

MANCHESTER
1824

The University of Manchester

YEAR 3

Clinical Placement Area:

Cardiology / Acute Med 2

Clinical Placement Supervisor:

Dr Irfan Ahmed



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MEET THE TEAM

- Dr Irfan Ahmed – Clinical Placement Supervisor
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Consultant Cardiologist
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- Dr Sarfraz Khan – Consultant Physician – Cardiology RPH
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- Anna Adams – Heart Failure Specialist Nurse
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- Nicola Fenn – Dr Ahmed's Secretary
Nicola.Fenn@LTHTR.nhs.uk
Ext:

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 General Medicine/Cardiology.

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

Cardiology:

- Coronary artery disease
- Acute coronary syndrome (ACS)
 - Myocardial infarction
 - Unstable angina
- Angina Pectoris
- Atrial Fibrillation
- Heart failure
- Syncope
- Arrhythmias
- Heart valve disease

Common Presenting Symptoms:

- Chest pain
- Shortness of Breath (SOB)
- Syncope

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

- Chest pain history

- SOB history
- Syncope history and common cardiovascular/non-cardiovascular causes

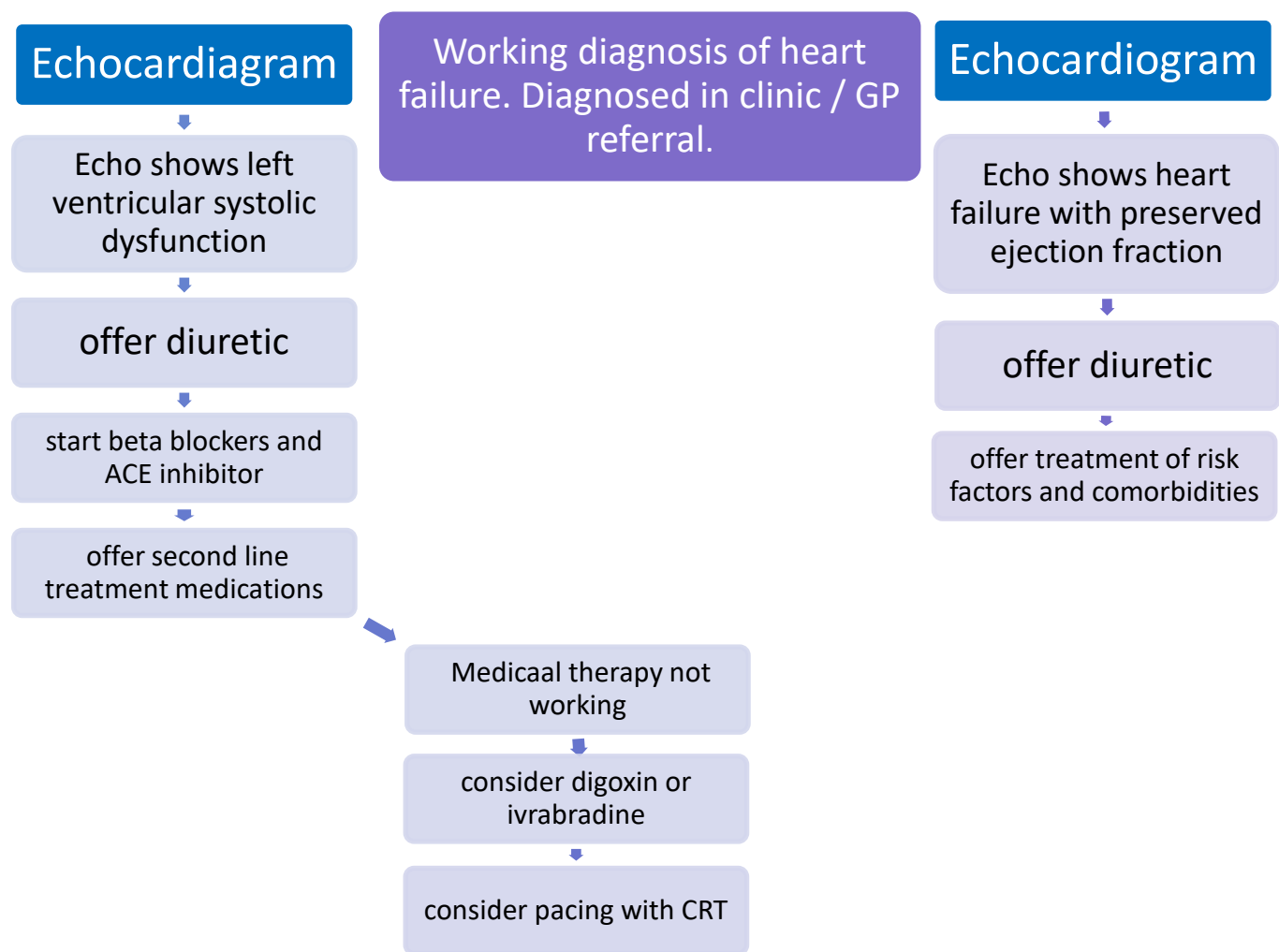
PLACEMENT LEARNING OPPORTUNITIES

<p>CLINICAL SKILLS</p>	<ul style="list-style-type: none"> • 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
<p>PROCEDURES (observation and practice under close supervision)</p>	<ul style="list-style-type: none"> • 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
<p>ATTITUDES</p>	<ul style="list-style-type: none"> • 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 patients journey and points of learning/IPE:



6 monthly reviews in stable patients with proven heart failure (frequency is dependent on stability as well as treatment methods i.e. digoxin must be carefully monitored)

Cardiac rehabilitation is recommended in NICE guidelines

Wards

Cardiology is based in both RPH and CDH. Wards include:

- RPH
 - Ward 18
- CDH
 - Coronary Care Unit
 - Brindle Ward
 - MAU CDH
- Cardiac Catheter Lab
 - This is based in RPH on floor 5

Ward Rounds

Location: Brindle Ward (CDH)/Coronary care unit (CDH)

Supervised by: Dr Kumar/Dr Schofield/Dr Khan

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.

Cardiology Clinics

Sumner Suite, CDH

Rapid Access Clinic RPH/CDH

Catheter Lab Suite

Brock Centre, RPH

Chest Clinic RPH

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 respiratory 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 Dr Marsden 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:

- MacLeod’s Clinical Examination
- British Thoracic Society (BTS) website for national guidelines on many respiratory conditions:
<https://www.brit-thoracic.org.uk/standards-of-care/guidelines/>
- European Respiratory Society (ERS) website for guidelines on many respiratory conditions:
<http://www.ers-education.org/guidelines.aspx>

- Oxford Handbook of Clinical Medicine
- Oxford Handbook of Respiratory Medicine

Abbreviations:

ABPI	Ankle Brachial Pressure Index
AF	Atrial Fibrillation
AP	Anteroposterior
BNP	Brain Natriuretic peptide
CABG	Coronary Artery Bypass Graft
CCF	Congestive Cardiac Failure
CRP	C-Reactive Protein
CTG	Cardiotocograph
CTPA	Computed Tomography Pulmonary Angiogram
DIC	Disseminated Intravascular coagulation
DKA	Diabetic Ketoacidosis
DM	Diabetes Mellitus
EMG	Electromography
ERCP	Endoscopic retrograde cholangiopancreatography
EUA	Examination under anaesthetic
EVAR	Endovascular aneurism/aortic repair
GTT	Glucose Tolerance Test
HOCM	Hypertrophic Obstructive Cardiomyopathy
IGT	Impaired Glucose Tolerance
IHD	Ischaemic Heart Disease
IM	Intra muscular/ly
INR	International normalised ratio
JVP	Jugular venous pressure
LMP	Last menstrual period
LOC	Loss of Consciousness
NIDDM	Non- insulin dependent Diabetes (TYPE 2)
NSTEMI	Non-ST elevation myocardial infarction
PCI	Percutaneous Coronary Intervention
PEA	Pulseless electrical activity
PEEP	Positive end expiratory pressure
STEMI	ST segment elevation myocardial infarction
SVT	Supraventricular Tachycardia
TTE	Transthoracic echocardiography
VF	Ventricular fibrillation
VT	Ventricular tachycardia

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

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.**