

Job Description from a FY1 Trainee's Point of View.

VASCULAR SURGERY

- Attend hospital at night handover at 7.30 am and 9pm and discuss any vascular patients of concern and handover any important remaining jobs from the day.
- Locate all patients before the ward round at 8am including all outliers – many patients get moved overnight! This can be harder than it sounds!
- Facilitate a time efficient ward round updating your seniors on each patient and writing in the notes. Consultant rounds are Tues and Fri mornings.
- Ensure all the jobs are carried out from the round.
- It is your responsibility to keep the list updated.
- Order all scan requests. Usually duplex first progressing to CTA for peripheral vascular disease. Liaise with Dr Thompson and Dr O'Durney (consultant radiologists)
- Chase scan results and ensure seniors aware and copy in notes.
- Print blood results for all patients bled that day and file in notes in eve ready for round the following morning.
- Print blood forms each evening before you go home for patients requiring bloods the following morning – ready for the phlebotomists
- Liaise closely with nursing staff and keep on top of doctors job list / clipboard
- Do all HMR's (discharge summaries) preferably before 11am
- Cannulation + Venesection – more than most wards as a lot of patients on heparin / warfarin and difficult to bleed so phlebs do not manage everyone and vascular is not covered by practitioners.

July 2010

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- Fluids before and after angiograms and remember to stop metformin.
- Clerk all new elective admissions onto the ward. There are ICP proforma booklets for completion if patient is being admitted for angio or CEA. Book HDU/ITU beds especially for AAA repairs, EVARS, fem-pop bypass, CEA and any other patients you think need it. Make sure they have G+S as well as routine blds!
- Clerk all emergency admissions accepted by registrar during the day. Night admissions should go to E5.
- Attend MDT every Friday 8am in radiology dept. Find out the day before which patients are to be discussed and fill out a MDT proforma for each patient (to be found on D4 computer desktop) and take patient notes to meeting. Liaise with Lucy (Nurse Practitioner) who can help with this.
- Prepare and present monthly MDT meeting. (Usually first Friday of every month). Include breakdown of all ops as well as case histories for all morbidities and mortalities. Speak to seniors and Lucy if unsure who to include.
- Respond to all MEWsing patients
- Fill out hospital weekend handovers on a Friday for all patients and stick them into notes.
- If you are on the 1.30-21.90 shift – you also cover urology after 7pm. When the urology house officer is on this late shift, they cover vascular after 7pm.
- For patients going to theatre – Dr Sparkes wants all diabetic patients started on a sliding scale before theatre. Dr Sansome likes no sliding scale / cannulae. Dr Sansome also likes blood results hand written into the notes in RED PEN before theatre.
- Attend teaching on Tues and Thurs lunchtimes at 1pm in education centre and compulsory teaching second Wednesday of every month 2-5pm.

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