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

Respiratory Team

Ward Base

D6 (respiratory medicine ward)

Consultants

Dr Katherine O'Reilly (KMO), Dr Anistasiso Lekkas (ALZ), Dr Simon Bourne (SCB)

Team Members

FY1, 2 SHOs (currently FY2 and core medical trainee ST1), ideally a SpR (currently ST6) however we are currently short of SpRs, therefore she is often not available.

How Patients Become "Yours"

All the new patients who are clerked on AMU from Monday morning to Tuesday morning and are allocated as "resp" on the AMU handover sheet (you pick these up on a Tuesday morning, called "Tuesday take")

All new patients who arrive on D6 from Monday morning until Tuesday morning (also part of "Tuesday take", except if they are MHDU discharges, see below)

The other respiratory teams (1 and 3) will be on take on Wednesday and Thursday (but sometimes the consultants do complicated swaps so this can change week by week)

On a Friday morning ("Friday take") the new "resp" patients from AMU and all the new patients on D6 are split equally between the 3 respiratory teams (people who have come in Thursday morning until Friday morning)

On a Monday morning ("Monday take") the new "resp" patients from AMU and all the new D6 patients from Friday morning until Monday morning are split equally between the 3 respiratory teams.

One week in 3 you are on Medical High Dependency pick up. This means that all the patients who leave MHDU and arrive on a D level ward are yours, unless they had a team before they went to HDU, in which case you negotiate with that team about who takes them. This applies even on days when you are not on take, and runs Friday to Friday (so

someone who came out of MHDU on a Saturday morning would be taken by the team on MHDU pick up the following Monday morning).

All medical outliers (under age 80) on wards C7 (managed care), C3 (oncology), C4 (oncology), and G7 (elderly care outlier ward), who do not already have a team. There is a rumour that we also take medical outliers on D2 (oncology), but I have never seen this written down. Twice in 2 months I have been chased by the bed manager about D2 patients. We smiled and accepted them, but have since not been able to clarify the situation.

At the moment (June) 60% of our patients have respiratory diagnosis, 20% have elderly care diagnosis, and 20% have other diagnosis (brain tumour (!), heart failure, unable to cope at home, falls)

How To Find Your Patients

Call C3, C4, C7, and G7 every morning. Check the D6 board for new patients. On Tuesday morning go to AMU a little early (maybe 8.45am), to check through their take list and find the "resp" patients.

On a Monday and Friday morning we have an agreement with the other resp teams that the week before you are on MHDU pick up members of your team will go to AMU and divide up the AMU patients between the 3 teams. This seems to work quite well and I would recommend you continue.

Ward Rounds

Consultant led ward round on Monday and Friday morning, consultant also sees new patients on Tuesday morning (and anyone you are worried about), and does a "focused ward round" on Wednesday morning, seeing patients who you would like them to see. All patients must be seen every weekday, with the help of the rest of your team.

Teaching

Monday 1pm-2pm, junior led teaching, which you will be asked to participate in, in which you can present an interesting case, or talk on an interesting topic. Lunch is usually provided by a drug rep.

Thursday 9am-10am, senior led teaching (SpR or consultant), often very interesting teaching on their area of speciality.

Things I Wish I Had Known

What the brand name inhalers contain (seretide, symbicort, seravent, atrovent).

Management of hepatology, gastro and renal patients on call.