



Job Title: Neurology House Officer

Department: Neurology

Reporting To: Senior Clinician Neurology

FURTHER PARTICULARS

Role Description:

Fitzpatrick referrals is a specialist referral practice dedicated to expert care and safe clinical decision-making together with compassionate communication. The centre comprises of a centre for Orthopaedics and Neurology (Eashing) and centre for Soft tissue surgery and Oncology (Guildford). The facilities are state of the art and include 1.5T MRI, 160 slice CT and electrophysiology.

The neurology team is composed of five clinicians: chief of neurology, Clare Rusbridge (CR); senior clinicians, Colin Driver (CD) and Jeremy Rose (JR); neurology registrar, Anna Tauro (AT) and ECVN neurology resident Ricardo Fernandes (RF).

The neurology house officer programme is for a 12 month period and will provide training in clinical neurology, neurosurgery, electrodiagnostics, neuroimaging, neuroanatomy, neurophysiology, and neuropathology. You will be required to assist the neurology clinicians and residents in daily care of patients, consultations, diagnostic procedures, and neurosurgeries. You will be encouraged to be involved in clinical research with an aim of presenting a clinical research abstract at a scientific congress. .

Duties will involve daily collaboration with all clinical and non-clinical teams, including but not limited to, orthopaedics, anaesthesia, rehabilitation, advanced diagnostic imaging, nursing and surgical interns; ensuring that the needs of patients and their families are met.

The successful candidate must be a graduated veterinary surgeon and preferably have completed a one-year general internship or at least two years of general small animal practice. In addition, will be care driven, have excellent communication skills, be exceptionally organised, thorough and be able to operate in a 24/7 team environment.

Professional Development Objectives:

The neurology house officer will:

1. Be able to perform, record and interpret a neurological examination confidently.
2. Understand how the neurological examination aids localisation of a lesion in the nervous system and apply this to assessment of patients.
3. Be able to assimilate information from the neurological exam and clinical history to create a differential list and diagnostic plan for the neurological patient.

Responsibilities and Tasks:

Assist the neurology clinicians and residents in daily care of patients including:

Consults

- When possible the neurology house officer is expected to observe senior clinician consultations so they learn skills of neurological history taking and examination. It is expected they will attempt to follow the patient through diagnostic work up and treatment.
- The neurology house officer will not be expected to receive new patient referrals however this aspect is open to review if the neurology house officer gains the necessary skills and confidence during the one year programme. Please note that any primary consulting by the neurology house officer must be under direct and close supervision of a senior clinician who remains ultimately responsible for the case.

Diagnostic work-ups

- The neurology house officer is expected to work with senior clinicians and clinical nurse co-ordinators to maximise efficiency of patients undergoing diagnostic work up including advanced diagnostic imaging (ADI) and surgery. This may include:
 - preparing the anaesthesia sheets and trays, or assisting nurses with this
 - placing catheters
 - taking bloods for laboratory tests
 - inducing and maintaining anaesthesia for such cases, if no nurse is available.

Post-op and in-patient care

- During the working week the neurology house officer along with the neurology nurses is first point of contact for in-patients when the dedicated clinician is not in the building and specifically on days that CR and AT are not employed by the Company. The neurology house officer should perform a full clinical and neurological examination on those patients on a daily basis and ensure hospital instructions are correct. They are also responsible for ensuring communication with the family and, if directed, the primary care veterinary surgeon (PCV). However -
 - the neurology house officer should keep in email / phone contact with the primary clinician especially if there are concerns about the patient or if there are challenges in communication with the client
 - clinical decisions about the in-patient e.g. change in medication should be authorised by a more senior neurology clinician. Ongoing care of these patient will be discussed at morning rounds or when necessary.
- Post-operative care is the primary responsibility of the surgeon however the neurology house officer is expected to have a working knowledge of all the neurology in patients, be observant and help out when required. For example, help with indwelling catheters and feeding tubes.
- The neurology house officer is expected to assist with any critical inpatient.
- The neurology house officer may be asked to perform and / or arrange discharge appointments for neurology patients. This will require ensuring that:
 - clear discharge instructions; including information on medication, rehabilitation, and exercise are created
 - liaising with physiotherapy in the instance of dual discharge appointments
 - ensuring that there has been communication with PCV e.g. email interim report or discharge instructions.

Rehabilitation

- The neurology house officer is expected to learn from the skill set of our rehabilitation team and assist with physiotherapy/hydrotherapy of in patients if required.
- The neurology house officer is expected to communicate with the rehabilitation team regarding in-patients when the primary clinician are not present.

Surgery

- The neurology house officer is expected to scrub in for surgeries when asked and especially on cases followed from consult, however, this should not be at the expense of other duties.

Rounds

- The neurology house officer is expected to attend morning rounds and have a good working knowledge of the neurology in-patients and be the first point of contact for in-patients of clinicians who are not working at FR that day and ensure continuity of care of those patients.
- If the neurology house officer is looking after a patient with complex medical needs then late afternoon / evening rounds with a more senior clinician is necessary.

Attendance at journal and book clubs and in house lectures and seminars.**On-call duties**

- The neurology house officer between 1 in 3 and 1 and 4 weekend duty rotating with the residents. During this weekend, duties of the neurology house officer include:
 - ensuring the continuing care of in-patients
 - provision of daily updates to the families of neurology inpatients regarding basic status (so called “emotional update” not discussing diagnosis, prognosis or specifics of treatment)
 - being the first point of contact for enquires about existing neurology patients and deal with simple enquires (for example clarification of discharge instructions). The neurology house officer should keep in email / phone contact with the primary and / or telephone back up clinician. If the enquiry is simple then an email update is sufficient (e.g. clarification that medication X is given with food), however if there are concerns about the patient or if there are challenges in communication with the client/ PCV, then telephone back up clinician should be contacted.
 - The neurology house officer is not expected to take emergency referrals of new cases unless under direct and close supervision of a senior clinician.
- First point of contact by telephone on Monday to Thursday nights is split between the neurology residents and intern and possibly in the future general interns rotating through neurology.
- Communicate directly with clients and PCV under the direction of senior clinicians
- The neurology house officer is encouraged to be involved in clinical research and to present this at a scientific congress with a view to eventual publication.
- Represent and promote the practice, its aims and values at all times
- In addition to your main duties you will be required to carry out such other duties consistent with your position to meet the needs of the business and as the Practice may require from time to time.

Employee Signature:.....
Employee Name:

Date:

Line Manager/HR Signature.....
Line Manager/HR Name:

Date:

PERSON SPECIFICATION

The skills, abilities, experience and knowledge outlined below provide a summary of what is required to carry out this job effectively. They also form part of the selection criteria on which the decision on who to appoint will be made. Please ensure that you show how you meet the criteria outlined below in your application.

Requirement	Essential	Desirable
Qualifications and experience	<ul style="list-style-type: none"> Graduated veterinarian and have completed a one-year general internship or at least 2 years in small animal general practice 	<ul style="list-style-type: none"> Rotating small animal internship in a multi-disciplinary specialist hospital that includes internal medicine, critical care and anaesthesia, in addition to at least one year in general small animal practice
Knowledge	<ul style="list-style-type: none"> Good basic knowledge of internal medicine e.g. able to recognise and interpret biochemical abnormalities Good basic knowledge of orthopaedics e.g. able to recognise common orthopaedic abnormalities 	<ul style="list-style-type: none"> Confident in interpreting and correcting blood gas and other metabolic abnormalities in the critical care patient. Advanced neuroanatomical knowledge Advanced neurological knowledge base
Personal skills	<ul style="list-style-type: none"> Able to communicate confidently in clear English (verbal and written) with clients and colleagues Compassionate to animals and their families Good interpersonal skills with client and colleagues Good problem solving and critical analysis skills Commitment to patient care Reflective practice 	
Clinical skills	<ul style="list-style-type: none"> Able to perform a neurological examination and interpret it to localise a neurological lesion Competent at placing intravenous catheters, venepuncture and cystotomy Confident and competent in perform and monitoring sedation and anaesthesia Maintaining good patient records including completing daily SOAPs and clear, succinct verbal presentation of cases Using medicines responsibly Awareness of H&S, hygiene and biosecurity 	<ul style="list-style-type: none"> Able to place oesophageal and / or other feeding tubes Able to perform basic ultrasonography Able to obtain optimally positioned and exposed radiographs Able to interpret a blood smear Able to perform bone marrow aspiration Able to interpret basic cytology
Personal Characteristics	<ul style="list-style-type: none"> Works well in a team shows initiative Good problem solving ability Good conflict resolution Awareness of personal limitations and an enquiring attitude to clinical work 	
Other	<ul style="list-style-type: none"> Right to work in the United Kingdom 	
Values	<ul style="list-style-type: none"> Integrity – We endeavour always to do the right thing Innovation – We challenge ourselves to develop new and better ways to solve problems Care – We care passionately about what we do Education – We are totally committed to learning and sharing knowledge and information Community – We work best when we work as a team 	