

# EXAMPLE CV

## CURRICULUM VITAE

**Dr David Goodenough**  
**MA, MB, BChir, MRCP(UK), FFAEM**

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## PERSONAL DETAILS

Name	David Goodenough
Address	32 Casualty Street Digit Town DT23 0QQ
Email	David.Goodenough@email.com
Telephone	0214 328 147
Date of Birth	01/06/68
Marital Status	Single
Nationality	British
Place of Birth	Labour Pain, Cheshire
GMC Registration No.	9472163
Specialist Register	Accident & Emergency Medicine – 01/11/2000
Medical Protection Society	644002
British Medical Association	6400459-76

President of British Accident & Emergency Trainees Association

Fellow of the Faculty of Accident & Emergency Medicine

Member of the British Association for Accident & Emergency Medicine

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## EDUCATION

<b>School</b>	1979-1986 1984 1986 1985-1986	Armless Grammar School 9 'O' levels 5 'A' levels Deputy Head Boy
<b>University</b>	1986-1992 1989 1993	Gonville and Caius College, Cambridge BA (Hons) Medical Sciences Converted to MA
<b>Clinical School</b>	1989-1992 1992	Addenbrooke's Hospital, Cambridge MB, BChir

## Post Registration Qualifications

1994	MRCP Part I
1996	MRCP Part II
2000	FFAEM

## Life Support Courses

1995	ALS provider
1995	ATLS provider
1997	1-day major incident course
1998	ALS instructor / Course Director
1999	APLS instructor
2001	ATLS recommended for instructor course

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## MEDICAL TRAINING

### Present Appointment

01/12/99 - 11/2/00 Specialist Registrar in Accident and Emergency  
19/04/00 - Wobegone Hospital

### Previous Appointments

12/02/00 - 18/04/00 Specialist Registrar with consultant duties  
Little One's Children's Hospital

01/12/98 - 30/11/99 Specialist Registrar in Accident and Emergency  
Arrow Head Hospital

01/04/98 - 30/11/98 Specialist Registrar in Accident and Emergency  
Royal Heartbeat University Hospital

01/12/97 - 31/03/98 Specialist Registrar in Accident and Emergency  
Littleone's Children's Hospital

01/06/97 - 30/11/97 Specialist Registrar in Accident and Emergency  
Royal Heartbeat University Hospital

01/05/96 - 31/05/97 Specialist Registrar in Accident and Emergency  
Everwell Hospital

07/02/96 - 31/04/96 Senior House Officer in Orthopaedic Trauma  
Royal Heartbeat University Hospital

02/08/95 - 06/02/96 Senior House Officer in Accident and Emergency  
Royal Heartbeat University Hospital

02/08/94 - 01/08/95 Senior House Officer in General Medicine / Cardiology  
Royal Heartbeat University Hospital

01/02/94 - 01/08/94 Senior House Officer in Respiratory Medicine  
Painborough District Hospital

01/08/93 - 31/01/94 Senior House Officer in General Medicine / Care of the  
Elderly  
Stand and Rutling Hospital

01/02/93 - 31/07/93 Senior House Officer in Accident and Emergency  
Never Better

01/08/92 - 31/01/93 House of Physician in General Medicine / Care of the  
Elderly Norfolk and Never Better Hospital

01/02/92 - 31/07/92 House Surgeon in General Surgery / Urology  
Beenlucky Trust

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## Present Appointment

**December 1999 – February 2000. April 2000 –**

Specialist Registrar in Accident and Emergency

Mrs A Tetanus / Mr S Spasm

### **Woebegone Hospital**

This is my final attachment as an SpR and I was able to be more involved in departmental management, such as complaints and SHO appraisal. I also assisted in short-listing and interviewing for new SHOs.

The department had a strong lead in audit and I was involved in some of the projects there.

I continued to be involved in SHO teaching and also in regular shop-floor teaching for SHOs, medical students and nursing staff.

My primary secondment was at Little One's Hospital. In the remaining time I plan to attend some gynaecology, ophthalmology clinics in Woebegone and some theatre lists at the Cardiothoracic Centre.

## Previous Appointments

**February 2000 – April 2000**

SpR with consultant duties

Dr T Neonate / Dr F Bronchiolitis

### **Little One's Children's Hospital**

This was an opportunity both to provide further experience in the clinical aspects of paediatric emergency medicine and to expose me to the managerial and administrative side of A&E.

Clinically I encountered several cases involving child protection, consent and confidentiality as well as the sick and traumatized children. Having dedicated shop-floor sessions, I was able to supervise and teach the SHOs in the department.

I was involved in and wrote provisional replies for any current complaints.

I attended meetings within the trust – fortnightly A&E departmental meetings, A&E pain group, resuscitation committee, clinical policy evaluation group (CPEG), presentation of A&E plans for European Foundation Quality Management (EFQM) model and outside of the trust – NHS direct, medical students 5<sup>th</sup> year attachments.

**December 1998 – November 1999**

Specialist Registrar in Accident and Emergency

Mr B G Accident / Dr C Minors

### **Arrow Head Hospital**

As I continued with my specialist training I moved to a department, which though busy (new patient attendances 80,000 / year), sees a higher proportion of minor injuries. This added further experience of time and people management. There were also regular victims of major trauma usually from the surrounding network of motorways.

I became more involved in SHO teaching than in previous hospitals. I was responsible for arranging the weekly afternoon programme and its speakers. I lead part or all of the 3-hour session most weeks. I also worked with the newly appointed chest pain nurse in the design of a chest pain pathway and its initiation into the department.

I was on the millennium committee and have written the SHO rota to cover the holiday fortnight.

I spent my last 3 months attached to General Surgery and other surgical specialities.

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**June 1997 – November 1997 and April 1998 – November 1998**

Specialist Registrar in Accident and Emergency

Mr L Jaffa / Dr C Seville

## **Royal Heartbeat University Hospital**

This phase of my rotation took me back to an A&E department where I'd previously been an SHO. I was now more involved in the overall running of this very busy department, with frequent experience of working under pressure and assisting in the management of many imminent bed crises both in the main hospital and within A&E. As a middle-grade doctor my role was altered in that I was involved in reviewing many patients seen by the SHOs, of which there 20, leading the overall care of major trauma cases, cardiac arrests and other critical patients in the resuscitation room in addition to seeing many patients myself both in majors and minors.

I also ran re-dressing clinics of up to 50 patients and ward rounds on the Short Stay ward being responsible for discharging most of these patients.

During this time I taught medical students, SHOs and Nurse Practitioners. The consultants and middle-grade staff had weekly meetings covering, for example, clinical policies, journal scans and review of our trauma audit.

In June 1997 a committee was formed to review the management of patients with chest pain of possible cardiac origin. It was through this group of biochemists, cardiologists and emergency physicians, including myself, that troponin T was introduced as the primary biochemical marker of myocardial damage in this hospital and I am still involved in an extensive audit of all patients who have a troponin T level measured.

**December 1997 – March 1998**

Specialist Registrar in Accident and Emergency

Dr C Support / Mrs I M Wright

## **Little One's Children's Hospital**

This was an opportunity to use the skills I had gained in both APLS and ATLS, and also to further my experience in paediatric medicine and surgery. Little One's is a busy paediatric A&E department seeing approximately 72,000 patients each year. Teaching was available for myself, both on the shop-floor and in the form of monthly consultant-led afternoons. I had ample opportunity to supervise and teach SHOs and medical students through individual cases and in more formal weekly sessions.

**May 1996 – May 1997**

Specialist Registrar in Accident and Emergency

Dr G Getitright / Dr I M Arrogant

## **Everwell Hospital**

This was a major step in my career in A&E Medicine, being the first in my role as a middle-grade doctor in the specialty. It increased my exposure to new and broader aspects of medical, surgical and paediatric emergencies and furthered my skills in leading teams and supervising the SHOs in the same areas. I acquired skills of rapid assessment / prioritisation of large numbers of patients especially in the busy winter months. I went out as the senior member of the forward aid team on numerous occasions. I was jointly responsible for running a review clinic and for managing the observation ward patients. I was involved in teaching the SHOs on a variety of subjects and myself was taught in a variety of ways including clinics, ward rounds and giving weekly presentations on various topics.

The last three months of this attachment were spent in anaesthetics. Here I learnt a variety of skills involved in both general and local anaesthesia, including useful experience in the simple and more advanced management of a patient's airway. I spent some time on the Intensive Care Unit introducing me to this other area of critical care medicine.

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## **February 1996 – April 1996**

Senior House Officer in Orthopaedic Trauma

Professor Neverwrong / Mr Bowtome

### **Royal Heartbeat University Hospital**

I worked as part of a team looking after the acute trauma admissions for the above consultants. The knowledge I'd gained previously was only as far as referral to the Orthopaedic surgeons or fracture clinic. This post enabled me to further my experience and knowledge into the management of cases including reduction, internal and external fixation of fractures, exploration of wounds with repair of tendons and nerves as necessary, joint and extensive soft tissue infections. In a busy fracture clinic I was able to learn about the ongoing management and its adjustments as required both in ward discharges following some of the aforementioned procedures and in those referred directly from A&E. I had a weekly theatre session in which I was able to do many practical procedures myself under the supervision of a consultant. In the trauma meeting each morning I was encouraged to formally present the details and x-rays of each case I had admitted.

## **August 1995 – February 1996**

Senior House Officer in accident and Emergency Medicine

Dr L Jaffa / Dr C Seville

### **Royal Heartbeat University Hospital**

This post has furthered my training in Accident and Emergency Medicine exposing me to new areas of acute trauma and other emergencies. This department is one of the largest in the country and sees approximately 95,000 new patients each year.

Cardiac arrests and major trauma are managed solely within the department.

The number of victims of interpersonal disharmony such as stabbings, shootings and other serious assaults are increasingly frequent occupiers of the resuscitation bays.

At night the Senior House Officers are also responsible for 28 beds on the Short Stay Observation Ward which is utilized for patients with conditions expected to resolve within 36 hours. This includes head injuries, acute asthma, post-ictal states, overdoses, non-specific abdominal pain, substance misuse and social admissions.

Previous appointments – continued

## **August 1994 – July 1995**

Senior House Officer in General Medicine / Cardiology

Dr R D Beat / Dr I M Cheerful

### **Royal Heartbeat University Hospital**

In this post I worked for the two above consultants, taking care of both of their in-patients. I attended two out-patient clinics – one in general medicine and the other primarily in Cardiology. I also played a major role in the acute and on-going management of patients on the coronary care unit. When on-call, I was involved in a team admitting 30-45 patients per 24 hours; seeing patients both firsthand and reviewing patients seen by the house officer.

On several occasions I acted up as registrar, being fundamental in the organisation of the take.

## **August 93 – July 94**

Senior House Officer in General Medicine / Care of the Elderly

### **Stand & Rutting Hospital**

Senior House Officer in Respiratory Medicine

Dr I M Lonely

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## **Painborough District Hospital**

Stand is a small rural town in Lincolnshire and the hospital covers its population and that of the surrounding farming villages. I worked for several consultants covering General Medicine, Care of the Elderly, Rehabilitation and Rheumatology. The junior staff consisted of just two senior house officers, thus placing most of the major diagnostic and management decisions on us. The on-call was 1:3 rota and when on-call I was the only doctor covering the hospital including the surgical wards.

Painborough District Hospital has a busy acute medical department where I was able to gain experience in medical experiences and their management. My team was frequently involved in the care of patients on the intensive care unit. My out-patient duties included a respiratory clinic and review of our medical discharges.

## **February 1993 – July 1993**

Senior House Officer in Accident and Emergency

Mr T O Locum / Mr J Hardworking

## **Never Better Hospital**

This post was my introduction to the specialty and decided my choice of career. I was introduced to the concepts of management of major and minor trauma and other emergency situations, and learnt to put these into practice, initially under the guidance of the senior medical staff and later, especially when alone as a doctor on night duty, by myself. It was a department that saw about 10,000 paediatric cases annually as well as the adult patients.

In addition to the regular “shop floor” education with individual cases, we had an extensive formal teaching programme one afternoon per week which included practice moulages following both ACLS and ATLS protocols.

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## PRACTICAL PROCEDURES

I am competent in the following:

### Anaesthesia

- Simple and advanced airway management
- Rapid sequence induction and general anaesthesia
- Regional anaesthetic blocks

### Venous and arterial cannulation

- Central venous access
- Temporary cardiac pacing
- Cardiac catheterisation and angiography
- Swan-Ganz catheterisation and pulmonary artery wedge pressure measurements
- Femoral venous and arterial access

### Biopsy procedures

- Pleural aspiration and biopsy
- Fine needle aspiration

### Musculoskeletal

- Manipulation of joint dislocation and fractures
- Joint aspiration and injection
- Tendon sutures
- Muscle biopsy

### Cardiorespiratory

- Chest drain insertion
- Pericardiocentesis
- Management of cardiac arrests
- Tracheal intubation

### Surgical procedures

- Wound toilet and suturing
- Incision and drainage of abscesses
- Appendicectomy
- Suprapubic catheterisation
- Diagnostic peritoneal lavage

### Miscellaneous

- Lumbar puncture

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## PUBLICATIONS

1. *Chlamydia pneumoniae* myocarditis and early diagnosis  
Goodenough, Wheezy I M  
Linset 1996; 463; 895-898
2. Photoquiz: Pigmentation secondary to long-term tetracycline therapy  
Goodenough, Scar M  
Hospital Furum June 1997
3. CS exposure – clinical effects and management  
Goodenough, D; Pee, N  
J Accid Med 2000; 17(4): 178-182

### Submitted for publication

1. The future of A&E – the trainees perspective  
Goodenough, D; Pain Y P  
J Accid Med
2. Troponin T in practice  
Goodenough, D; Analysis, P  
Linset

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## PRESENTATIONS

### **The future of A&E – the next 40-50 years**

Royal Society of Medicine – London, January 2000

I was invited to give this lecture, as President of BAETA, to describe where I saw A&E in the relatively distant future.

### **Troponin T: the answer to chest pain in A&E**

BAEM Annual Conference – Cambridge, April 2000

A large study to review all patients attending an inner city A&E with chest pain of possible cardiac origin. A chest pain pathway was introduced with Troponin T as the primary cardiac marker enabling the safe discharge of low risk patients within 24 hours. Follow-up data was given on mortality, readmission and positive investigations for ischaemic heart disease at 1 month. These suggested that it was a safe protocol if followed carefully and further 12-month follow-up data has further reinforced this.

### **Paediatric Seizures**

A presentation at the 8<sup>th</sup> International Conference on Emergency Medicine – Boston, USA, May 2000

A review of all aspects of the emergency management of seizures in children, including details of 'The treatment of status epilepticus in children: A consensus statement' then unpublished, from the National Status Epilepticus Working Party.

### **Posters**

Police usage of CS Spray in UK – an urban review

#### **Goodenough D**

BAEM Annual Conference, Bristol 1998

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## RESEARCH

1. **Troponin T as a marker of myocardial damage** – this is an extensive project involving 1700 patients at the RLUH who had a troponin T level measured during our study period. We have looked at 30 day and 12 month outcomes (including mortality, morbidity – cardiac and non-cardiac and fast-track investigations). We are now planning to look at subgroups of patients in more detail such as those with renal failure and significant but non-infarction levels of troponin T.
2. **Defining the size of a pneumothorax** – following a recent paper in the A&E journal on the management of a spontaneous pneumothorax in which the percentage size of pneumothorax was suggested as a clinical decision-tool. Sizing of pneumothoraces, both spontaneous and traumatic is a vague science and following a literature search, I am undertaking a survey within my hospital on different ways on this and how clinicians use their system to make management decisions.
3. **CS Spray** – following its introduction as a police weapon, I reviewed its clinical effects and management. I also looked at numbers of presentations to an urban A&E department and the resultant clinical workload.
4. **Concussion following a whiplash-type injury** – patients presenting to A&E following an RTA often complain of other symptoms in addition to their neck pain. The frequency of the various symptoms more commonly associated with minor head injuries was assessed in these RTA patients.

## CURRENT AUDIT

1. **Primary care in A&E – Wobegone 2001**  
Current modernisation of emergency services in North Westshire will include the co-location of a primary care adjacent to A&E. This will be accessed by a single triage entry point. The current audit looks at appropriateness of patients presenting to A&E and changes in patterns of attendance.
2. **Thrombolysis audit – RLHH 1997-8**  
At RLHH, monthly audit meetings were held to assess door-to-needle times in thrombolysis of all acute myocardial infarctions. This was primarily run by the chest pain nurse but on several occasions I was involved, especially in looking at how changes in the care pathway could reduce delays and improve patient care.
3. **Complaints – RLHH 1997**  
An audit of 3 months complaints (verbal and written), focusing on specific areas such as waiting times and staff attitudes that could be targeted for improvement.
4. **Cervical spine x-rays – RLHH 1995**  
An audit of 100 case-notes to determine clinical indications for requesting c-spine x-rays in patients presenting with possible neck injuries. Guideline lines were produced from this audit and included in the SHO handbook. Further audit was then performed to complete the audit cycle.

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## CONFERENCES/MEETINGS ATTENDED

BAEM Annual Conference  
Cardiff 1997  
Belfast 1999  
Cambridge 2000

BAETA Annual Conference  
Southampton 1997  
Newcastle 1998  
Cardiff 1999

Faculty of A&E  
London 1999

International Conference in Emergency Medicine  
Vancouver 1998  
Boston 2000

Centralisation of A&E Departments – Sheffield, May 2000  
Professor John Nichol/Professor Brian Edwards

The Future of Accident and Emergency Medicine – London, January 2000  
Royal Society of Medicine

The Future of Accident and Emergency Medicine – London, June 1999  
Joint meeting on BAEM and FAEM

MTOS and trauma data analysis – Manchester, December 1996

## MAJOR INCIDENT TRAINING

1996 1 day introductory course, Chichester  
1997 Emergency services practice – Boat crash, River Dee, Chester  
2000 British Aerospace practice – Plane crash with fire, Broughton, N Wales  
2000 Lead medic of runway rescue team, Air Day at British Aerospace, Broughton, N Wales

## TEACHING

### Medical undergraduates

Clinical instruction and end of firm assessments of 2<sup>nd</sup>, 3<sup>rd</sup> and 4<sup>th</sup> year students from Murkeyside, Leicester and Addenbrooke's medical schools.

Clinical tutorials to final year students.

Lectures on management of trauma and medical emergencies.

Paediatric Emergencies to 2<sup>nd</sup> and 4<sup>th</sup> year students at Little One's Children's Hospital.

6<sup>th</sup> formers as prospective medical students within the A&E Department.

### Medical postgraduates

As an ALS and APLS instructor on at least 2 courses of each per year.

Clinical tutorials to pre-registration house officers including practical training sessions in advanced cardiopulmonary resuscitation.

SHO teaching on a variety of subjects relevant to A&E. Audit projects with SHO's in A&E.

### Nursing staff, ODA's etc.

Lectures and practical teaching stations on ALS and APLS courses.

Paramedics in cannulation and resuscitation within Royal Heartbeat A&E Department.

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## MANAGEMENT and ADMINISTRATION

### 1. President of BAETA

- ❖ To improve communication between A&E trainees in the UK including setting up a website information page on Doctors.net
- ❖ To chair the BAETA meetings
- ❖ Organisation and writing of the trainees section of JAEM supplement
- ❖ To represent A&E at the meetings of the Specialist Trainee Representatives and the JDC

### 2. Departmental Management/Committees

- ❖ Chairman of the organising committee for BAETA 2000 annual conference to be held in Liverpool in November 2000
- ❖ Junior representative on Medical Directorate at Royal Heartbeat University Hospital and Critical Care Directorate at Everwell Hospital and Arrowe Head Hospital
- ❖ Departmental planning and development
- ❖ Chest pain management
- ❖ Millenium organisation
- ❖ Paediatric pain group at Little One's Children's Hospital

### 3. Teaching

- ❖ Planning the weekly meetings for the Murkeyside A&E Trainees Group within a committee of three (1997-1999)
- ❖ Arranging the schedule and speakers for a 3 hour weekly teaching afternoon for SHO's at Arrowe Head Hospital (1998-1999)
- ❖ Course Director for ALS course in Cresta (2000) and member of the faculty for numerous ALS and APLS meetings (1996-)

### 4. SHO Employment

- ❖ Short-listing at Arrowe Head Hospital
- ❖ Showing prospective interviewees around the department
- ❖ A member of the interview panel at Little One's Children's Hospital and Woebegone Hospital

### 5. Introduction of new departmental policies

- ❖ Chest pain pathways at Royal Heartbeat Hospital and Arrowe Head Hospital
- ❖ Pathway for management of pain in children at Arrowe Head Hospital

### 6. New junior doctors hours

- ❖ Re-organisation of junior doctors rotas within the new hours regulations at RLHH
- ❖ Establishment of House Officer and Senior House Officer in rotations in General Medicine in the Murkeyside region.

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## OTHER WORK EXPERIENCE

1987/88 Preparatory certificate in Teaching English as a Foreign Language; teaching experience with classes up to 14 students of a variety of nationalities during summer courses at Cambridge.

I have a wide range of experience as a leader/organiser of children's holidays and day-centres; children aged 2-15.

I gave a talk to a local rotary club, the Rotary Club of Bighull, on a day in the life of an A&E doctor in 1997.

I was invited as the guest speaker at the Junior Speech Day at Armless Grammar School in 1998.

## OUTSIDE INTERESTS

**Skiing** I have skied for 18 weeks in Europe and Canada  
I am also a leader and doctor to a school skiing course for a party of 80 pupils and 16 adults, I have accompanied this group on 4 occasions.

**Cycling** Touring holidays in Britain and in Europe

**Walking** Many holidays in the Lake District, Peak District, Yorkshire Dales, North Wales, Scotland, in the Swiss and French Alps and Picos De Europa in Northern Spain.

**Music** Piano and Violin grades 4.  
I was involved in school, college and hospital orchestras.  
I was the leader of the school orchestra in my final year at school and have recently played in a quartet.

# EXAMPLE CV

## REFEREES

Mrs A Tetanus  
Accident and Emergency Department  
Woebegone Hospital  
Lonely Lane  
Woebegone  
WO3 1QG

Dr Chinors  
Accident and Emergency Department  
Arrowe Head Hospital  
Downtown  
D36 4EA

Dr F Bronchiolitis  
Accident and Emergency Department  
Little One's Children's NHS Trust  
Living Road  
Murkeyside  
M21 3AQ