

## **Job Descriptions from a FY2 Trainee's Point of View.**

### **Cardiology**

#### **Induction/preparation**

There is a very useful SHO's handbook which explains the basic rota and gives detailed information on different procedures in cardiology and what needs to be considered pre- and post- procedure. Also has information on the main risks of each procedure which is useful when consenting patients (you do a lot of this in cardiology). Print out a copy and keep it with you as a reference.

#### **Working pattern**

There are no F1s in cardiology, which means that all of the work that you did as an F1 you will still need to do in cardiology as an F2 (e.g. maintaining lists, checking bloods, requesting bloods, writing HMRs etc.). But there are plenty of SpRs and they are very helpful, approachable and hands on (e.g., will typically have done most of the emergency clerking for you).

You rotate through 5 different types of job/experience:

- 1.** Working on the wards. Allocated to a particular team rather than ward so you look after all the patients under the consultants on your team. The 4 teams currently have different 'flavours': electrophysiology, heart failure, interventionists and mixed. You do the ward round each day, sometimes with an SpR, sometimes on your own (but always someone around to ask advice).
- 2.** Working on Coronary Care Unit for a week of days. Looking after cardiology patients on CCU and CHDU with SpR and clerking new admissions ('though they have often already been clerked for you by SpR-on-call). Two ward rounds a day, led by consultant/SpR in the morning and SpR in the evening. In between you do the jobs that have been generated and sort out new admissions. You also carry the cardiothoracic crash bleep from 8:00 – 17:00 (at which point it is collected by one of the ward SHOs who take it in turns to work "late" shifts to cover the wards until 20:00).
- 3.** Working on cardiac short stay unit. All elective admissions, mostly day cases with high turnover. Lots of consenting, prescribing pre-meds, filling out thromboprophylaxis assessment forms and HMRs. Many of the patients have been pre-assessed so don't need to be clerked, those that do will often be clerked for you (including having bloods and cannula) by nurse practitioners. On Thursdays you clerk your own patients in the

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afternoon for a DC cardioversion list that you run the following afternoon (close supervision by anaesthetist, so no great stress).

4. Working nights, either 3 in a row over the weekend or 4 during the week. You get time off before and after nights to reset your body clock which is very civilised. During nights you and the SpR cover CCU, CHDU and all cardiology ward patients. Can be very busy but generally much more controlled and better supported than nights elsewhere in the hospital. You are also responsible for requesting all of the next day's blood tests for CCU and CHDU patients.

5. Working weekends. A bit like working nights in that you cover all cardiology patients everywhere but busier because you have much more work to do on the wards (those patients who need regular review over the weekend, patients getting discharged from wards, patients arriving for elective procedures on Monday).

#### **What I wish I'd known**

Cardiology is very well organised and staffed. There are good opportunities for learning, with time to do it properly, so make the most of this. You rarely feel "exposed", with excellent senior support. The downside of this is potential de-skilling in assessing and managing patients on your own, or at least losing confidence in this. Also be aware that you will have to do a case presentation at some point in your rotation so be on the lookout for potential cases (again, the SpRs are very helpful with this).