

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

Critical Care / Surgery

General Intensive Care - 3month rotation

The day starts with a handover meeting from 8.00-9.00. The consultants who are on for the week are present and the night team gives a detailed hand over of each patient on the unit. The patients are divided up for the daily reviews. (usually 3-4 patients each) There is then a formal ward round at 11am, where all the patients are presented. The afternoon is usually filled with jobs and any admissions/discharges. The doctors on the rota are a real mix from FY1 to Final year medical registrars. I found this a very good learning environment and there are lots of learning opportunities from fellow colleagues. There are regular teaching sessions on relevant topics to the job along with a weekly grand round meeting and less regular audit meetings. All of these sessions are opportunities to present cases-great for CBD/miniCEX! On this job, you should definitely take advantage of the practical procedures that need doing-e.g. CVC lines/art lines etc. It is a controlled environment with good teachers and equipment to learn.

Before starting this job, I would revise respiratory and cardiovascular physiology along with ABG interpretation. Having a basic knowledge of inotropes and the principles of invasive and non-invasive ventilation would also be helpful and improve confidence when starting this job. However you are not expected to know detail on ventilators-these are all taught. The GICU nurses are also very good at helping you understand the basic set up involved with patients in intensive care.

Surgical high dependency unit -3 month rotation

The SHDU is an 8 bedded unit run by Dr. Sansome - consultant anaesthetist. Monday –Friday the unit is staffed by 1 doctor on the long day shift-0800-2100 and 1 doctor on short day-0800-1400. Weekends and night shifts are covered by 1 SHO. The SHOs are a mix of surgical CT1s and FY2 doctors. The day starts with a brief handover from the night SHO and then the patients then have a full daily review each. There is a consultant anaesthetist ward round at 1100. There is usually a different consultant on each day. The surgical teams also come in to do formal ward rounds. There are no registrars officially covering the unit. Out of hours-the on call surgical reg or intensive care reg can be called to review patients if required. The

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unit has a high turnover and the patients are largely post-op elective surgery cases and step down patients from GICU. Patients in SHDU can be on cardiovascular support and non invasive ventilation. Most of the afternoon is taken up with admissions and discharges. There is a once weekly teaching session which everyone is expected to attend and take turns in presenting set topics. This is useful and a good opportunity to complete CBD/mini cex.

Before starting this job it would be helpful to revise post-operative complications, pain management-e.g. epidurals/PCAs and Fluid management.