

MANCHESTER
1824

The University of Manchester

YEAR 3

Clinical Placement Area:
Frailty unit

MAU, SDEC and Acute



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MEET THE TEAM

- Clinical Placement Supervisor
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- Clinical Tutor
Title Dr
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- Secretary
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To use the bleep system: dial 66 followed by the bleep number you want, followed by the number you are dialling from.

COVID 19

All staff must adhere to Infection Control measures at all times, starting with basic handwashing to the correct use of PPE, and enhanced PPE where applicable.

Arrive and leave the hospital **in your own clothes** in accordance with Trust policy and change on site in your designated area for your ward or use the Centralised Locker rooms

Handwashing should be undertaken at regular intervals and before and after each patient contact.

Whilst out on the wards, you will hear the patients' status referred to as Red, Amber or Green (RAG). This traffic light system refers to their Covid- 19 status.

Red patient is Covid positive.

Amber patient is suspected Covid and is awaiting their results.

Green Patient is Covid negative.

Blue patient is one who has been in the same bay as a patient who is identified as Red or Amber.

If you develop any signs and symptoms of Covid-19 you **MUST** self-isolate immediately!

You MUST inform your Placement Supervisor, the Learner Support Team and your university as soon as possible on the FIRST DAY of your absence.

The Trust will then arrange for you to be tested, to ensure Safety through track and tracing measures

You **MUST** ensure that you are up to date with current government guidance and ensure that you check the CEO update DAILY.

Learner Support contact email: Learner.Support@lthtr.nhs.uk

PLACEMENT SPECIFIC INFORMATION

Year 3 Induction Information and How to Succeed in Placement document

The above document is to be read in conjunction with this document.

Induction Information

The group induction will be held on Ward 18 where you will have an introduction to medicine, be given information regarding expectations of the placement and an orientation of the clinical areas.

Expectations:

To establish and develop history taking and examination skills

To see the common presentation seen on acute medical take and understanding of the investigation and management of common presentation seen on acute medical take

Common Clinical Conditions

related to ?

During this placement you are likely to see the following conditions:

Insert speciality /conditions here:

- **Acute coronary syndrome/ angina**
- **Heart failure**
- **Pulmonary embolism**
- **DVT**
- **Cellulitis**
- **Sepsis**
- **Acute kidney injury**
- **Syncope**
- **Seizures**
- **Atrial Fibrillation**
- **Diabetes ketoacidosis**
- **Gastroenteritis**
- **Gastrointestinal bleeds**
- **Alcohol withdrawal**
- **COPD/Asthma**

- Anaemia
- Migraine
- Other chronic conditions with acute flare up including Arthritis, eczema etc.

Common Presenting Symptoms:

- Shortness of breath
- Chest pain
- Leg swelling
- Unwell and general deterioration
- Poor mobility
- Low urine output
- Lethargy / tiredness
- Tremors
- Confusion
- Palpitations
- Fits
- Rash
- Joint swelling
- Headache

It may be useful to practice/read-up on:

- Common presenting symptoms, signs, investigations and treatment of common acute medical conditions stated above especially Acute coronary syndrome , sepsis, pulmonary embolism, DVT.
- Contributing factors for falls, poor mobility and general decline
- Interpretation of common abnormal blood results including acute kidney injury, abnormal LFTs etc, chest X ray and ECG findings.
- Role of multidisciplinary team in MAU

PLACEMENT LEARNING OPPORTUNITIES

Gain knowledge and experience in history taking, examination, differential diagnosis and management of common acute medical conditions.

Develop generic skills like team work, communication between teams and medical handovers.

Identification of deteriorating patients and understanding of the escalation process

Learn interpretation of abnormal blood results, Chest Xrays and ECGs.

Learn to perform basic clinical procedures under supervision like venepuncture, blood glucose test etc.

CLINICAL SKILLS

- History taking
- Clinical examination
- Communication skills
- Breaking bad news
- Explanation of investigation and management plans
- Verbal and written communication with colleagues
- Management of complaints and conflict
- Data interpretation
- Interpretation of common blood tests FBC and U/Es
- Interpretation of urine dipstick test
- Interpretation of arterial blood gas result
- ECG interpretation
- Interpretation of chest X-ray
- Observe triage of patients

PROCEDURES

(observation and practice under close supervision)

- Venepuncture
- ANTT Procedure
- IV cannulation
- Recording vital signs using NEWS scores
- Wound care and dressing
- Administration of intravenous drugs
- Measurement of blood glucose levels
- Administration of blood and blood products
- Insertion of Urinary Catheters
- Arterial Blood Gas(ABG) Sampling

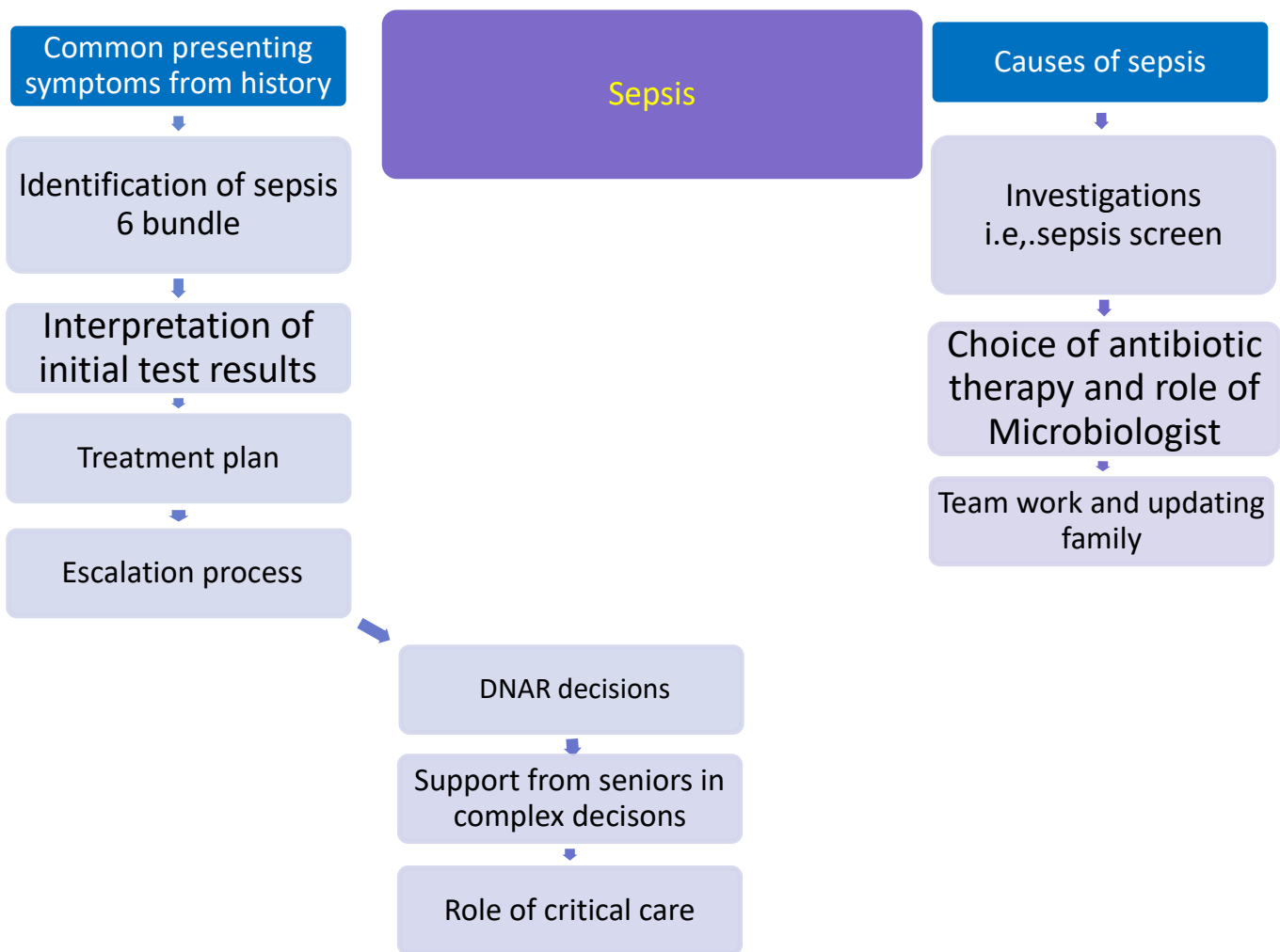
ATTITUDES

- Team working
- Time management & Prioritisation of tasks
- Appreciation of the contribution of the MDT.

Educational Objectives:

The main objective of this 6 week placement is to enable you to experience common conditions within general medicine, engaging with patients in conversation, history taking, and systems examination.

Example of a patient's journey and points of learning/IPE:



Wards

Acute Medicine is based in both RPH and CDH. Wards include:

- RPH Medical assessment unit (ward 19) and Same Day Emergency Care
- Acute Frailty unit

- CDH- Medical Assessment unit

Ward Rounds

There are morning ward rounds in both Medical assessment units every day in mornings. These ward rounds are led by consultants and registrars in MAU. In the afternoon, the consultants posttake new patients in MAU and provide support to junior doctors with and advise and management of acutely unwell patients.

Same Day Emergency Care is an ambulatory unit which receives patient referrals from ED and GPs. Junior doctors and registrars manage these patients in the SDEC and there is consultant ward round in afternoons.

Acute Frailty unit has consultant ward round every morning and there are opportunities for ED in reach in afternoons.

Location:

Ward 19 on 4th floor – MAU RPH

MAU CDH on first floor

SDEC on ground floor in main corridor

Acute Frailty unit behind the ED department

Supervised by:

Dr M Batra CPS

Dr Sharief Mohiuddin – Clinical tutor

Acute medical consultants RPH- Dr Sharief Mohiuddin, Dr Eelin Lim, Dr Raaj Kaliyaperumal, Dr Sarah Abdelati, Dr Lee Helliwell

CDH Dr Munish Batra, Dr Faiyaz Mohammed, Dr Amer Khawaja

Meet the team (this usually consists of a consultant, an FY and/or a middle grade doctor) on the ward at 9am. You will review patients on the ward round. This may be a good opportunity to present patients where possible/appropriate using a history taken prior to the ward round.

Clinics

Dr Eelin Lim has Diabetes clinics which is a good opportunity to gain an experience in outpatient management of Diabetes and endocrine conditions.

Other relevant information:

We hope that you will enjoy the placement and learn lots from our multidisciplinary team and opportunities available to you.

General

- Whilst in the ward environment, please refrain from using mobile phones.
- Medical students are expected to behave professionally, and with probity at all times. Ensure you can be contacted, and always respond to messages in relation to the care of patients, or your placement education. Please make sure you check your emails and Medlea daily whilst on clinical placement.
- You must have your iPad with you at all times, and prepare the appropriate forms for Dr Kumar prior to your final placement review.
- The iPad should be used for educational purposes **ONLY**, and are not for use with social media; LTHTR and GMC have issued guidelines regarding the use of social media. The guidelines can be accessed here
<https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/doctors-use-of-social-media> (GMC)
<http://lthtr-documents/current/P14.pdf> (Trust intranet)
- Work within the limits of your competence, training, and status as a medical student. You should be supervised by a practitioner competent in required skill. Please ask if you are unsure.
- Raise concerns about patient safety immediately, or any aspect of the conduct of others which is inconsistent with good professional practice. This should be raised either to your placement lead or Clinical Placement Facilitator and/or Student Welfare & Professionalism team (SWAPs). You must be familiar with the Trust incident reporting mechanism DATIX and complete when an incident occurs. Remember to tick the box that identifies you as a Student.
- Recognize your own personal health needs, and protect patients from any risk posed by your own health through seeking support via either your placement lead or Clinical Placement Facilitator.
- Ensure you are clearly identifiable as students and that patients have consented to you being involved in any aspect of their care
- Adhere to the LTHTR Dress Code Policy in line with NHS Infection Control Standards. Grey scrubs are to be worn in clinical areas.
- Should you be unfortunate enough to sustain a needle-stick injury, you must adhere to the policy accessed via this link.

- The assessment wards are extremely busy and our patients are often very poorly. This is especially noticeable during winter months. You are expected to demonstrate some flexibility at this time when staff members may struggle to complete assessments. If you are encountering problems getting assessments done, please let your supervisor Dr M. Batra know early in the placement.
- Please check with nursing staff prior to seeing a patient on the ward.
- Remember 100% attendance is required in the placement; any absences must be explained.
- Students often do not recognise what feedback is, or when they have received it! If someone says to you for example:

“thank you for helping today, we have been really busy, and your support was very welcome”

That is positive feedback! OR:

“..tell me how you think that went? What would you do differently next time? You did really well for a first attempt; you will be really proficient with more practice”

Feedback gives you the opportunity to reflect upon your action. Feedback may be given in a variety of ways, from very simple thanks, to a more formal review on a one to one basis.

Useful resources for reference:

Examples

- MacLeod’s Clinical Examination
- Oxford Handbook of Clinical Medicine

Abbreviations:

Examples

PE	Pulmonary embolism
AF	Atrial Fibrillation
AP	Anteroposterior
ACS	Acute coronary syndrome
DVT	Deep vein thrombosis
GI	Gastrointestinal
AKI	Acute Kidney injury
CKD	Chronic kidney disease
COPD	Chronic obstructive pulmonary disease
DKA	Diabetes ketoacidosis
SIADH	Syndrome of inappropriate Anti diuretic hormone secretion
SAH	Subarachnoid haemorrhage
TIA	Transient ischaemic attack
DNAR	Do not attempt resuscitation

CLINICAL STANDARDS

Skill	Number per week	Number per block	Total (115)	Validated by
Patient Assessment	3	-	72	Self-validated
Physical Examination	1	-	24	FY1 or above Specialist nurse, skills tutor
Presentation of Patient Assessment - standard	1	-	24	FY1 or above Specialist nurse
Presentation of Patient Assessment - enhanced	-	1	6	ST1 or above
Clinical Experiences (ward round, clinic, theatre)	2	-	48	Any medic or nurse
Clinical Experiences (On call)	-	1	6	FY1 and above
UPSAs	-	At least 1	8	By competence

Prescribing tasks	-	At least 1	5	FY2 and above; pharmacist, Nurse Prescriber
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At the end of your placement you will have a sign off interview, this will either be timetabled or needs to be arranged with the placement supervisor and consists of a 20 minute meeting in which your log book will be reviewed. You **must submit the eForm by 17:00 on the last Friday of your placement. Failure to do so will result in you failing the placement.**