

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

Colorectal

Working hours and on-call work

Normal working hours are 8-18.00.

Approximately once a week you will also be working the evening on-call until 21.30

On the days that one of your consultants is on take (Mondays and Wednesdays on alternate weeks and Fridays every 4th week) you need to go to E5 at 8 and pick up the on-call bleep from the night SHO. You are then responsible, together with your registrar and the E5 house officers, for managing the new admissions coming in to E5 that day. You may also be asked to assist on the CEPOD (emergency) list. At 17.00 there is a post-take ward round starting on E5 which should be attended by the day take team and the evening team. There is another hand-over at 21.00 when the evening and night teams will attend.

Night shifts go on from 21.00 to approximately 9am, or whenever the post-take ward round finishes. There is no urology SpR on overnight so you will take urology referrals. If you have any concerns the consultants are happy to be rung on their mobiles. You are also the most senior doctor covering ENT and Maxfax at night. The SpR can be contacted at home about these patients, and the F5 nurses can be helpful for a lot of the routine problems. If you admit anyone overnight, make sure that their team is aware the next morning.

When the other colorectal SHO is away you will need to hold the bleep for them during the day.

If your consultant has been on-call the previous day, then the morning ward round at 8 will start on E5 with all of the new admissions.

Routine days

A routine day starts at 8.00 on E7 with a ward round. You may do this on your own, or with the registrars/consultants. If you have no other commitments after the ward round you can help the house officers on the ward. However, you may need (or want) to go to theatre or help in clinic depending on the staffing levels and who is doing what.

Diary meeting

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On Mondays following the MDT there is a diary meeting in the E level seminar room. This usually starts at around 10.00. All of the SHOs/SpRs/consultants/specialist nurses/secretaries should attend, and will go through the timetable for the next 7 weeks. It's useful if you take your diary and the rota for any SHOs who can't attend.

M + M

Each month you will be required to put together a morbidity and mortality meeting presentation. Your SpRs will probably help with this. Imogen (specialist nurse) has all the relevant information on patients and on what information needs including.