

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

Lymington – Gastroenterology – GP

Lymington Hospital

This job is really interesting and provides a very varied rota. Lymington hospital is under 5 years old and has very good facilities including CT and MRI. It is 36 miles return from SGH and takes about 25-30mins to drive through the forest each way. Petrol is paid at a good rate but you do need to complete travel claim forms and hand them in at the end of the month.

The medical staffing at the hospital consists of 2 medical teams. Each team has an FY1, one or 2 FY2's and some slightly higher grade SHO's (GPST1/2 or ST1/2). There are no registrars. Each medical team has 2 consultants who carry out weekly or twice weekly ward rounds. Dr Devane is an associate specialist and he does a ward round on the Friday morning where he sees all medical patients.

The hospital has a Medical Assessment Unit (MAU) with 13 beds on the ground floor and this accepts referrals from local GP's, ambulances and transfers from SGH. As an FY2 you will have time on here doing long days or nights on call. You will be accepting referrals and seeing the new admissions. There is a post take ward round twice a day and a different consultant on call each day. Occasionally one of the FY1 doctors will also be timetabled to be helping you but you are mostly on your own but with a very supportive and experienced nursing team.

You do blocks of 4/3 nights and these will mostly be spent on MAU but you also cover the rest of the hospital. You are the only medic in the hospital so this can be quite interesting but don't be scared of ringing the consultant on call and also a resus officer who lives nearby. There is a sofa bed in the doctor's office and you can cover the automatic light switch sensor on the ceiling with some paper and tape so the light will go off eventually. Some nights you can get a decent sleep.

Some days will be spent covering the 2 general medical wards on the 2nd floor (Longbeech 1 and 2). These will be patients who were admitted via MAU. There is also a rehab ward (Wilverly) on the same floor which you will cover some weeks. On the first floor there is a

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Stroke ward (Dearleap) and you will have 2 week blocks of covering this ward with Wilvery ward.

You also cover Fordingbridge and Hythe hospitals and so some weeks will be spent travelling between these and a few afternoons at Lymington Hospital. This may have changed since I was there.

There is lots of time for audit and teaching and there are 3rd and 5th year medical students who rotate through the hospital. You can present any interesting cases or audit at a Friday lunchtime teaching session for all doctors.

Gastroenterology

The best of the medical jobs for FY2's in my opinion, but I am biased. There are 2 gastro teams. Gastro 1 is more nutritionally oriented and deals with the complex nutrition patients while Gastro 2 has more of a focus on inflammatory bowel disease. Both of the teams pick up in the same way so you will see a mix of everything on either team. There are consultants for each team who rotate around and one from each team spends time on the wards at any one time. During my 4 month block I spent time with all 3 consultants from gastro 2. Both teams have 2 juniors (and F1 and an F2/SHO) and a registrar. Sometimes there will only be one junior on the team due to nights/leave.

Patients are picked up from AMU each morning and the teams take it in turns to be on pickup. The consultants should do the post take ward round. It's your job to look through the take list from the previous day and pick out the gastro patients. Leave the simple diarrhoeas to the normal medical or elderly care teams. When you are on pickup you also pick up the GOSH referrals from the GOSH box which is the endoscopy booking office on E level near the lifts. These are referrals from other medical/surgical teams.

Post take ward rounds usually involve booking quite a few emergency endoscopies and these should be requested on equest and discussed with the endoscopist on call. The on call endoscopist is an SpR during the day and a consultant overnight.

There is a medical SHO handover rota which means that some weeks you have to go in early at 08:30am and take a handover from the hospital at night team. You then need to

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distribute this information to the relevant gastro team, hepatology team and renal team. If you do this you are allowed to leave at 16:30pm (if you are lucky).

At the weekend there is a gastro/hepatology consultant on call who does emergency endoscopy and sees any new gastro admissions on AMU. If you would like any of your ward patients seen by them at the weekend you should write a handover and put it in the green handover folder in the doctor's office on E5 (which is where both teams are based). You can also leave a handover for the SHO on D-level cover at the weekend.

During your 4 months you will do 1 in 4 weekends spending days covering either AMU, D level (which includes IDU and E5) or F&G level. There are also occasional long days where you do cover from the evenings after 5pm and then handover to the night team at 9pm.

There are lots of opportunities for teaching. Teams have 3rd year med students who show up occasionally and the odd final year. There are also weekly meetings where both teams meet up and discuss interesting cases and there is normally a rep with food. These used to be on Wed afternoon at 4pm but this might have changed. There was also an academic meeting where interesting cases can be presented.

General Practice

This attachment varies a huge amount depending on where you are based. I was based at the New Milton Health Centre in the New Forest. A very friendly practice with supportive staff.

I started with 10 days induction spending time sitting in with the various GP partners, triage nurse, district nurses, phlebotomist and practice nurse. I then started to have my own surgeries with 20 minute slots. You have a specific GP who is supervising you each day who you can discuss patients with and they tend to have a few slots taken out here and there. You can also do visits and after a few weeks I was doing visits on my own and seeing 7 patients in the morning and 7 in the afternoon.

After 2 months I was cut down to 15 minute appointments and this is actually working quite well. Most days I will do 1-3 visits and see 18 patients. I recommend keeping a diary of all referrals and investigations to help you keep track. I also did an audit looking at my first 10

July 2010

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referrals and following them up to see what happened to the patients. I was doing 9 surgeries a week with one afternoon off for private study but for the last 6 weeks of the attachment I have been given more time for study/audit.

Other colleagues' experiences vary with some starting with 30 minute slots and others only actually going in 2 days a week.