

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

Cardiothoracic Surgery

Brief description of post and duties

- In CT surgery its split between cardiac and thoracic. The F2's are placed on the thoracic ward. You still cover the cardiac wards on-call (ward cover) and can attend cardiac theatre (though you unofficially have far fewer theatre days allocated because you're F2). You also cover CT HDU on some rota days. You're on the thoracic ward D2 mainly.
- Thoracic ward is ok (learning & workload). Lots of clerking and discharge summaries as turnover is high. You'll learn CXRs and chest drains well. You don't do any formal consultant ward rounds. You'll fly round each morning with the Spr and then be left to do the jobs. The work load in thoracic is good – you can get to theatre if you wish by working hard.
- The cardiac on-calls are poor. You'll write discharge summaries on complicated patients you've never met and have a continuous list of jobs for patients you know nothing about. The work load is high. It's good for your organisation and efficacy skills.
- Nights are good – work with the Reg to cover the ward and you'll do the HDU ward round. Good experience of HDU environment and support is good.
- Theatre opportunities are ok in thoracics as you'll be closer to the Consultants and will know the patients better. Vein harvesting and cardiac experience is much harder to get. Surgical theatre assistants and lack of contact with cardiac team plus v minimal official theatre days.

Things I wish I'd known at the beginning of the rotation

- Overall its good but could be much better.
- CT HDU is particularly good experience.
- Cardiac ward cover is poor, high workload and not very educational.
- Good annual leave but fixed
- 40% banding though you'll work over this, but its not too bad
- Nurse-led, Dr delivered ward service
- Overwhelming emphasis on service provision
- Interviews no problem, Spr running rota is very understanding if you're reasonable.
- If you're academically minded there's scope for papers with the Spr's and Consultants

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