

JOB DESCRIPTION

Job Title:	GPVTS
Speciality:	Paediatrics and Paediatric Emergency Medicine
Duration of Post:	6 months
Base:	Panda Unit, Salford Royal Infirmary
Responsible to:	Duty Consultant during working hours Allocated Clinical Supervisor for training and appraisal
Working Hours:	Cover provided 8am-1am. No overnight cover
On-call:	Full shift rota

Duties of the post:

- To provide unscheduled care for children under 16 years presenting to the Panda Unit effectively, and using good medical practice
- To act in a professional and courteous manner to patients, families and colleagues
- To apply the principle that all decisions are to be made in the best interests of the child or young person in your care
- To consider all aspects of the child's wellbeing including physical, psychological and social
- To perform tasks in a timely manner that optimises patient care
- To comply with Care Quality Commission targets set for the Department
- To understand the role of Clinical Governance within Panda and to act in a manner that ensures the child's best interests are maintained at all times
- To request help and support from colleagues, particularly in relation to the recognition and management of seriously ill children
- To recognise and respect the roles of all colleagues and professionals involved in the care of children
- To take advantage of learning opportunities that improve competence and performance
- To demonstrate appropriate dress codes and personal hygiene

Clinical Governance:

Trainees must:

- Complete mandatory Trust induction training and Learning Needs Assessment within 4 weeks of starting the post
- Understand the role of Adverse Incident Reporting in risk management, and actively contribute to the process
- Utilise the Department's governance framework to ensure test results are reviewed, and that abnormal results are acted upon in a timely manner
- Complete and present the findings of a clinical audit during the post. The audit will be allocated at the start of the post and will be part of ongoing clinical governance for the department. Audits are to be registered with the Trust's Clinical Audit Office
- Identify and address their educational needs to maintain and further develop their competence and performance
- Maintain a portfolio and should use clinical opportunities for learning and assessment

Teaching:

Trainees will be encouraged to:

- Attend relevant educational sessions and courses unless the care of patients would be compromised by their absence
- Receive formal teaching in the form of regular structured sessions relevant to their educational needs in this post

Informal teaching in the acute setting will be achieved by

- Ward rounds
- Handover
- Community visits
- Outpatient clinics
- Multidisciplinary team work
- E learning
- Workplace-based assessments
- Reflective practice
- Self-directed learning

Educational Aspects of the Post

Purpose of the post: The overall aims will be:-

- To develop an understanding of common childhood injuries and illnesses, their aetiology and management

- To recognise the normal presentation of common illnesses, and to recognise when a child presents outside the normal range and requires further assessment
- To recognise severe or life threatening conditions and when to request support
- To develop paediatric life support skills that are age-appropriate
- To learn to undertake practical procedures safely and in a manner appropriate to the child's age and understanding
- To acquire basic technical skills such as venepuncture, wound management and clinical observations in children of all ages
- To develop assessment skills relevant to the child's age and to use clinical findings to develop age-appropriate differential diagnoses and management plans
- To develop communication skills appropriate to the child's age and ability, and the family's level of understanding, and use that knowledge to involve the child and carers in consultations and discharge plans
- To develop an understanding of the vulnerability of the child, and to recognise presentations that indicate a safeguarding issue.
- To develop knowledge around local and national safeguarding procedures and the role of medical staff
- To develop a holistic understanding of the child as part of a family unit including issues around consent, competence of the young person, and parental responsibility
- To develop the knowledge required for safe prescribing of drugs and fluids in children
- To develop clear written and verbal communication with patients, families, colleagues and other healthcare professionals and to keep clear, concise and appropriate medical records

Curriculum:

Area of the curriculum to be covered	Where this may be achieved during the post
<p>Generic:</p> <ul style="list-style-type: none"> • Knowledge and application of NICE guidelines in children • Understand specialist services available to paediatric population such as Community Paediatrics, health visitors, school nurses • Understand how and when to refer to specialist services 	<p>The following learning outcomes will be achieved through a combination of formal and informal teaching as detailed above</p>
<p>Fever in childhood:</p> <ul style="list-style-type: none"> • Understand and apply NICE guidelines in assessment and management of fever • Assessment of underlying cause • Recognition of red flags indication serious underlying pathology such as septicaemia or meningitis • Safety net instructions for discharge • Febrile convulsions: typical vs atypical 	

<p>Injury patterns:</p> <ul style="list-style-type: none"> • Age specific injury patterns eg: toddlers fracture • Management of common injuries • Recognition of red flags that indicate inflicted injury 	
<p>Respiratory conditions:</p> <ul style="list-style-type: none"> • Age specific respiratory conditions and their management • NICE guidelines for conditions including asthma, pneumonia • Recognise respiratory distress and failure • Be able to recognise and escalate care in respiratory failure 	
<p>Developmental concerns:</p> <ul style="list-style-type: none"> • Understand developmental milestones and be able to assess them in clinical setting • Understand when development falls outside normal range and when to refer for further assessment 	
<p>Failure to thrive/growth and nutrition:</p> <ul style="list-style-type: none"> • Be able to measure weight, head circumference and height • Be able to accurately plot on growth chart • Understand definition of FTT and when referral to specialist is indicated • Recognise obesity in childhood and options available for early intervention • Understand age-appropriate nutrition and provide advice • Understand infant feeding including breast feeding and weaning 	
<p>UTI's:</p> <ul style="list-style-type: none"> • Recognise non-specific presenting symptoms in childhood • Understand indications and methods for urine sample collection • Understand and apply NICE guidelines for investigation, management and follow up of UTI in children 	
<p>Diarrhoea and/or vomiting:</p> <ul style="list-style-type: none"> • Be able to assess hydration • Recognise when investigations warranted • Initiate appropriate treatment plan • Recognise presentation indicative of serious underlying illness 	

<p>Neonates:</p> <ul style="list-style-type: none"> • Understand common neonatal conditions that do not require intervention, eg. strawberry naevi, plagiocephaly • Presentations indicative of underlying pathology or need for specialist input • Understand risk for deterioration/underlying pathology and need for increased vigilance • Understand neonatal jaundice and its management • Knowledge of neonatal screening and actions required if abnormal 	
<p>Care of the critically ill child:</p> <ul style="list-style-type: none"> • Understand and apply ABC approach relevant to age of child • PLS training • ALS training • Ability to promptly assess critically ill child, initiate supportive measures and know how and when to request help • Know ALS algorithms for children and be able to act as part of resuscitation team 	
<p>Rashes:</p> <ul style="list-style-type: none"> • Recognition of common childhood rashes and their management • Recognition of purpura and likely underlying cause • Understand when rash is an indicator of serious underlying disease and what actions are required 	
<p>Chronic diseases, including:</p> <ul style="list-style-type: none"> • Asthma • Epilepsy • Diabetes 	
<p>ENT:</p> <ul style="list-style-type: none"> • Recognise common infections and when to treat • Understand when to refer to specialist 	
<p>Abdo pain:</p> <ul style="list-style-type: none"> • Causes in childhood • When to investigate further • Signs of acute abdomen in children • Management of constipation 	

<p>Safeguarding:</p> <ul style="list-style-type: none"> • Recognise child in need • Recognise child at risk • Recognise disease and injury patterns suggesting child abuse • Understand law around safeguarding and who to refer to • Communicate with MDT to maintain safety of the child • Understand local and national protocols and apply them 	
<p>Infectious diseases:</p> <ul style="list-style-type: none"> • Recognise common disorders such as chicken pox, measles, • Safety net provision for carers and understand which diseases are notifiable • Understand immunisation programme, and indications/contraindications for vaccination 	
<p>Altered conscious level:</p> <ul style="list-style-type: none"> • Recognise differentials in children • Age-appropriate investigations to exclude underlying cause such as infection, child abuse, poisoning, metabolic cause 	
<p>Psychiatry/behaviour:</p> <ul style="list-style-type: none"> • Recognise normal and unusual behaviours • Recognise behaviour as expression of underlying issue such as psychiatric illness or abuse • Understand where and when to access support for child and family 	
<p>Pain:</p> <ul style="list-style-type: none"> • Understand analgesia options available • Use age and intervention-appropriate analgesia including distraction, play therapy and pharmacological options 	
<p>Holistic approach:</p> <ul style="list-style-type: none"> • Respect child's dignity, beliefs and rights • Understand confidentiality and consent as applied to children • Include child and family in management of condition and discharge plans • Understand need for clear record keeping and when information sharing is necessary 	

Educational content:

The Appraisal and Educational Assessment:

- A Clinical supervisor will be identified for each trainee at the start of the post
- Meetings between trainee and supervisor will take place at the beginning, midpoint and end of the post with an agreed PDP for the post
- The Clinical supervisor will provide a clinical supervisor's report at the end of the post
- Trainees who are in difficulty or who require support will be treated in a non-judgemental and sensitive manner

Example Timetable:

	AM	PM
MONDAY	-Clinical duties	-Clinical duties
TUESDAY	-Clinical duties -Resuscitation scenario (Monthly)	-Clinical duties -Paediatric Radiology meeting (Alternate weeks)
WEDNESDAY	-Clinical duties -Regional training (ST1)	-Clinical duties -Regional training (ST2)
THURSDAY	-Clinical duties	-Clinical duties -Paediatric teaching -Panda Unit MDT (Alternate weeks)
FRIDAY	-Clinical duties	-Clinical duties

Study leave provision will also be made to attend paediatric outpatient clinics and postnatal baby checks