

Critical Care at Royal Preston Hospital



The University of Manchester

YEAR 3

Clinical Placement Area: Critical Care  
Clinical Placement Supervisor: Dr S. Kulkarni



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### **Year 3 Induction Information and How to Succeed in Placement document.**

This document is to be read in conjunction with this document.

#### **Dr Sudhindra Kulkarni – Clinical Placement Supervisor**

Consultant critical care and anaesthesia  
Office: 3325  
Email: [Sudhindra.Kulkarni@lthtr.nhs.uk](mailto:Sudhindra.Kulkarni@lthtr.nhs.uk)

#### **Dr Christian Salbaticu - Deputy Placement Supervisor (Yr 5 Placement Supervisor)**

Consultant critical care and anaesthesia  
Office: 3325  
Email: [Cristian.salbaticu@lthtr.nhs.uk](mailto:Cristian.salbaticu@lthtr.nhs.uk)

The Medical team consists of Critical Care Consultants, trainee doctors at all levels from FY2 to ST7+, and Advanced Critical Care Practitioners (ACCPs).

## 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

## **PLACEMENT SPECIFIC INFORMATION**

Induction will take place within the first week of placement, ideally on the first day, if the rota allows. Clinical Placement Area is based in RPH on the Critical Care Unit (CrCU).

Due to the clinical nature of the patients on critical care it differs from all other clinical placements, it may take you some time to adjust to this placement. By spending your time on the unit, with the Nursing staff, Physiotherapist and other MDT members, you will gain better clinical experiences and understanding of critical care medicine.

You will be expected to attend review patients and present them on the daily ward rounds as there are no clinics within the critical care placement. Afternoons are for clinical experience, practice, procedures and transfers.

### **Common Clinical Conditions**

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

- **Sepsis**
- **Brain injury**
- **Polytrauma**
- **Pneumonia / COPD**

### **Common Presenting Symptoms:**

- Shock
- Respiratory failure
- AKI

### **Clinical Placement Learning Aims and Objectives**

#### **Ward Rounds**

Take note of the decision making processes involved. Follow up patients as to how they are affected by medical management decisions. Shadow trainee doctors, to see how tasks are completed e.g. ordering investigations, referring to other specialties.

#### **Clinics**

There are no clinics in critical care

**Other relevant information:**

Whilst with us, you should all experience a morning with the critical care outreach team (CCOT; who review all patients following Critical Care discharge and all deteriorating patients on the main wards and refer to critical care if needed).

You should all attend an MDT where our long stay patients get discussed, with input from nurses, physiotherapists, occupational therapists.

You should all attend a mortality and morbidity (M & M) meeting where all of our recent deaths get discussed, and are scored as regards their management whilst with us. We also discuss all of our DATIX reports at this meeting, and decide on any necessary action plans.

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 e-Form by **17:00 on the last Friday** of your placement. Failure to do so will result in you failing the placement.

**Useful resources for reference:**

**The Beginner's Guide to Intensive Care: A Handbook for Junior Doctors and Allied Professionals**

**by Nitin Arora and Shondipon K. Laha**

## PLACEMENT LEARNING OPPORTUNITIES

PROCEDURAL SKILLS AND UPSA'S				
<b>CLINICAL EXAMINATIONS</b>	<b>M2</b>	<b>M3</b>	<b>M10</b>	<b>M11</b>
	Measure temperature, pulse, blood pressure, respiratory rate, oxygen saturation: Calculate an early warning score	Collection of a mid-stream urine specimen: Performing Multistix analysis of a urine sample	Take nose, throat and skin swabs	Recognise, assess and treat pain
	<b>M14</b>	<b>M15</b>	<b>M17</b>	<b>M21</b>
	Take a venous blood sample, label the sample correctly	Insertion of an intravenous cannula using ANTT precautions	Measure blood glucose at the bedside	Scrubbing up and use of personal protective equipment
	Cardiovascular , respiratory , neurological , abdominal			
	Basic Ultrasound			

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