

<b>Job Title:</b>	ST 1 and ST2
<b>Speciality:</b>	Emergency Medicine
<b>Duration of Post:</b>	6 months as part of the GP Specialist training programme
<b>Base:</b>	Salford Royal NHS Foundation Trust
<b>Responsible to:</b>	Consultants in Emergency Department
<b>Working Hours:</b>	48 hours
<b>On-call:</b>	Full shift

## **Duties of the Post**

SHOs are responsible to the Consultants and the Trust for:

- The assessment and management of acute undifferentiated adult patients presenting to the emergency department.
- Arranging for the follow-up of patients they treat in the Department - including the follow-up of any investigations performed and the taking of appropriate action in accordance with the results of these.
- Good communication of clinical information with colleagues both in the emergency department and with the hospital inpatient teams
- Supervision of nursing staff in matters relating to the treatment of patients.
- Maintenance of adequate and proper records on patients and producing of letters, reports and other documentation as required for medical, legal and statutory purposes.
- Instruction of nursing staff, FY2 and medical students

## **Clinical Governance**

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

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

Adverse incident reporting

## **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:**

The post provides an environment that develops skills in teamwork, communication skills, prioritisation, and decision making.

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 7: Care of Acutely Ill People

## A&E Post GPST: Learning Objectives

Areas of curriculum to be covered	Where this may be achieved during the post
<p>Be competent in assessing patients presenting with the symptoms outlined below including:</p> <ul style="list-style-type: none"><li>• Assessing the patient's clinical safety/stability: ABC principles</li><li>• Logically and systematically gathering information</li><li>• Generating an appropriate differential diagnosis</li><li>• Appropriately choosing investigations</li><li>• Using the information gathered and investigation results to test the differential diagnoses and to decide on the most likely diagnosis</li></ul> <ul style="list-style-type: none"><li>• Chest pain</li><li>• Dyspnoea</li><li>• Haemorrhage</li><li>• Shock</li><li>• Wheeze</li><li>• Stridor</li><li>• Choking</li><li>• Convulsions or fits</li><li>• Reduced level on consciousness</li><li>• Confusion</li><li>• Threatened self-harm</li><li>• Delusional states</li><li>• Abdominal pain</li><li>• Vomiting</li><li>• Diarrhoea</li><li>• Headache</li><li>• Acute visual loss</li><li>• Non-accidental injury in children</li><li>• Acute back pain</li><li>• Acute musculoskeletal pain</li></ul>	

<p>Be competent in the immediate management of the conditions outlined below including:</p> <ul style="list-style-type: none"> <li>• Being able to explain the diagnosis to the patient</li> <li>• Being able to describe and implement appropriate management plans</li> <li>• Being able to discuss the management plan with the patient</li> <li>• Taking into account the patient's (and carer's) view's and belief's and to manage the patient ethically</li> <li>• Exploring and checking the patient's understanding of what has taken place</li> <li>• Working effectively within the team to manage the patient's condition</li> <li>• Being able to refer to other secondary care specialties or back into primary care appropriately</li> </ul> <ul style="list-style-type: none"> <li>• Anaphylaxis</li> <li>• Acute coronary syndrome</li> <li>• Arrhythmias</li> <li>• Heart failure/pulmonary oedema</li> <li>• Pulmonary embolism</li> <li>• Asthma</li> <li>• COPD</li> <li>• Pneumonia</li> <li>• Uncontrolled diabetes</li> <li>• Appendicitis</li> <li>• Bowel obstruction and perforation</li> <li>• Peptic ulceration</li> <li>• Gallstone disease</li> <li>• Pancreatitis</li> <li>• Dissecting aneurysms</li> <li>• Limb ischaemia</li> <li>• Ectopic pregnancy</li> <li>• Miscarriage</li> <li>• Meningitis and septicaemia</li> <li>• Common fractures and injuries</li> <li>• Sciatica</li> </ul>	
Be able to perform and interpret an ECG	
Be able to suture a wound	
Be able to perform cardiopulmonary resuscitation	
Be able to use a nebuliser	
Be able to control a haemorrhage	

Be able to make coherent and comprehensive medical records	
Be able to describe the options for communicating with the Primary Health Care Team and appropriately use these in patient care	

## **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 fortnightly educational meetings organised by the General Practice Primary Care Medical Educator.

The post holder will participate in a continuing programme of education in A&E within the hospital department. This will be encouraged by various educational methods including self directed learning, tutorials, 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 should 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.