

Job Description – Medicine

Job Title: GPST 1 and GPST2

Speciality: Medicine – Adult

Duration of Post: 6 months as part of the GP Specialist training programme

Base: UHSM, Wythenshawe Hospital

Responsible to: Consultant Physicians

Working Hours: 48 hours

On-call: Full shift

Posts available:

Ward F4	Complex Unscheduled Care
Ward F7	Rehabilitation Medicine
Ward F11	Care of Elderly/General Medicine
Ward F12	Endocrinology

Duties of the Post

GPSTs are responsible to the Consultants and the Trust for:

- The initial management and primary care of patients referred to the Department, however referred. It is expected that such work will be carried out to the highest clinical standards at all times and in accordance with accepted good medical practice and the various clinical policies of the department and trust.
- Attending out patient clinics if requested and consulting under supervision.
- Attending ward rounds and undertaking any necessary tasks as directed by the consultant or middle grade doctor.
- Arranging for the follow-up of patients they treat - including the follow-up of any investigations performed and the taking of appropriate action in accordance with the results of these.
- Transmission of relevant clinical information on patients to other medical, technical and nursing staff either within the Department, within the hospital or at any other hospital and to primary care regarding patients under care or those referred to other places for further treatment or follow-up.
- Supervision of nursing staff in matters relating to the treatment of patients.
- Maintenance of adequate and proper records on patients for both clinical and audit purposes (including data input into the computer system) and for the furnishing of letters, reports and other documentation as required for medical, legal and statutory purposes.
- Instruction of nursing staff, FY1, FY2 and, from time to time, medical students under training within the Department
- At weekends and Bank Holidays every medical patient in the hospital must be seen, and the notes written in.
- A face-to-face handover of care must take place at every change of shifts, with communication of details about all problem patients.
- Discharge and clinic summaries need to be completed electronically.

Clinical Governance

Undertake induction and mandatory training, including completion of the Educational Agreement.

In accordance with the Educational Contract, take part in audit.

Teaching

Manchester undergraduates are attached to the unit. The post holder is encouraged to teach them informally, and give them opportunities to clerk patients and present their histories.

Educational Aspects of the Post

Purpose of the post

GPSTs must:

- Be able to work effectively in teams and coordinate care
- Be able to prioritise problems and establish a differential diagnosis
- Make the patient's safety a priority
- Consider the appropriateness of interventions according to patients' wishes, the severity of the illness and
- any chronic or co-morbid diseases
- Be able to make mental state assessments and ensure patient safety
- Accept responsibility for action, at the same time recognising any need for involvement of more experienced
- personnel
- Keep their resuscitation skills up to date – this would normally involve a yearly certified resuscitation course
- Act calmly in emergency situations and follow agreed protocols.

This post will provide GPSTs with experience and training to help them develop these skills and knowledge base.

The learning objectives are based on the new General Practice curriculum where clear learning outcomes are stated. The areas covered are from the RCGP curriculum statement 9: Care of Older Adults, curriculum statement 7: Care of Acutely Ill People, curriculum statement 15.1: Cardiovascular Problems, curriculum statement 15.2: Digestive problems, curriculum statement 15.6: Metabolic problems, curriculum statement 15.7: Neurological problems and curriculum statement 15.8: Respiratory problems.

Educational content

The post holder will have a named clinical supervisor who is accountable for the overall educational experience of the job.

The post holder will also attend the weekly GP teaching programme organised by the General Practice Primary Care Medical Educator.

The post holder will participate in a continuing programme of education within the hospital department. This will be encouraged by various educational methods

including self directed learning, tutorials, random case analysis, project work, audit, case studies, computer based learning and clinical practice.

The post holder will be entitled to study leave in accordance with national and local guidelines.

The post holder will record progress in their e-portfolio.

The Appraisal and Educational Assessment

Trainees should be appraised at the beginning of their job, at 12 weeks and at the end of the job to provide educational feedback and suggest ways forward.

Educational Assessment should be based on the core curriculum.

At the end of the post the clinical supervisor will complete the supervisors report in the trainee's e-portfolio. The trainee should give feedback on the training post.

Learning Objectives for GPST Medicine Post

Areas of curriculum to be covered –

1. Be competent in assessing patients presenting with the symptoms outlined below including:
 - Assessing the patient's clinical safety/stability: ABC principles
 - Logically and systematically gathering information
 - Generating an appropriate differential diagnosis
 - Appropriately choosing investigations
 - Using the information gathered and investigation results to test the differential diagnoses and to decide on the most likely diagnosis
 - Chest pain
 - Dyspnoea
 - Shock
 - Wheeze
 - Stridor
 - Convulsions or fits
 - Reduced level of consciousness
 - Acute Confusion
 - Headache
 - Ankle swelling
 - Peripheral vascular disease
 - Palpitations and arrhythmias
 - Collapse

- Possible cerebrovascular disease
- Iatrogenic disease
- Gait problems
- Hypothermia
- Vertigo and dizziness
- Movement disorders
- Thyroid disorders
- Diabetes
- Lipid abnormalities
- Abnormal endocrine gland function
- Respiratory tract infections
- Chronic lung disease
- Lung cancer
- Dyspepsia and dysphagia
- GI bleeding
- Jaundice

Not all of these may be covered in an individual secondary care post.

2. Be competent in the management of the conditions outlined below including:

- Being able to explain the diagnosis to the patient
- Being able to describe and implement appropriate management plans
- Being able to discuss the management plan with the patient
- Taking into account the patient's (and carer's) views and beliefs and to manage the patient ethically
- Exploring and checking the patient's understanding of what has taken place
- Working effectively within the team to manage the patient's condition
- Being able to refer to other secondary care specialties or back into primary care appropriately
- Anaphylaxis
- Allergies
- Acute coronary syndrome
- Arrhythmias
- Heart failure/pulmonary oedema
- Pulmonary embolism
- Asthma
- COPD
- Pneumonia
- Meningitis and septicaemia
- GORD
- Irritable bowel syndrome
- Inflammatory bowel disease
- GI malignancy
- Coeliac disease
- Asthma
- Chronic interstitial lung disease
- Lung cancer
- Diabetes
- Obesity

- Thyroid disorders
 - Hyperlipidaemia
 - Hyperuricaemia
 - Pituitary, adrenal and parathyroid disorders
 - Epilepsy
 - Headaches
 - Vertigo
 - Multiple sclerosis
 - Tremor
 - Mono and polyneuropathies
 - Awareness of legal issues that may arise in clinical practice
3. Be able to perform and interpret an ECG
 4. Be able to interpret spirometry
 5. Be able to perform cardiopulmonary resuscitation
 6. Be able to use a nebuliser
 7. Be able to arrange appropriate investigations including blood, microbiology and radiology. To interpret and act upon the results
 8. Be able to make coherent and comprehensive medical records
 9. Be able to describe the options for communicating with the Primary Health Care . Team and appropriately use these in patient care