to support junior doctors and troubleshoot any issues.

Consultant- twice a week consultant led ward rounds. The registrar does a ward round on 1-2 days per week.

This is an excellent opportunity to see a large range of acute pathology and manage patients beyond FY1 standard, taking responsibility for the sicker patients and doing ward rounds; but generally, the workload is shared quite equally. You will have opportunity to learn to coordinate and priorities tasks for both the nursing team and FY1s.

There is opportunity for procedures on the ward occasionally including chest drains and lumbar punctures, but these tend to be a rarity. The in-house GMC Postgraduate survey of JD has shown positive feedback from our trainees.

The consultants will encourage the trainee doctors to do some essential curricular work including audits and revision for various exams. You may also be able to run outpatient clinics with the consultant/registrar. This doesn't happen, but would be benefit for your training. SDEC clinic and Falls clinic will provide especially good experience in managing front door frailty. You will be expected to attend weekly MDT meetings (1.5 hours per week), X-ray meetings (1 hour per week) and journal clubs/care of the elderly teaching (1 hour per week). These meetings are educational and would help in developing greater understanding of managing patients with complex multiple comorbidities who are acutely unwell. The foundation doctors are also expected to attend our monthly M&M meetings and present patients on them (1h a month) FY2 Teaching on Wednesdays 1300-1400. It is mandatory to attend 70% of the teaching. On Fridays, you will be expected to attend a handover session to the weekend day on-call team with a list of patients, highlighting the patients who would reviews. Communication being very essential, foundation doctors will be trained and expected to talk to patient's families (visiting starts at 14:00), and to document the conversations held very clearly in the notes. As part of our joined with palliative care team quality improvement project, foundation doctors will be trained and expected to initiate basic advanced care planning conversation and ceiling of care conversation and documenting it on CMC. Where the placement is based West Middlesex site – Care of the Elderly One of the following: Dr Linda Tsam, Clinical supervisor(s) for the Dr Ravneeta Singh, Dr Brian Drumm, Dr Mark Lethby, Dr placement Surabhi Varma, Dr Georgi Todorov Main duties of the placement As noted above Typical working pattern in this As per the work schedule placement (e.g. ward rounds, clinics, Ward round 09:00 – 12:00 midday. The morning is theatre sessions) spent in seeing all the patients starting with sickest patient first. Afternoon spent completing jobs identified during the ward round until 17.00. This is the same schedule every day. Lunchtime events vary. Weakly MDTs are a 1h long and the day and the timing vary between the different ward. The FY2s tend to split into male and female sides of the ward while the FY1s get on with the jobs.

The SpR round on Friday helps to put in place plans for the weekend.

Additional meetings:

Monday:

12:00 - 13:00 IMT teachings

Tuesday:

13:00 - 14:00 Grand Round Meeting

Wednesday:

FY2 Teaching at 14:00.

Thursday:

8:30 - 9:30, x-ray meeting.

Friday:

Care of the elderly teaching/journal club 13h00-14h00

On call requirements:

On calls are integrated unselected medical admissions. During on calls you will be well supported by different tiers of doctors- GPVTS/IMT,Registrar/SCF and consultants.

Local education provider (LEP) / employer information

Chelsea and Westminster Hospital NHS Foundation Trust provides services from Chelsea and Westminster Hospital and West Middlesex University Hospital—and a number of community-based services across London, such as award-winning sexual health and HIV clinics. Community geriatric virtual ward is currently under development in partnership with our community partners ICRS. There is three times a week SDEC care of the elderly clinic running in our award-winning AEC. SDEC are aimed at admission avoidance through MDT approach.

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

| Trust | Chelsea and Westminster NHS Foundation Trust |
|---|--|
| 011 | A |
| | West Middlesex site |
| Trainee Information System (TIS) Post Code (and local post number if known) | F2 Gastroenterology |
| Placement details (i.e. the specialty and sub-specialty) | |
| Department | Gastroenterology |
| learning opportunities cti dn h P s L a m c n V (a ir | As a FY2 the work is mainly ward based patient care; it is very busy so it's rare that you will have ime to go to clinics/endoscopy. You will have to do ward rounds with the FY1s and develop management plans as well as liaise with other nealthcare professionals and order investigations. Plenty of opportunities for practical procedures such as ascetic taps/drains and presenting cases. Lots of good pathology to see on the wards. In addition you take part in acute medical takes meaning you have to clerk patients, examine, come up with differential diagnoses and propose management plans. West Middlesex medical takes are extremely busy about 30 patients on any take) and it is a busy intense working period but rewarding. Nights – one set will be doing the acute take, the other set is doing ward cover. FY1's don't do nights at WMUH so the F2 ward cover job involves reviewing patients, cannulas and helping but with the acute take if the wards aren't too busy. |

| Where the placement is based | |
|---|--|
| Clinical supervisor(s) for the | Dr K Sundaram, Dr R Appleby, Dr E Johnston, Dr G |
| placement | Chadwick, Dr S Pannick, Dr Kyaw |
| Main duties of the placement | The FY2 is responsible for the clinical care of patients on the ward. You will be expected to know up to date clinical information on the patients and may be involved in making management plans if the seniors are not on the wards. Occasionally FY2's will have to do ward rounds with the FY1's if the registrars are caught up in endoscopy or clinic. You are expected to present cases on ward rounds and at MDT/X-ray meetings. |
| | In addition the FY2 has to attend weekly scheduled teaching as part of the Foundation Programme curriculum. |
| Typical working pattern in this | Daily consultant or SpR ward round |
| placement (e.g. ward rounds, clinics, theatre sessions) | Daily board round starting at 9am |
| | Monday: Ward round and ward jobs. |
| | Tuesday: Ward round and ward jobs Grand Round at lunch |
| | Wednesday: Ward round, ward jobs, Gastroenterology team meeting. FY2 teaching |
| | Thursday: Imaging MDT meeting @8:30am with this link: Click here to join the meeting Ward round and ward jobs FY1 teaching. |
| | Friday: Ward round and ward jobs. |
| | Saturday and Sunday: Off unless on-call. |
| | On call requirements: As per FY1 on calls rota – with blocks covering take and ward, including weekends on call. |
| | On call requirements: As per FY2 rota including take/ward cover/nights and weekends |
| | |

| Local education provider (LEP) / | Chelsea and Westminster Hospital NHS |
|----------------------------------|---|
| employer information | Foundation Trust provides services from Chelsea |
| | and Westminster Hospital and West Middlesex |
| | University Hospital—and a number of community- |
| | based services across London, |
| | such as award-winning sexual health and HIV |
| | clinics. |

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

| Trust | Chelsea and Westminster NHS Foundation Trust |
|---|--|
| Site | West Middlesex site |
| Trainee Information System (TIS) Post Code (and local post number if known) | F2 General Psychiatry |
| Placement details (i.e. the specialty and sub-specialty) | |
| Department | West London NHS Trust, Lakeside Mental Health Unit – Kingfisher Ward. West Middlesex site |
| Type of work to expect and learning opportunities | Kingfisher Ward is a male inpatient ward. The ward is for acute admissions. Following assessment and treatment they may subsequently be either discharged, sent on home leave with or without Crises Assessment and Treatment Team input. Patients may be admitted informally or detained under Sections 2, 3 or 5(2) of the Mental Health Act (1983). Typically, diagnoses include paranoid schizophrenia, schizoaffective disorder, bipolar affective disorder, personality disorder and depression. Ward Round: Monday, Tuesday, Wednesday, Thursday. Patient reviews (1/2 hour) fitted in around CPA meetings Care Programme Approach (CPA) Meetings |
| | involve members of the inpatient team (Drs, Nurses, Ward Managers, Pharmacist, and OT), the community team (care coordinator/duty team representative, social workers, CPN) and other specialists (Home Treatment Team, Children & Family Team, Housing Officers, etc) as necessary. An initial CPA should be arranged (ideally) within 5 days of admission to set in place a care-plan which can be tailored specifically to the needs of the patient. A discharge CPA needs to be arranged prior to discharge to ensure inpatient goals have been met and ensure safe and appropriate follow-up is in place in the |

| Where the placement is based | community. Patients will occasionally have further CPA meetings over the course of their admission to allow all team members to touch base, optimise care and to enable a safe and timely discharge. • Ward Reviews are weekly meetings comprising each patient, the ward medical team and the nursing staff, during which mental state, treatment regimens and recovery are monitored. Each patient on the ward must be seen by a doctor at least once each week. Training: • Academic programme takes place on Wednesday afternoons (14:00 – 17:00) • Weekly 1 hour supervision sessions with Educational Supervisor – a suitable regular time needs to be arranged at the start of the job. • Psychotherapy – attend supervision group • Balint group – Wednesday 11:30 – 12:30 |
|---|--|
| - | Health Unit - Kingfisher Ward. West Middlesex site |
| Clinical supervisor(s) for the placement | Dr Murray Morrison |
| Main duties of the placement | As below |
| Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions) | Monday to Friday 09:00 – 17:00. Typical Week: Managing patients on Kingfisher Ward Monday: AM CPA meetings 09:30 – 13:30). Documentation / Rio entries / Medicine charts and requesting TTA's. PM Reviews & ward work (14:30 – 17:00) reviewing patients/ physical examinations. Tuesday: AM CPA meetings (09:30 – 13:30) Documentation / Rio entries/ Medicine charts and requesting TTA's. PM Reviews & ward work (14:30 – 17:00) reviewing patients/ physical examinations. Wednesday: AM Reviews & ward work (09:30 - 13:30) Handover on ward/ reviewing patients/ physical examinations. PM Educational Programme (14:00 - 16:00). Thursday: |

| | AM CPA meetings (09:30 – 13:30) Documentation / Rio entries / Medicine charts and requesting TTA's. PM Reviews & ward work (14:30 – 17:00) Supervision (one hour); Ward reviews. |
|--|--|
| | Friday: AM Reviews & ward work (09:30 - 13:30) Handover on ward/ reviewing patients/ physical examinations. PM Reviews & ward work (14:30 – 17:00) reviewing patients/ physical examinations. |
| Leaded at the control of the control | No on-call commitment. |
| Local education provider (LEP) / employer information | Chelsea and Westminster Hospital NHS Foundation Trust provides services from Chelsea and Westminster Hospital and West Middlesex University Hospital—and a number of community-based services across London, such as award-winning sexual health and HIV clinics |

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

| Trust | Chelsea and Westminster Hospital NHS |
|---|---|
| | Foundation Trust |
| Site | West Middlesex site |
| Trainee Information System (TIS) | West Middlesex site |
| Post Code (and local post number if | |
| known) | |
| Placement details (i.e. the specialty | Chelsea and Westminster Hospital NHS |
| and sub-specialty) | Foundation Trust - West Middlesex site |
| Department | Obstetrics and Gynaecology |
| Type of work to expect and learning opportunities | Mix of time on wards, clinics and in surgery. |
| | Learning opportunities |
| | Ward rounds and reviews of post-op surgical patients. |
| | Clerking of acute gynaecological problems in A&E. |
| | Surgical skills including suturing and |
| | gynaecological procedures. |
| | Seeing patients in the antenatal and |
| | gynaecology clinics, improving on history, |
| | examination and the formulation of management |
| | plans with consultant support. |
| | Safe prescribing. |
| | Ward round note taking. Using syidenes, guidelines and sudit to benefit. |
| | Using evidence, guidelines and audit to benefit patient care. |
| Where the placement is based | Obstetrics and Gynaecology – West Middlesex site |
| Clinical supervisor(s) for the placement | Miss Yulia Gurtovaya |
| Main duties of the placement | Supernumerary post. The FY1 doctor is |
| | responsible with other staff for the ward care of postnatal patients and the maintenance of the |
| | patient's medical record. Seeing patients in clinics |
| | and assisting in theatre. The FY1 is expected to |
| | attend the structured teaching programmes |
| | provided by the department. |
| Typical working pattern in this | Monday: |
| placement (e.g. ward rounds, clinics, | AM & PM: Early Pregnancy Unit / Gynaecology |
| theatre sessions) | theatre. |
| | Tuesday: |
| | AM: Antenatal clinic / Labour ward |

| | PM: Off Wednesday: AM: Rapid access clinic PM: Gynae clinic / gynae theatre Thursday: AM & PM: Labour ward / Gynae on call Including FY1 teaching 1300-1430 Friday: AM: Post-natal ward. PM: O&G departmental teaching. No on call requirements: |
|---|---|
| Local education provider (LEP) / employer information | Chelsea and Westminster Hospital NHS Foundation Trust provides services from Chelsea and Westminster Hospital and West Middlesex University Hospital—and a number of community-based services across London, such as award-winning sexual health and HIV clinics. |

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

| Trust | Chelsea and Westminster Hospital NHS |
|---------------------------------------|--|
| | Foundation Trust |
| | |
| Site | West Middlesex site |
| Trainee Information System (TIS) | Queen Mary Maternity Unit. – F2 |
| Post Code (and local post number if | |
| known) | |
| Placement details (i.e. the specialty | Chelsea and Westminster Hospital NHS |
| and sub-specialty) | Foundation Trust |
| | Site: West Middlesex University Hospital |
| Department | Obstetrics and gynaecology |
| Type of work to expect and | Multiple and extensive learning opportunities |
| learning opportunities | available within the whole of Obstetrics / |
| | Gynaecology. From clinics to theatre to Labour |
| | Ward to A+E. |
| | Wald to ATE. |
| | Specialty clinics are also available for you to |
| | attend if you are interested such as sub-fertility |
| | |
| | clinic, obstetric medicine clinic, rapid access |
| | clinic (cancer clinic), termination of pregnancy |
| | clinic etc |
| Where the placement is based | West Middlesex site |
| Clinical supervisor(s) for the | Miss Yulia Gurtovaya |
| placement | |
| | |
| Main duties of the placement | Same duties as an SHO in obstetrics and |
| | gynaecology |
| Typical working pattern in this | Each week is completely different – example |
| placement (e.g. ward rounds, clinics, | week given below. However, except when on call |
| theatre sessions) | doctors (SHOs) report to post-natal ward for ward |
| | round from 08.30 until morning commitments |
| | begin between 09.00-09.30. Normal day finishes |
| | at 17.00. |
| | |
| | Monday: |
| | AM Antenatal clinic. |
| | PM Elective Gynaecology list. |
| | I IVI LIEGUVE GYTIAEGOIOGY IISL. |
| | Tuesday |
| | Tuesday: |
| | AM and PM Early Pregnancy Unit or on-call day. |
| | W. L |
| | Wednesday: |
| | AM Elective C-sections. |
| | PM Gynaecology clinic. |
| | |
| | Thursday: |
| | |

Commented [LP1]: Not sure about this Should be obstetrics and gynaecology department, West Middlesex site Not sure what the TIS postcode is

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| | 1 4 5 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
|---|--|
| | AM Labour Ward triage / Colposcopy. |
| | PM Minor Gynaecology procedures or on call day. |
| | Friday: AM Endocrine antenatal clinic. PM Department teaching. |
| | Saturday and Sunday: Obstetrics / Gynaecology on call (1:10) and postnatal ward rounds (0830-1230) (1:10). |
| | On call requirements: 1-2 on calls a week 08:00-20:30. 1 in 10 weekends (08:00-20:30), 1 in 10 nights (20:00-08:30) and 1 in 10 weekend postnatal ward rounds (0830-1230) |
| | On-calls will either be Labour Ward (Obstetrics) or Gynaecology based, both at night and at weekends. |
| Local education provider (LEP) / employer information | Chelsea and Westminster Hospital NHS Foundation Trust provides services from Chelsea and Westminster Hospital and West Middlesex University Hospital—and a number of community-based services across London, such as award-winning sexual health and HIV clinics |

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

| Trust | Chelsea and Westminster NHS Foundation Trust |
|---|---|
| Site | West Middlesex |
| Trainee Information System (TIS) Post Code (and local post number if known) | Endocrinology – F1 |
| Placement details (i.e. the specialty and sub-specialty) | West Middlesex site - Marble Hill 2 ward with additional outliers on Marble Hill 1 ward |
| Department Department | The Endocrinology team consists of 4 Consultants, 2 Registrars, 1CT1, 1JCF, 2FY1s, and 1 Diabetic Nurse Specialists. There is a patient load of between 28 - 32 The team also look after diabetic foot patients in the hospital usually under joint care with the podiatrists. |
| Type of work to expect and learning opportunities | Mainly a general medicine job, good variety of cases. Conducting ward rounds with seniors or independently. History & examinations. Practical procedures. Medical administration. MDT patient meetings (foot / pituitary / thyroid) Grand round presentations. Endocrine lunches with talks. |
| Where the placement is based | West Middlesex site - Marble Hill 2 ward with additional outliers on Marble Hill 1 ward |
| Clinical supervisor(s) for the placement | Dr Marcus Martineau, Dr Rashmi Kaushal or Dr Sheharyar Qureshi |
| Main duties of the placement | Please see above. |
| Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions) | Working hours: 08:30 – 18:30, with additional on call commitment |
| | Monday: Consultant Ward Round. Tuesday: Ward Round. Grand Round meeting. Wednesday: Ward Round. Thursday: Consultant Ward Round, Endocrine lunch & FY1 teaching. Friday: Ward round & weekend handover |
| Local education provider (LEP) / employer information | Chelsea and Westminster Hospital NHS Foundation Trust provides services from Chelsea and Westminster Hospital and West Middlesex University Hospital—and a number of community-based services across London, such as award-winning sexual health and HIV clinics. |

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| Trust | Chelsea and Westminster NHS Foundation Trust |
|---|---|
| Site | West Middlesex site |
| Trainee Information System (TIS) Post Code (and local post number if known) | Care of the Elderly – F1 |
| Placement details (i.e. the specialty and sub-specialty) | The Care of the Elderly department consists off the following wards: Crane Ward/DRU, Kew ward, Lampton Ward, Orthogeriatrics (on Osterley 1), Kew ward (stroke unit) |
| Department | The Care of the Elderly department has various teams based on the sub-specialty interest including Acute Geriatrics, Stroke Medicine, and Orthogeriatrics. For inpatient care, our department covers 4 bed bases as mentioned below: |
| | Crane Ward is a 28 bed (12 male, 12 female and 4 side rooms) Discharge ready unit. This ward has medically fit for discharge patients a/w discharge related activities. Patients there have complex multi-morbidities requiring MDT approach and could become "medial" again. This gives a Fy1 opportunity to make clinical decisions and discuss case with consultant .Responsible Consultant is Dr Todorov. Kew ward is a 28 bed ward - 22 Stroke beds and 6 Care of the Elderly beds. As Stoke is a condition more commonly affecting Older People, hence most of the stroke patients will also be requiring same MDT comprehensive approach. Consultants are Dr Singh and Dr Drumm. Lampton Ward is a 29 bed (12 male, 12 female and 5 side rooms) Acute Care of the Elderly ward. This ward has acutely ill patients who have complex multi-morbidities requiring MDT approach. Consultants are Dr Lethby and Dr Martin -Marero Osterley 1 has approximately 20 beds for elderly patients who have sustained a fractured neck of femur who are under joint care between Orthopaedics and specialist Orthogeriatrics team. |
| | Consultant is Dr Varma. 5. Front door frailty services. Had 5-10 patient picked up and seen in ED/AMU. It is run by ACP, band 7 |

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nurse and band 6 nurse, SpR and two junior doctors. Consultants are Dr Lethby/Dr Todorov/Dr Martin-Marero rotation through Lampton in 1:3 Per bed base, there is one Registrar, 3-4 IMT/GPVTS/FY2 and 1-3 FY1s, supported by several non training grade or locum doctors. Type of work to expect and During the placement you will be spending time on the learning opportunities ward and also doing unselected integrated medical on calls. West Middlesex is a busy hospital and offers trainees vast work experience of various medical conditions. The on calls are well supported by acute medical team. Ward work: As an FY1 Doctor, you will generally be on the ward during the 'normal' working day and expected to deliver the daily medical care of all the patients on their ward irrespective of specialty. Consultant- twice a week consultant led ward rounds. The registrar does a ward round on 1-2 days per week. This is an excellent opportunity to see a large range of acute pathology and manage patients, taking responsibility for the sick patients and doing ward rounds; but generally the workload is shared quite equally. You will have opportunity to learn to coordinate and prioritise tasks. There is opportunity for procedures on the ward occasionally including chest drains and lumbar punctures, but these tend to be a rarity. The consultants will encourage the trainee doctors to do some essential curricular work including audits and revision for various exams. You will be expected to attend daily MDT board rounds +/- weekly ward MDT. X-ray meetings (1 hour per week) and departmental teaching clubs (1 hour per week). These meetings are educational and would help in developing greater understanding of managing patients with complex multiple comorbidities that are acutely unwell. FY1 Teaching on Thursday afternoons. It is essential to attend 70% of the teaching. Communication being very essential, you will be expected to talk to patients families (visiting starts at 14:00), and to document the conversations held very clearly in the notes

Where the placement is based

| Clinical supervisor(s) for the placement | One of the Consultants : Dr Linda Tsam, Dr Denley Dr Ravneeta Singh, Dr Brian Drumm ,Dr Mark Lethby ,Dr Surabhi Varma, Dr Georgi Todorov |
|---|--|
| | |
| Main duties of the placement | |
| Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions) | Ward round 09:00 – 13:00 midday. Afternoon spent completing jobs identified during the ward round until 17.00. This is the same schedule every day. Lunchtime events vary. |
| | Tuesday: 13:00 – 14:00 Grand Round Meeting. Thursday: 8:30 – 9:30, x-ray meeting FY1 teaching every week at 2pm. Friday: 13:15-14:15 Departmental teaching |
| | On call requirements: If you are 1 st on call then you will be called to AAU to help clerk during the day. You could be F1 providing ward cover. On calls are integrated unselected medical admissions. During on calls you will be well supported by different tiers of doctors-F2/GPVTS/JCF/CMT and Registrar/SCF. |
| Local education provider (LEP) / employer information | Chelsea and Westminster Hospital NHS Foundation Trust provides services from Chelsea and Westminster Hospital and West Middlesex University Hospital—and a number of community-based services across London, such as award-winning sexual health and HIV clinics. |

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

| Trust | Chelsea and Westminster Hospital NHS |
|---|---|
| | Foundation Trust |
| Site | West Middlesex site |
| Trainee Information System (TIS) | |
| Post Code (and local post number if | |
| known) | |
| Placement details (i.e. the specialty | Chelsea and Westminster Hospital NHS |
| and sub-specialty) | Foundation Trust - West Middlesex site |
| Department | Obstetrics and Gynaecology |
| Type of work to expect and learning opportunities | Mix of time on wards, clinics and in surgery. |
| | Learning opportunities |
| | Ward rounds and reviews of post-op surgical patients. |
| | Clerking of acute gynaecological problems in A&E. |
| | Surgical skills including suturing and gynaecological procedures. |
| | Seeing patients in the antenatal and |
| | gynaecology clinics, improving on history, |
| | examination and the formulation of management |
| | plans with consultant support. |
| | Safe prescribing. |
| | Ward round note taking. |
| | Using evidence, guidelines and audit to benefit |
| | patient care. |
| Where the placement is based | Obstetrics and Gynaecology – West Middlesex site |
| Clinical supervisor(s) for the | Miss Yulia Gurtovaya |
| placement | Wilde Falla Cartevaya |
| Main duties of the placement | Supernumerary post. The FY1 doctor is responsible with other staff for the ward care of postnatal patients and the maintenance of the patient's medical record. Seeing patients in clinics and assisting in theatre. The FY1 is expected to attend the structured teaching programmes provided by the department. |
| Typical working pattern in this | Monday: |
| placement (e.g. ward rounds, clinics, | AM & PM: Early Pregnancy Unit / Gynaecology |
| theatre sessions) | theatre. |
| | Tuesday: |
| | AM: Antenatal clinic / Labour ward |

| | PM: Off Wednesday: AM: Rapid access clinic PM: Gynae clinic / gynae theatre Thursday: AM & PM: Labour ward / Gynae on call Including FY1 teaching 1300-1430 Friday: AM: Post-natal ward. PM: O&G departmental teaching. | | |
|---|---|--|--|
| | No on call requirements: | | |
| Local education provider (LEP) / employer information | Chelsea and Westminster Hospital NHS Foundation Trust provides services from Chelsea and Westminster Hospital and West Middlesex University Hospital—and a number of community-based services across London, such as award-winning sexual health and HIV clinics. | | |

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

NW Thames Foundation School Individual Placement Description

| Placement | F1 General/Upper GI surgery /Colorectal surgery/Urology |
|---|--|
| The department | The surgical department consists of 10 consultant general surgeons with special interests in emergency, colorectal, Upper GI, who participate in on call/on-take Rota; and 4 Consultants Breast surgeons, who manage mainly elective activity and 4 Consultants Urologist |
| | The department is based in a district general hospital, which serves Hounslow, Isleworth, Richmond and has close ties with tertiary centers, which are part of Imperial HealthCare Trust as well as-Royal Marsden Hospitals. |
| Trust & Site | Chelsea and Westminster NHS Foundation Trust Site: West Middlesex University Hospital. The FY1 is responsible for looking after inpatients on Osterley 1 and 2, Richmond, Day Surgery wards and any other wards with surgical outliers |
| The type of work to expect and learning opportunities | Primarily ward based work (e.g. taking blood, ordering investigations, cannulation and making and acting upon referrals). You need to make sure you are familiar with all patients on the ward under the care of the team you are assigned to, their admitting diagnosis, plan of action and expected discharge date, with any barriers there might be to a safe discharge. The FY1 is responsible for ensuring that emergency admissions for Surgery and Urology (including those from Theatres) are managed correctly as well as looking after the surgical/urology patients on wards and completing any relevant paperwork such as discharge summaries in timely manner. A typical day involves a morning ward round, for which F1s need to prepare updates, then jobs along with chasing of results and feeding back to registrars and consultants. On elective operative days you also manage the post operative care of patients who have extended stays. You are encouraged to attend Theatre on these days to assist seniors. You are also required to be available for emergency surgical procedures. You are expected to attend all your planned |
| | teaching sessions on a Tuesday, Thursday and Friday when they are timetabled. These are protected educational sessions and calls should be forwarded to the ward SHO during these times. |

| Opportunities to attend clinics when the wards are less busy. |
|--|
| On calls involve ward cover most of the time but some opportunities to clerk in A&E. |
| As it is a teaching trust as well as learning on the job you will also be expected to teach medical students, which is a good way to revise topics |
| Please see above. |
| Mr Nikhil Pawa Mr Jason Smith Mr Musa Barkeji Miss Bubby Thava Mr Konstantinos Charitopoulos |
| The contracted working day is $08:00 - 17:00$ and an on call shift is from $08:00 - 17:00$ during the day and then $16:00 -$ midnight weekday and $1400-2200$ weekends twilights – please see illustration of a typical week below. |
| Chelsea and Westminster NHS Foundation Trust West Middlesex Hospital Site - is an award winning acute teaching hospital that provides a full range of hospital services to the London Boroughs of Hounslow and Richmond upon Thames. It serves a local population of around 425,000 people and the hospital has over 400 beds. |
| |

* Please note that at this Trust the role of the Educational and Clinical Supervisor is merged into one role. One Educational Supervisor is allocated per placement. It is important to note that this description may be subject to change.

| Monday | Emergency | Emergency | UpperGl | General | Urology | TWILIGHT | ZERO . | colorectal |
|-----------|-----------|-----------|---------|-----------|---------|----------|---------|------------|
| Tuesday | Emergency | Emergency | UpperGl | General | Urology | TWILIGHT | ZERO | colorectal |
| Wednesday | ZERO | Emergency | UpperGl | Emergency | Urology | TWILIGHT | General | colorectal |
| Thursday | Emergency | ZERO | UpperGl | Emergency | Urology | TWILIGHT | General | colorectal |
| Friday | Emergency | Emergency | UpperGl | General | Urology | TWILIGHT | General | colorectal |
| Saturday | | Day | | | | TWILIGHT | | |
| Sunday | | Day | | | | TWILIGHT | | |

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

| Trust | Chelsea and Westminster NHS Foundation Trust |
|---|--|
| Site | West Middlesex |
| Trainee Information System (TIS) Post Code (and local post number if known) | FY1 Acute Medical Unit |
| Placement details (i.e. the specialty and sub-specialty) | West Middlesex University Hospital – AMU (Acute Medical Unit incorporating ECA (Enhanced Care Area) and AEC (Ambulatory Emergency Care) |
| Department | AMU a 64 bed unit (incorporating a 6 bed ECA) run by 11 Consultants who are trained in Acute and General Internal Medicine. |
| | The day-to-day team looking after the patients consists of FY1s, FY2s, Junior Clinical Fellows and 9.5 registrars who rotate between all areas of the ward and AEC. There are 5 Consultants on clinical duty each day, each allocated to a different area of the ward/AEC. |
| | Patients referred from ED or the community will be admitted to AMU first and then either be discharged or transferred to another ward for a longer stay. |
| Type of work to expect and learning opportunities | The ambulatory emergency care unit (AEC) is a thriving facility which is integral in caring for patients safely without admitting them to hospital. |
| | The AEC helps to reduce the work load from the accident and emergency department and the acute medical take, though essentially it is a community facing service and works in a tight interface with general practice. A broad range of medical conditions are evaluated on the unit daily, many of them involving more peripheral specialties such as rheumatology and dermatology. Many planned procedures such as lumbar puncture, pleural drains and ascetic drain are performed here. |
| | Each FY1 will be part of a team with FY2/JCFs/PAs that work an 17 week rota. This involves working on the acute medical unit, the enhanced care unit and the ambulatory care unit. There are currently no night shifts on the AMU rota and a 1:3.4 weekend commitment. |
| | |

| Where the placement is based Clinical supervisor(s) for the | The Enhanced Care Area is covered by a dedicated registrar or senior clinical fellow and is a good opportunity to learn about respiratory support systems and the acutely unwell patient. Junior doctors get great exposure to acute medical problems and have the opportunity to perform procedures and assess acutely unwell patients. West Middlesex University Hospital, Isleworth Dr Angharad Jenkins (Service Director for Acute |
|---|---|
| placement | Medicine) Dr Craig Leaper (Service Director for AEC) Dr Rajvi Shah (Rota lead) Dr Ashkan Sadighi Dr Sanjay Krishnamoorthy Dr Emma Rowlandson Dr Sanja Zrelec Dr Elora Mukherjee Dr Mark Lander Dr Iona Thorne Dr Shreena Shah |
| Main duties of the placement | Take a history and examine a patient Make diagnoses and create a problem list 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 Teaching and guidance of medical students attached to the firm Become life-long learners and teachers Develop team working skills, working alongside doctors, nurses, and allied healthcare professionals Understand the importance of handover, to attend and communicate relevant patient information effectively Manage end of life care appropriately |

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

Monday - Friday: 08:30-17:00/21:00 Handover at 8.30am start Daily Ward Rounds from 8.30am onward

MDT Board round at 12:00 Ward jobs 13:00-17:00

Communication with other teams and relatives 1:3.6 weekends 08:30-17:00/21:30

Teaching/Education

Grand Round: Tuesdays 1-2

AMU Teaching: Friday 12:45 – 14:00

| | We support and ensure attendance at weekly FY1 teaching sessions Each Foundation trainee will be given a teaching slot to teach on an area of medicine of their interest to fulfill curriculum requirements |
|---|---|
| Local education provider (LEP) / employer information | Chelsea and Westminster Hospital NHS Foundation Trust provides services from Chelsea and Westminster Hospital and West Middlesex University Hospital—and a number of community-based services across London, such as award-winning sexual health and HIV clinics. |

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

| Trust | Chelsea and Westminster NHS Foundation Trust |
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| | |
| Site | West Middlesex |
| Trainee Information System (TIS) Post Code | F1 Cardiology |
| Placement details | Cardiology |
| Department | There are currently 8 consultants, 4 senior clinical fellows, 4 SpR's (joint with Chelsea on rotation), 2.5 SHOs and 2 FY1s in the Cardiology Department. The team works closely with the Care of the Elderly Heart Failure Team at WMUH. We have a cardiac catheter lab on site and carry out angiography, angioplasty and pacing on site. We transfer patients for complex cardiac procedures and for surgery to Hammersmith and Brompton Hospitals. |
| Type of work to expect and learning opportunities | Daily ward rounds on a consultant of the week model and carrying out subsequent ward jobs, in addition to re-assessing and caring for ward patients when necessary. General medicine on calls include both medical takes clerking new patients referred by GPs/A+E, and ward cover (NB no night shifts, but long days 08:00–21:30). There is an on call shift every 1 day every other week. You work 2 weekends in 4 months. Lots of support, and learning opportunities. |
| Where the placement is based | West Middlesex University Hospital; Syon 1 ward (30 beds) |
| Clinical supervisor(s) for the placement | Dr Nick Pantazopoulos or Dr Raffi Kaprielian. |
| Main duties of the placement | Please see above |
| Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions) | Contracted to work 08:30 – 17:30. Consultant led ward round every day, in addition |
| | Tuesday Grand round |
| | Wednesday: Lunch time cardiology meeting. |
| | Thursday: Cardiology JCC (optional) 8 am Cardiology MDT 12.30pm F1 teaching Thursday pm |
| | Saturday and Sunday: As per on-call requirement. |

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| | On call requirements: 2 long weekends (Friday-Sunday 08:00-21:30; one on take and one ward cover) per four months. One fixed day, twice a month. This rotates from acute take and ward cover. On take doctors must participate in the post-take ward round and subsequent jobs the next day |
|---|--|
| Local education provider (LEP) / employer information | Chelsea and Westminster Hospital NHS Foundation Trust provides services from Chelsea and Westminster Hospital and West Middlesex University Hospital—and a number of community-based services across London, such as award-winning sexual health and HIV clinics. |

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| Trust | Chelsea and Westminster NHS Foundation Trust |
|---|--|
| Site | West Middlesex site |
| Trainee Information System (TIS) | F1 A&E |
| Post Code | - M. C. |
| Placement details | Emergency Medicine |
| Department | For the Emergency Medicine job you will work within the Emergency Medicine team as a whole, but also with many other working groups. There are 9 Emergency Medicine and 3 Pediatric Emergency Medicine consultant. 30 middle grades with usually 4 working at a time (but will changeover throughout the day) and 25 SHOs (usually 3-5 working at any time). There department is also staffed by 110 nurses of different levels in total and usually around 12 are working at a time. |
| | In the Observation Bay and Clinical Decision Unit (CDU) itself there will be the FY1, 2 Nurses and an A&E technician (extremely well trained HCAs); however the rest of the A&E team is never far away to offer help when it's needed. |
| | The Observation Bay has 6 beds and CDU has 5 chairs for patients. Most of these patients will be your responsibility, but sometimes the Emergency Medicine doctor who initially clerked them will continue their management. |
| | On top of this venturing out into the Majors areas to see new patients is essential for gaining the surgical competencies that the post is designed for. |
| | The job also requires working extensively with other teams of specialists; in particular the ICRT team. Their remit is to prevent unnecessary admissions so this will help facilitate the discharge of many Observation Bay patients. |
| Type of work to expect and learning opportunities | Organizing and coordinating patient's management, either for referrals to inpatient teams for admissions, or to arrange discharge. Lots of experience assessing patients, both sick and relatively well. Lots of experience creating management plans and initiating them, but with outstanding senior support for all problems. |

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| Where the placement is based Clinical supervisor(s) for the placement | Also good experience (surgical especially - as this is supposed to be a surgical placement) in the Majors and Resuscitation areas assessing and treating acutely unwell patients Emergency Department Dr Zul Mirza |
|---|--|
| Main duties of the placement | The main job is looking after patients in the Observation ward. Entails assessing them for suitability for discharge, deterioration or other changes in condition. Plenty of multidisciplinary team discharge co-ordination. When the Observation Bay is quieter there is lots of opportunity to see patients in the Minors area (good for surgical skills such as suturing and fracture management) Majors area (good for seeing surgical abdomens especially) and the Resuscitation Room (great for everything acute). |
| Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions) | Monday to Friday 07:30 to 15:30. Time spent sorting the patients in the Observation Bay is variable; it can take all day (and longer) or can be done within an hour on occasions to free up time to see new patients. FY1 teaching takes place every Thursday at 2pm. No on calls in this placement. |
| Local education provider (LEP) / employer information | Chelsea and Westminster Hospital NHS Foundation Trust provides services from Chelsea and Westminster Hospital and West Middlesex University Hospital—and a number of community-based services across London, such as award-winning sexual health and HIV clinics. |

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| Trust | Chelsea and Westminster NHS Foundation Trust |
|---|--|
| Site | West Middlesex site |
| Trainee Information System (TIS) Post Code (and local post number if known) | F1 Gastroenterology |
| Placement details (i.e. the specialty and sub-specialty) | |
| Department | Gastroenterology |
| Type of work to expect and learning opportunities | Manage patient day-to-day care, observing for any changes and be prepared to manage acutely unwell patients. |
| | Exposure to general medicine plus gastroenterology specific cases including alcoholic liver disease and inflammatory bowel disease. |
| Where the placement is based | |
| Clinical supervisor(s) for the placement | Dr K Sundaram, Dr E Johnston, Dr G Chadwick, Dr S Pannick, Dr Kyaw |
| Main duties of the placement | Ward Rounds every morning. Ward work (taking bloods, cannulation) Seeing acutely ill patients. Discharge planning. Ordering and following up tests/investigations. Prescribing. Arranging physiotherapy / OT input before patients are discharged. Updating the patient list to include blood test results. |
| Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions) | Daily consultant or SpR ward round Monday: Ward round and ward jobs. Tuesday: Ward round and ward jobs Wednesday: Ward round, ward jobs, Gastroenterology team meeting. Thursday: Imaging MDT meeting @8:30am with this link: Click here to join the meeting Ward round and ward jobs. FY1 teaching. |

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| Friday: Ward round and ward jobs. Saturday and Sunday: Off unless on-call. |
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| Local education provider (LEP) / employer information | Chelsea and Westminster Hospital NHS Foundation Trust provides services from Chelsea and Westminster Hospital and West Middlesex University Hospital—and |
|---|--|
| | a number of community-based services across London, such as award-winning sexual health and HIV clinics. |

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| Trust | Chelsea and Westminster NHS Foundation Trust |
|---|--|
| Site | Site: West Middlesex University Hospital |
| Trainee Information System (TIS) Post Code (and local post number if known) | |
| Placement details (i.e. the specialty and sub-specialty) | Critical Care |
| Department | Critical Care |
| Type of work to expect and learning opportunities | All FY1 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. The FY1 will be involved with the generic clerking of patients being admitted and the ongoing care of the patients in the unit. The overall educational objectives of the FY1 year are to provide the trainee with the knowledge, skills and attitudes to be able to: |
| | Take a history and examine a patient. 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 critically ill patients. Learn the assessment and resuscitation of the acutely sick patient Delivering bad news Receive training in core practical procedures including, intubation, CVP and arterial line placement, chest drainage insertion and ascitic drainage |
| Where the placement is based | aramage meet and areas aramage |
| Clinical supervisor(s) for the placement | Dr Tim Peters |
| Main duties of the placement | The FY1 doctor is a key component of the critical care medical team. ICU/HDU care is provided on a fully multidisciplinary model. They will work with the ICM consultant, resident and anaesthetic trainee to provide critical care services to inpatients, ward patients elsewhere in the hospital, as part of outreach, and to the A&E department when required. 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 attending Microbiology Ward Round and weekly MDT meeting |

| Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions) | Daily: Handover meeting at 08:00 Ward Round at 09:30 Microbiology round about 13.00 Handover at 17:00 and 20.00 |
|---|--|
| | Monday: |
| | Critical Care. |
| | Tuesday: MDT at |
| | 14:00 |
| | Critical Care. MDT meeting at 13:00. |
| | Wednesday: MDT at 14.00am |
| | Critical Care. pm Off |
| | Thursday: Critical Care. FY1 teaching |
| | at 14:00. Friday: |
| | Critical Care. Departmental teaching at 14:00. |
| | The FY1 will be posted to work some daytime shifts 8.00 to 18.00 on weekends No on calls |
| Local education provider (LEP) / | Chelsea and Westminster Hospital NHS Foundation |
| employer information | Trust provides services from Chelsea and Westminster Hospital and West Middlesex University Hospital—and a number of community-based services across London, such as award-winning sexual health and HIV clinics |

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| Trust | Chelsea and Westminster NHS Foundation Trust |
|---|--|
| Site | West Middlesex site |
| Trainee Information System (TIS) Post Code (and local post number if known) | FY1 Liaison Psychiatry |
| Placement details (i.e. the specialty and sub-specialty) | West London Mental Health Trust Site: West Middlesex |
| Department Type of work to expect and learning opportunities | Liaison Psychiatry This is great opportunity for FY1 trainees whether they want to pursue psychiatry as a career or not. The majority of medical school graduates are not going to pursue psychiatry as a career but with mental illness being as prevalent as 30% in the general hospital setting, all of them will be faced |
| | with having to manage mental health issues in their patients for their entire careers. Liaison psychiatry, offers a unique experience as it encompasses the assessment, diagnosis and management of mental health presentations which occur in the acute hospital. These can be presentations that arise or become problematic alongside physical health co-morbidity or as a sequelae of organic issues in the initial instance. |
| | Assessment and management of patients aged 16 and above who present with mental health needs within an acute general hospital setting in the WMUH. This will also include presentations to the ED of patients who are in crisis. Development a good formulation of cases using a bio-psycho-social model understanding the influences of each on health and illness (both mentally physically). Understanding risk management and available services in the community that can support patients in their recovery. Working with a multidisciplinary team, including medical and surgical colleagues |

| | and interfacing with other Trust and non Trust services to develop good interagency working. Acquiring more knowledge of the Mental Health Act, MCA, DOLs and other related legislations. |
|--|--|
| Where the placement is based | Hounslow Liaison Psychiatry Service (HLPS) West London NHS Trust Site: West Middlesex University Hospital |
| Clinical supervisor(s) for the placement | Other staff include: Dr Michael Yousif (Cons Liaison Psychiatrist) Other sessional consultants with another full time Consultant being recruited to start in August 2022. Band 8a Team Manager 3 wte Band 7 liaison nurses 5 wte Band 6 liaison nurses 1 wte Administrative staff member |
| Main duties of the placement | FY1s will be expected assist in assessments and management of inpatients referred from medical and surgical services as well as patients from the Emergency Department and Urgent Care Centre at West Middlesex University Hospital. Initially this will be done in pairs and supervision from more senior doctors and consultant will always be available. When the FY1 trainee feels confident and it is clinically appropriate to do so after discussion with the supervising consultant, they can do assessments/reviews on their own which must be discussed with the consultant/senior medic on duty. Attend weekly one hour supervision sessions, with their supervising consultant and also attend daily multi-disciplinary liaison meetings/ward rounds in accordance to their timetable. Engage in teaching activities both for medical students and for the acute trust staff. Engage in small projects suited to their level of training and this will be supervised by the consultant. Liaise with the staff of other services and organizations within the voluntary and statutory sectors advising on patient matters as appropriate. |

| | • Ligied | with relevant teams, ie acute hospital |
|---|---|---|
| | teams teams hando worki Be ful clinica the pr | s, community teams, or out of hours of for example to ensure adequate clinical over at the beginning and end of eaching day. Ily involved in the process of medical and all audit and participate as appropriate to occess of Clinical Governance. |
| Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions) | Mon | AM – Team Handover 9-9.30am Clinical work (assessments, reviews) PM – Clinical work |
| PLEASE NOTE THAT ASSESSMENTS IN ED MUST ALWAYS BE JOINT FOR THE FY1. | Tues | AM – Team Handover 9-9.30am Team meeting 10 – 11am Supervision with Consultant 1 hour to be arranged at a mutually convenient time on this day. PM Clinical work |
| | Wed | AM – Team Handover 9-9.30am Clinical work PM - Academic meeting, Journal club and OOH supervision 3.30 – 4.30pm |
| | Thurs | AM – Team Handover 9-9.30am Clinical work PM - Foundation programme teaching + Clinical work |
| | Fri | AM - Team Handover 9-9.30am Clinical work PM – Clinical work |
| | | There are also regular teaching sessions within the team and interteam session between the tri-borough liaison services that will be held on different days. |
| | There are | e no on call requirement out of hours |
| Local education provider (LEP) / employer information | Chelsea Foundati and Wes Universit based se | and Westminster Hospital NHS on Trust provides services from Chelsea stminster Hospital and West Middlesex y Hospital—and a number of community-ervices across London, such as award-sexual health and HIV clinics |

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

| Trust | Chelsea and Westminster NHS Foundation Trust | |
|---|--|--|
| Site | West Middlesex | |
| Trainee Information System (TIS) Post Code | F1 Respiratory Medicine | |
| Placement details | Respiratory Medicine | |
| Department | The Respiratory Department consists of 4 consultants, 1 SpR, 2 SCF, 1 IMT, and 3 FY1's. There are currently plans to expand the team further. | |
| Type of work to expect and learning opportunities | The FY1 will be involved in generic clerking of admitted patients and continuing their care. | |
| Where the placement is based | West Middlesex University Hospital. Ward Syon 2 with medical outliers mainly on Osterley 2 ward. | |
| Clinical supervisor(s) for the placement | Dr. Bobby Mann/Dr Rubab Ahmed/Dr Ryan Dhunookchand. | |
| Main duties of the placement | The FY1 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 department and the Trust. 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) | Monday: AM Consultant ward round PM X-ray meeting. PM Ward round. Tuesday: AM CT1/JCF/SCF led ward round (Mini consultant ward round). PM Grand round PM Ward work Wednesday: AM SpR Ward Round. PM Departmental teaching/Local fcaulty group meeting Jobs and possible audit / research time (Mini consultant ward round). Thursday: AM Ward work PM FY1 teaching / Consultant ward round. Friday: AM Ward work PM Ward work PM Ward work | |

| Local education provider (LEP) / employer information | Chelsea and Westminster Hospital NHS Foundation Trust provides services from Chelsea and Westminster Hospital and West Middlesex University Hospital—and |
|---|--|
| | a number of community-based services across London, such as award-winning sexual health and HIV clinics. |

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| Trust | Chelsea and Westminster NHS Foundation Trust |
|---|--|
| Site | West Middlesex site |
| Trainee Information System (TIS) Post Code (and local post number if known) | F2 General Psychiatry |
| Placement details (i.e. the specialty and sub-specialty) | Hounslow Crisis and Home Treatment Team |
| Department | West London NHS Trust, Lakeside Mental Health Unit |
| Type of work to expect and learning opportunities | The Crisis and Home Treatment Teams (CAHTT) were established early in 2016 and bring together the previous Assessment Teams and Crisis Resolution and Home Treatment Teams in to one team. The aim of the team is support people who might otherwise need inpatient care or need a period of relatively intense support. |
| | The team receive referrals from a variety of sources including SPA (single point of access), Liaison Psychiatry Services, wards, MINT (community mental health services), SOAMHS (older adult mental health services), EIS (early intervention services), HBPoS (Health based place of safety), and from other Trusts. |
| | The service is 24 hour, 7 days a week, 365 days a year, with medical input 9am-5pm Monday to Friday (and cover from the Duty Doctor, ST, and Consultant on-call outside of these hours). |
| | The exact medical team varies, but is generally well staffed and currently there are three consultants (1x1.0FTE, 1x0.8FTE, 1x0.5FTE), one specialty doctor (1x0.4FTE), two STs (1x1.0FTE, 1x0.3FTE), two Core Psychiatry Trainees – (2x1.0FTE), one GPVTS (1x1.0FTE) and one F2 (1x1.0FTE – this post). |
| | The F2 will be responsible for contributing to the day-to-day management of the patients under the Team, approximately 40-50 patients at a time. |
| | Typically, there will be up to 2-3 patient contacts a day which may include a new assessment. Most contacts will be with another member of the multidisciplinary team, although the F2 Dr will be expected to do some contacts alone. These will be carefully planned with appropriate consideration of risk and competencies. |
| STES is a collaboration between HE Kent Surrey | Specific training opportunities include: |

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- Assessment and management of acute psychiatric emergencies with a particular focus on risk.
- Acute management of a wide variety of disorders in the community.
- Multidisciplinary working and effective team practice.
- Prescribing in acute situations and application of basic psychological approaches (e.g. problem solving).
- Working with carers and relatives.
- The use of the Mental Health Act and Mental Capacity Act in an acute setting.
- The management of physical health needs and psychiatric co-morbidities.

General clinical duties of the post include:

- The assessment and management of new referrals.
- The assessment and initial treatment of new admissions, performing physical examinations and the organisation of clinically indicated physical investigations.
- The on-going assessment and management of patients, including contributing to multidisciplinary reviews by presenting updated clinical information on patients and documenting the multidisciplinary discussion.
- Participation in CPA meetings and relevant documentation.
- Liaison with other professionals within and external to the service, voluntary agencies and carer's.
- The preparation of psychiatric reports and clinical referrals to mental health and physical health services.
- Cross cover is generally arranged with the other doctors (CT, GPVTS and ST) in the team.
- Taking bloods, physical examinations, completing ECGs, as part of monitoring requirements for certain medications.

Supervision of clinical work will be with whichever consultant is working on the particular day.

Training objectives will be formally agreed at the start of the post in the clinical and training supervision. These will reflect the requirements for the Foundation Programme, commensurate with the level of training, and any specific recommendations arising from the Educational Supervisor and ARCP outcomes.

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| Where the placement is based | West London NHS Trust, Lakeside Mental Health Unit – O Block. West Middlesex site |
|---|---|
| Clinical supervisor(s) for the placement | Dr Mark Toynbee |
| Main duties of the placement | As above |
| Typical working pattern in this | Monday to Friday 09:00 – 17:00. |
| placement (e.g. ward rounds, clinics, theatre sessions) | Typical day: |
| | 09:00 – 10:00: Check for new admissions, order medications, new drug charts, discharge summaries. |
| | 10:00-13:00: Patient reviews – these maybe new assessments or follow-ups, or home visits. Reviews are allocated on the day by one of the senior doctors, and appropriate supervision will always be available. For example, there maybe patients to see in the S136 suite (health based place of safety) who need a senior review, depending on experience and interest the F2 doctor will be supported to participate in such assessments, in the presence of and with supervision from, the senior. |
| | 13:00-13:30 Break |
| | 13:30 – 14:00 Paper work |
| | 14:00 – 15:00 Team development or teaching session |
| | 15:00 – 16:00 MDT handover |
| | 16:00 – 17:00 Jobs from the day |
| | Day-to-day supervision from Consultants and STs working each day. |
| | Weekly 1-hour one-on-one supervision sessions with Clinical Supervisor – a suitable regular time needs to be arranged at the start of the job. |
| | No on-call commitment. |

| Local education provider (LEP) / employer information | Chelsea and Westminster Hospital NHS Foundation Trust provides services from Chelsea and Westminster Hospital and West Middlesex University Hospital—and a number of community- based services across London, |
|---|--|
| | such as award- winning sexual health and HIV clinics |

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

Updated: 25 March 2022

| Trust | Chelsea and Westminster NHS Foundation Trust | |
|---|--|--|
| Site | West Middlesex site | |
| | | |
| Trainee Information System (TIS) Post Code | F2 Emergency Medicine | |
| Placement details | Emergency Medicine | |
| Department | Emergency Department | |
| Type of work to expect and learning opportunities | You will rotate daily between the Majors, Paediatrics and Resus areas. We are a busy department with a great variation in acuity and pathology | |
| | The department in staffed by 12 consultant, 60 junior doctors and 110 nurses, plus other MDT members. | |
| | You will be assessing, investigating and treating patients from all age groups. | |
| | Any concerns are discussed with the registrar, and any Majors / Resus patient to be discussed with a senior before discharge. | |
| | There will be ample opportunity to perform practical procedures. | |
| | Shifts are typically 8-10 hours long with a 30-45 minute break, but are always 12 hours long at the weekends. | |
| | Learning opportunities include: | |
| | Clerking Examining and carrying out investigations on all A&E patients. Some practical skills include reducing fractures/dislocations, plastering, suturing, chest drain insertion, peripheral line placement, setting up drips/nebulisers and of course explaining diagnoses and management, and often breaking bad news. | |
| Where the placement is based | Emergency Medicine | |
| Clinical supervisor(s) for the placement | Dr Jasmin Cheema, Dr Caroline Smith, Dr Zulfiquar Mirza. Dr El-Askary, Dr. Yunus Gokdogan, Dr. Shackleton, Dr. Friedman, Dr Mathur, Dr Shadadeh, Dr Bizanti, Dr Torabi & Dr Goroszeniuk | |
| Main duties of the placement | Assessing the acutely unwell patient (taking history and examining them) and initiating initial management to stabilize the patient before referring them onto the appropriate specialty or discharging them home. The FY2 is sometimes expected to see a patient before they have been triaged. | |

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| | You will often need to multi-task and deal with several |
|---------------------------------------|--|
| | patients at once in different parts of the department. |
| Typical working pattern in this | The shifts are: |
| placement (e.g. ward rounds, clinics, | The crime are. |
| theatre sessions) | 0730 -1830 |
| | 1030-2130 |
| | 1300-0000 2100-0800 |
| | Interspersed with zero days |
| | interoperada with zero daya |
| | FY2 teaching takes place at 13:00 every Wednesday. |
| | On call requirements: |
| | On-call weekend duty every 1 in 3 weekends. |
| | · |
| | If working nights, the shift ends with a ward-round with |
| | a consultant at 07:30. Otherwise duties begin with |
| | reporting to the registrar in charge who allocates which |
| | part of the department to start in, and work begins. |
| Local education provider (LEP) / | Chelsea and Westminster Hospital NHS Foundation |
| employer information | Trust provides services from Chelsea and Westminster |
| | Hospital and West Middlesex University Hospital—and |
| | a number of community-based services across |
| | London, such as award-winning sexual health and HIV clinics. |

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| Trust | Chelsea and Westminster NHS Foundation Trust | |
|---|---|--|
| Site | West Middlesex site | |
| Trainee Information System (TIS) Post Code (and local post number if known) | F2 ENT | |
| Placement details (i.e. the specialty and sub-specialty) | ENT | |
| Department | ENT | |
| Type of work to expect and learning opportunities | If registrar or middle grades are away then you are expected to consent patients for theatre list (list 4 days a week), then morning ward round. Afternoon, either more ward cover, emergency bleep holding or emergency clinic. They also have a chance to attend theatres if other duties are covered. | |
| | On call long days covering ENT only- A&E and taking GP referrals. The person on call does the emergency clinic. | |
| | Weekends Saturday-Sunday 8am-8pm covering ENT only | |
| | You are expected to clerk patients, care for ward patients, perform practical procedures such as FNE, micro-suction, quinsy / pinna, haematoma aspiration and run own clinics. | |
| | Typical routine ENT skills learned: Flexible nasolaryngoscopy Micorsuction of Ears Aspiration of peritonsillar (quinsy) abscess Arrest of nasal bleeding and packing opf nose Nasal cauterization I+D of H&N superficial abscess Management of otitis externa Removal of foreign bodies in ENT (adult and paediatric) | |
| Where the placement is based | West Middlesex site – ENT | |

Updated: 03 March 202412 February 2024

| Clinical supervisor(s) for the placement | Mr Niall Daly |
|---|---|
| Main duties of the placement | As below |
| Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions) | Duties of junior ENT doctors (4 in total in the department) as per priority: - Emergency bleep holder / ward and ED cover - Emergency clinic - Theatre cover |
| | This is a well supervised post with constant senior cover available during working hours. The middle and senior overnight oncall rota is jointly covered with Imperial ENT department. |
| | This is an excellent post for GP trainees and Surgical trainees interested in ENT or allied specialties like Neuro/Plastics/OMFS |
| Local education provider (LEP) / employer information | Chelsea and Westminster Hospital NHS Foundation Trust provides services from Chelsea and Westminster Hospital and West Middlesex University Hospital—and a number of community-based services across London, such as award-winning sexual health and HIV clinics. |

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

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| Trust | Chelsea and Westminster Hospital NHS Foundation Trust |
|---|--|
| Site | West Middlesex site |
| Trainee Information System (TIS) | Queen Mary Maternity Unit. – F2 |
| Post Code (and local post number if | ,,, |
| known) | |
| Placement details (i.e. the specialty | Chelsea and Westminster Hospital NHS |
| and sub-specialty) | Foundation Trust |
| | Site: West Middlesex University Hospital |
| Department | Obstetrics and gynaecology |
| Type of work to expect and | Multiple and extensive learning opportunities |
| learning opportunities | available within the whole of Obstetrics / |
| .cag opportament | Gynaecology. From clinics to theatre to Labour |
| | Ward to A+E. |
| | Ward to A+E. |
| | Consiste divise on the sociable forces to |
| | Specialty clinics are also available for you to |
| | attend if you are interested such as sub-fertility |
| | clinic, obstetric medicine clinic, rapid access |
| | clinic (cancer clinic), termination of pregnancy |
| | clinic etc |
| Where the placement is based | West Middlesex site |
| Clinical supervisor(s) for the placement | Miss Yulia Gurtovaya |
| Main duties of the placement | Same duties as an SHO in obstetrics and gynaecology |
| Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions) | Each week is completely different – example week given below. However, except when on call doctors (SHOs) report to post-natal ward for ward round from 08.30 until morning commitments begin between 09.00-09.30. Normal day finishes at 17.00. |
| | Monday: |
| | AM Antenatal clinic. |
| | PM Elective Gynaecology list. |
| | 1 M Lissuive Syndeodiogy list. |
| | Tuesday: |
| | AM and PM Early Pregnancy Unit or on-call day. |
| | Awi and I wi Larry I regulation of the call day. |
| | Wednesday: |
| | AM Elective C-sections. |
| | PM Gynaecology clinic. |
| | FINI Gynaecology clinic. |
| | Thursday: |

Commented [LP1]: Not sure about this Should be obstetrics and gynaecology department, West Middlesex site Not sure what the TIS postcode is

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| | AM Labour Ward triage / Colposcopy. PM Minor Gynaecology procedures or on call day. |
|---|--|
| | Friday: AM Endocrine antenatal clinic. PM Department teaching. |
| | Saturday and Sunday: Obstetrics / Gynaecology on call (1:10) and postnatal ward rounds (0830-1230) (1:10). |
| | On call requirements: 1-2 on calls a week 08:00-20:30. 1 in 10 weekends (08:00-20:30), 1 in 10 nights (20:00-08:30) and 1 in 10 weekend postnatal ward rounds (0830-1230) |
| | On-calls will either be Labour Ward (Obstetrics) or Gynaecology based, both at night and at weekends. |
| Local education provider (LEP) / employer information | Chelsea and Westminster Hospital NHS Foundation Trust provides services from Chelsea and Westminster Hospital and West Middlesex University Hospital—and a number of community-based services across London, such as award-winning sexual health and HIV clinics |

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

| Trust | Chelsea and Westminster NHS Foundation Trust |
|---|---|
| Site | West Middlesex |
| Trainee Information System (TIS) Post Code (and local post number if known) | FY2 Acute Paediatrics |
| Placement details (i.e. the specialty and sub-specialty) Department | West Middlesex site - Starlight Ward, Sunshine Day Unit, Children Outpatients, SCBU, Postnatal Ward The Paediatric Department comprises 5 Consultant Paediatricians all of which do acute General Paediatric and Neonatal on-call. |
| Type of work to expect and learning opportunities | There are no FY1 posts in the department and 1 FY2 post. As an F2 you are on the same rota with the other SHOs (FY2-ST3 – other SHOs made up of Paediatric trainees and GP VTS trainees). The rota is a 12 week cycle and there are 7 clinical areas that are covered and tasks vary depending on the area; |
| | Children's ward – daily ward duties Day assessment unit – reviews, jaundice clinic Outpatients – educational week to observe/take clinics under supervision SCBU – daily ward duties in neonatology Postnatal ward – baby checks/reviews Labour ward – attending neonatal emergencies and high risk deliveries A&E – clerking all children under 1 year and accepting referrals from A&E for children over a year old. The overall educational objectives of the FY2 year is 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. |

Updated: 03 March 2024

| Amended by | |
|---|--|
| | Become life-long learners and teachers. |
| | Some of the additional aspects in this rotation include: Child protection issues. Paediatric and neonatal life support. Paediatric and neonatal procedures. (Phlebotomy, cannulation, lumbar punctures etc). Understanding of Paediatric and neonatal disease. |
| Where the placement is based | West Middlesex site - Starlight Ward, Sunshine Day Unit, Children Outpatients, SCBU, Postnatal Ward |
| Clinical supervisor(s) for the placement | TBC |
| Main duties of the placement | Please see above. |
| Typical working pattern in this placement (e.g. ward rounds, clinics, theatre sessions) | Typical working pattern in this post 12 week rolling rota (per 12 weeks). Equal time split between departments listed above. |
| | On call requirements: 9 nights, 3 weekends. Evening on-call until 20:00 or 21:30 approximately once per week. Approximately 25 zero days / annual leave days (fixed annual leave). |
| Local education provider (LEP) / employer information | Chelsea and Westminster Hospital NHS Foundation Trust provides services from Chelsea and Westminster Hospital and West Middlesex University Hospital—and a number of community-based services across London, such as award-winning sexual health and HIV clinics. |

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

Updated: 03 March 2024

| Trust | Chelsea and Westminster NHS Foundation Trust |
|---|--|
| Site | West Middlesex |
| Trainee Information System (TIS) Post Code (and local post number if known) | FY2 Acute Medical Unit |
| Placement details (i.e. the specialty and sub-specialty) | West Middlesex University Hospital – AMU (Acute Medical Unit incorporating ECA (Enhanced Care Area) and AEC (Ambulatory Emergency Care) |
| Department | AMU a 64 bed unit (incorporating a 6 bed ECA) run by 11 Consultants who are trained in Acute and General Internal Medicine. |
| | The day-to-day team looking after the patients consists of FY1s, FY2s, Junior Clinical Fellows and 9.5 registrars who rotate between all areas of the ward and AEC. There are 5 Consultants on clinical duty each day, each allocated to a different area of the ward/AEC. |
| | Patients referred from ED or the community will be admitted to AMU first and then either be discharged or transferred to another ward for a longer stay. |
| Type of work to expect and learning opportunities | The ambulatory emergency care unit (AEC) is a thriving facility which is integral in caring for patients safely without admitting them to hospital. |
| | The AEC helps to reduce the work load from the accident and emergency department and the acute medical take, though essentially it is a community facing service and works in a tight interface with general practice. A broad range of medical conditions are evaluated on the unit daily, many of them involving more peripheral specialties such as rheumatology and dermatology. Many planned procedures such as lumbar puncture, pleural drains and ascetic drain are performed here. |
| | Each FY1 will be part of a team with FY2/JCFs/PAs that work an 17 week rota. This involves working on the acute medical unit, the enhanced care unit and the ambulatory care unit. There are currently no night shifts on the AMU rota and a 1:3.4 weekend commitment. |
| | |

| | The Enhanced Care Area is covered by a dedicated registrar or senior clinical fellow and is a good opportunity to learn about respiratory support systems and the acutely unwell patient. |
|--|---|
| Where the placement is based | Junior doctors get great exposure to acute medical problems and have the opportunity to perform procedures and assess acutely unwell patients. West Middlesex University Hospital, Isleworth |
| Clinical supervisor(s) for the placement | Dr Angharad Jenkins (Service Director for Acute Medicine) Dr Craig Leaper (Service Director for AEC) Dr Rajvi Shah (Rota lead) Dr Sanjay Krishnamoorthy Dr Ashkan Sadighi Dr Emma Rowlandson Dr Sanja Zrelec Dr Elora Mukherjee Dr Mark Lander Dr Iona Thorne Dr Craig Leaper Dr Shreena Shah |
| Main duties of the placement | Take a history and examine a patient Make diagnoses and create a problem list 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 Teaching and guidance of medical students attached to the firm Become life-long learners and teachers Develop team working skills, working alongside doctors, nurses, and allied healthcare professionals Understand the importance of handover, to attend and communicate relevant patient information effectively Manage end of life care appropriately |

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

Monday - Friday: 08:30-17:00/21:00 Handover at 8.30am start Daily Ward Rounds from 8.30am onward MDT Board round at 12:00 Ward jobs 13:00-17:00 Communication with other teams and relatives

1:3.6 weekends 08:30-17:00/21:30 *Teaching/Education*

Grand Round: Tuesdays 1-2

AMU Teaching: Friday 12:45 – 14:00

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| | We support and ensure attendance at weekly FY1 teaching sessions Each Foundation trainee will be given a teaching slot to teach on an area of medicine of their interest to fulfill curriculum requirements |
|---|---|
| Local education provider (LEP) / employer information | Chelsea and Westminster Hospital NHS Foundation Trust provides services from Chelsea and Westminster Hospital and West Middlesex University Hospital—and a number of community-based services across London, such as award-winning sexual health and HIV clinics. |

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| Trust | Chelsea and Westminster NHS Foundation Trust |
|---|---|
| Site | West Middlesex |
| Trainee Information System (TIS) Post Code | |
| Placement details | F2 Cardiology |
| Department | Cardiology- There are currently 8 consultants, 5 senior clinical fellows, 4 SpR's (joint with Chelsea on rotation), 2.5 SHOs and 2 FY1s in the Cardiology Department. The team works closely with the Care of the Elderly Heart Failure Team at WMUH. We have a cardiac catheter lab on site and carry out angiography, angioplasty and pacing on site. We transfer patients for complex cardiac procedures and for surgery to Hammersmith and Brompton Hospitals. |
| Type of work to expect and learning opportunities | As an FY2 you are on the general medical on call rota with usually weekly on call commitments and at least one set of nights per 4 months. Daily ward rounds on a consultant of the week model and carrying out subsequent ward jobs, in addition to re-assessing and caring for ward patients when necessary. General medicine on calls include both medical takes clerking new patients referred by GPs/A+E, and ward cover. Lots of support, and learning opportunities. You can also get a lot of experience in clinic, there are daily clinics where you can be supernumerary. There is also the opportunity to get some practical experience with procedures like DC cardioversion and echo. |
| Where the placement is based | West Middlesex University Hospital . The department consists of a 30 bedded ward, cardiac catheterization suite and the cardiac investigations department. |
| Clinical supervisor(s) for the placement | Dr Sadia Khan |
| Main duties of the placement | As above. |

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

As above and:

Monday

Medical Mondays

Tuesday:

Grand round

Wednesday:

Cardiology teaching and FY2 teaching in the afternoon.

Thursday:

MDT lunchtime

Saturday and Sunday:

On call is applicable.

On call requirements:

Usually once a week and then usually 2 weekends in 4 months (one on take and one ward cover) and

| | then usually 2 sets of 7 nights (which are split with a week off in between) |
|---|---|
| Local education provider (LEP) / employer information | Chelsea and Westminster Hospital NHS Foundation Trust provides services from Chelsea and Westminster Hospital and West Middlesex University Hospital—and a number of community-based services across London, such as award-winning sexual health and HIV clinics. |

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

| Trust | Chelsea and Westminster NHS Foundation Trust |
|---|--|
| Site | West Middlesex site |
| 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 |
| Type of work to expect and learning opportunities | As a FY2 the work is mainly ward based patient care; it is very busy so it's rare that you will have time to go to clinics/endoscopy. You will have to do ward rounds with the FY1s and develop management plans as well as liaise with other healthcare professionals and order investigations. Plenty of opportunities for practical procedures such as ascetic taps/drains and presenting cases. Lots of good pathology to see on the wards. In addition you take part in acute medical takes meaning you have to clerk patients, examine, come up with differential diagnoses and propose management plans. West Middlesex medical takes are extremely busy (about 30 patients on any take) and it is a busy intense working period but rewarding. Nights – one set will be doing the acute take, the other set is doing ward cover. FY1's don't do nights at WMUH so the F2 ward cover job involves reviewing patients, cannulas and helping out with the acute take if the wards aren't too busy. |

| Where the placement is based | |
|--|--|
| Clinical supervisor(s) for the | Dr K Sundaram, Dr R Appleby, Dr E Johnston, Dr G |
| placement | Chadwick, Dr S Pannick, Dr Kyaw |
| Main duties of the placement | The FY2 is responsible for the clinical care of patients on the ward. You will be expected to know up to date clinical information on the patients and may be involved in making management plans if the seniors are not on the wards. Occasionally FY2's will have to do ward rounds with the FY1's if the registrars are caught up in endoscopy or clinic. You are expected to present cases on ward rounds and at MDT/X-ray meetings. |
| | In addition the FY2 has to attend weekly scheduled teaching as part of the Foundation Programme curriculum. |
| Typical working pattern in this | Daily consultant or SpR ward round |
| placement (e.g. ward rounds, clinics, theatre sessions) | Daily board round starting at 9am |
| | Monday: Ward round and ward jobs. |
| | Tuesday: Ward round and ward jobs Grand Round at lunch |
| | Wednesday: Ward round, ward jobs, Gastroenterology team meeting. FY2 teaching |
| | Thursday: Imaging MDT meeting @8:30am with this link: Click here to join the meeting Ward round and ward jobs FY1 teaching. |
| | Friday: Ward round and ward jobs. |
| | Saturday and Sunday: Off unless on-call. |
| | On call requirements: As per FY1 on calls rota – with blocks covering take and ward, including weekends on call. |
| | On call requirements: As per FY2 rota including take/ward cover/nights and weekends |
| | |

| Local education provider (LEP) / | Chelsea and Westminster Hospital NHS |
|----------------------------------|---|
| employer information | Foundation Trust provides services from Chelsea |
| | and Westminster Hospital and West Middlesex |
| | University Hospital—and a number of community- |
| | based services across London, |
| | such as award-winning sexual health and HIV |
| | clinics. |

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

| Trust | Chelsea and Westminster NHS Foundation Trust |
|---|---|
| Site | West Middlesex site |
| Trainee Information System (TIS) Post Code (and local post number if known) | F2 General Psychiatry |
| Placement details (i.e. the specialty and sub-specialty) | |
| Department | West London NHS Trust, Lakeside Mental Health Unit – Kingfisher Ward. West Middlesex site |
| Type of work to expect and learning opportunities | Kingfisher Ward is a male inpatient ward. The ward is for acute admissions. Following assessment and treatment they may subsequently be either discharged, sent on home leave with or without Crises Assessment and Treatment Team input. Patients may be admitted informally or detained under Sections 2, 3 or 5(2) of the Mental Health Act (1983). Typically, diagnoses include paranoid schizophrenia, schizoaffective disorder, bipolar affective disorder, personality disorder and depression. Ward Round: Monday, Tuesday, Wednesday, Thursday. Patient reviews (1/2 hour) fitted in around CPA meetings Care Programme Approach (CPA) Meetings involve members of the inpatient team (Drs, Nurses, Ward Managers, Pharmacist, and OT), the community team (care coordinator/duty team representative, social workers, CPN) and other specialists (Home Treatment Team, Children & Family Team, Housing Officers, etc) as necessary. An initial CPA should be arranged (ideally) within 5 days of admission to set in place a care-plan which can be tailored specifically to the needs of the patient. A discharge CPA needs to be arranged prior to discharge to ensure inpatient goals have been met and ensure safe and appropriate follow-up is in place in the |
| | |

| Where the placement is based | community. Patients will occasionally have further CPA meetings over the course of their admission to allow all team members to touch base, optimise care and to enable a safe and timely discharge. • Ward Reviews are weekly meetings comprising each patient, the ward medical team and the nursing staff, during which mental state, treatment regimens and recovery are monitored. Each patient on the ward must be seen by a doctor at least once each week. Training: • Academic programme takes place on Wednesday afternoons (14:00 – 17:00) • Weekly 1 hour supervision sessions with Educational Supervisor – a suitable regular time needs to be arranged at the start of the job. • Psychotherapy – attend supervision group • Balint group – Wednesday 11:30 – 12:30 West London NHS Trust, Lakeside Mental Health Unit - Kingfisher Ward. West Middlesex site |
|---|---|
| | Middlesex site |
| Clinical supervisor(s) for the | Dr Murray Morrison |
| placement Main duties of the placement | As below |
| Typical working pattern in this | Monday to Friday 09:00 – 17:00. |
| placement (e.g. ward rounds, clinics, theatre sessions) | Typical Week: Managing patients on Kingfisher Ward Monday: AM CPA meetings 09:30 – 13:30). Documentation / Rio entries / Medicine charts and requesting TTA's. |
| | PM Reviews & ward work (14:30 – 17:00) reviewing patients/ physical examinations. |
| | Tuesday: AM CPA meetings (09:30 – 13:30) Documentation / Rio entries/ Medicine charts and requesting TTA's. PM Reviews & ward work (14:30 – 17:00) reviewing patients/ physical examinations. |
| | Wednesday: AM Reviews & ward work (09:30 - 13:30) Handover on ward/ reviewing patients/ physical examinations. PM Educational Programme (14:00 - 16:00). |
| | Thursday: |

| | AM CPA meetings (09:30 – 13:30) Documentation / Rio entries / Medicine charts and requesting TTA's. PM Reviews & ward work (14:30 – 17:00) Supervision (one hour); Ward reviews. |
|---|--|
| | Friday: AM Reviews & ward work (09:30 - 13:30) Handover on ward/ reviewing patients/ physical examinations. PM Reviews & ward work (14:30 – 17:00) reviewing patients/ physical examinations. |
| | No on-call commitment. |
| Local education provider (LEP) / employer information | Chelsea and Westminster Hospital NHS Foundation Trust provides services from Chelsea and Westminster Hospital and West Middlesex University Hospital—and a number of community-based services across London, such as award-winning sexual health and HIV clinics |

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

| Trust | Chelsea and Westminster NHS Foundation Trust |
|---|--|
| Site | West Middlesex university hospital |
| Trainee Information System (TIS) Post Code (and local post number if known) | Care of the elderly -F2 |
| Placement details (i.e. the specialty and sub-specialty) | The Care of the Elderly department consists off the following wards: Crane Ward-discharge ready unit Kew ward-stroke/general care of the elderly ward Lampton Ward –care of the elderly ward AMU 5-10 in reach beds-Acute Front door frailty Osterley 1&2 wards: 15-25 bedded Orthogeriatrics unit Covering for Silver Trauma and Surgical liaison |
| Department | The Care of the Elderly department has various teams based on the sub-specialty interest including Acute Geriatrics, Stroke Medicine, and Orthogeriatrics. For inpatient care, our department covers 4 bed bases as mentioned below: 1. Crane Ward is a 28 bed (12 male, 12 female and 4 side rooms) Discharge ready unit. This ward has medically fit for discharge patients a/w discharge related activities. Patients there have complex multimorbidities requiring MDT approach and could become "medial" again. This gives a Fy1 opportunity to make clinical decisions and discuss case with consultant .Responsible Consultant is Dr Todorov. 2. Kew ward is a 28 bed ward - 22 Stroke beds and 6 Care of the Elderly beds. As Stoke is a condition more commonly affecting Older People, hence most of the stroke patients will also be requiring same MDT comprehensive approach. Consultants are Dr Singh and Dr Drumm. 3. Lampton Ward is a 29 bed (12 male, 12 female and 5 side rooms) Acute Care of the Elderly ward. This ward has acutely ill patients who have complex multimorbidities requiring MDT approach. Consultants are Dr Lethby and Dr Martin -Marero 4. Osterley 1 has approximately 20 beds for elderly patients who have sustained a fractured neck of |
| | patients who have sustained a fractured neck of femur who are under joint care between |

| | Orthopaedics and specialist Orthogeriatrics team. |
|--|--|
| | Consultant is Dr Varma. |
| | 5. Front door frailty services. Had 5-10 patient picked up |
| | and seen in ED/AMU. It is run by ACP, band 7 nurse |
| | and band 6 nurse, SpR and two junior doctors. |
| | Consultants are Dr Lethby/Dr Todorov/Dr Martin- |
| | Marero rotation through Lampton in 1:3 |
| | Marero rotation through Lampton in 1:3 Per bed base, there is one Registrar, 3-4 MT/GPVTS/FY2 and 1-3 FY1s, supported by several non training grade or locum doctors. |
| | |
| | |
| | |
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| | |

All the wards are 28 bedded ward base structure: 2 Consultant per ward, one Registrar/IMT3 trainee per ward base, 3-4 IMT1/IMT2/GPVTS/F2, 2 FY1s

Type of work to expect and learning opportunities

During the placement you will be spending time on the ward and also doing unselected integrated medical on calls. West Middlesex is a busy hospital and offers trainees vast work experience of various medical conditions. The on calls are well supported by acute medical team and consultant post take ward round twice a day.

Ward work:

As an FY2 Doctor, you will generally be on the ward during the 'normal' working day and expected to deliver the daily medical care of all the patients on their ward irrespective of specialty.

The working day starts with 30min board round/handover with senior sister/therapist/consultant/junior doctors and member of the complex discharge team.

Consultant- twice a week consultant led full ward rounds. Once a weak consultant troubleshooting ward

The registrar does a ward round on 1-2 days per week. As an FY2, you will be expected to do a ward round with at least one other FY1.Usually consultant comes before the end of the working day in order to support junior doctors and troubleshoot any issues.

Consultant- twice a week consultant led ward rounds. The registrar does a ward round on 1-2 days per week.

This is an excellent opportunity to see a large range of acute pathology and manage patients beyond FY1 standard, taking responsibility for the sicker patients and doing ward rounds; but generally, the workload is shared quite equally. You will have opportunity to learn to coordinate and priorities tasks for both the nursing team and FY1s.

There is opportunity for procedures on the ward occasionally including chest drains and lumbar punctures, but these tend to be a rarity. The in-house GMC Postgraduate survey of JD has shown positive feedback from our trainees.

The consultants will encourage the trainee doctors to do some essential curricular work including audits and revision for various exams. You may also be able to run outpatient clinics with the consultant/registrar. This doesn't happen, but would be benefit for your training. SDEC clinic and Falls clinic will provide especially good experience in managing front door frailty. You will be expected to attend weekly MDT meetings (1.5 hours per week), X-ray meetings (1 hour per week) and journal clubs/care of the elderly teaching (1 hour per week). These meetings are educational and would help in developing greater understanding of managing patients with complex multiple comorbidities who are acutely unwell. The foundation doctors are also expected to attend our monthly M&M meetings and present patients on them (1h a month) FY2 Teaching on Wednesdays 1300-1400. It is mandatory to attend 70% of the teaching. On Fridays, you will be expected to attend a handover session to the weekend day on-call team with a list of patients, highlighting the patients who would reviews. Communication being very essential, foundation doctors will be trained and expected to talk to patient's families (visiting starts at 14:00), and to document the conversations held very clearly in the notes. As part of our joined with palliative care team quality improvement project, foundation doctors will be trained and expected to initiate basic advanced care planning conversation and ceiling of care conversation and documenting it on CMC. Where the placement is based West Middlesex site – Care of the Elderly Clinical supervisor(s) for the One of the following: Dr Linda Tsam, Dr Ravneeta Singh, Dr Brian Drumm, Dr Mark Lethby, Dr placement Surabhi Varma, Dr Georgi Todorov, Dr Denley Main duties of the placement As noted above As per the work schedule Typical working pattern in this Ward round 09:00 – 12:00 midday. The morning is placement (e.g. ward rounds, clinics, theatre sessions) spent in seeing all the patients starting with sickest patient first. Afternoon spent completing jobs identified during the ward round until 17.00. This is the same schedule every day. Lunchtime events vary. Weakly MDTs are a 1h long and the day and the timing vary between the different ward. The FY2s tend to split into male and female sides of the ward while the FY1s get on with the jobs.

The SpR round on Friday helps to put in place plans for the weekend.

Additional meetings: Monday:

12:00 - 13:00 IMT teachings

Tuesday:

13:00 - 14:00 Grand Round Meeting

Wednesday:

FY2 Teaching at 14:00.

Thursday:

8:30 - 9:30, x-ray meeting.

Friday:

Care of the elderly teaching/journal club 13h00-14h00

On call requirements:

On calls are integrated unselected medical admissions. During on calls you will be well supported by different tiers of doctors- GPVTS/IMT,Registrar/SCF and consultants.

Local education provider (LEP) / employer information

Chelsea and Westminster Hospital NHS Foundation Trust provides services from Chelsea and Westminster Hospital and West Middlesex University Hospital—and a number of community-based services across London, such as award-winning sexual health and HIV clinics. Community geriatric virtual ward is currently under development in partnership with our community partners ICRS. There is three times a week SDEC care of the elderly clinic running in our award-winning AEC. SDEC are aimed at admission avoidance through MDT approach.

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