

YEAR 3

Clinical Placement Area: Respiratory Medicine
Clinical Placement Supervisors: Dr Sarah MacRae
Dr Emily Nuttall

PAGE:	CONTENTS
2	Meet the team
4	Placement specific information
4	Clinical Placement learning aims and objectives
9	Clinical and Ward areas utilised
10	Clinical Standards UPSA's

MEET THE TEAM

- **Dr Sarah MacRae – Placement Supervisor**
Consultant Chest Physician / Acute Medicine Physician
Secretary: 3093 stephanie.clark2@lthtr.nhs.uk
sarah.macrae@lthtr.nhs.uk
- **Dr Emily Nutall – Placement Supervisor**
Consultant Chest Physician
Secretary: Gen.Parkinson@lthtr.nhs.uk
Emily.nutall@lthtr.nhs.uk
- **Dr H Singh –Area Lead**
Consultant Chest Physician and Sleep Lead
Secretary: 4538 (Michelle.Wadeson@lthtr.nhs.uk)
Himanshu.singh@lthtr.nhs.uk
- **Dr M Munavvar – Consultant Physician**
Consultant Chest Physician and Clinical Director. TB/Interventional Pulmonology Lead
Secretary: 2416 emma.stevens@lthtr.nhs.uk
Mohammed.munavvar@lthtr.nhs.uk
- **Dr A Vyas – Consultant Physician**
Consultant Chest Physician and Asthma/Airways Lead
Secretary: 3474 tracey.marler@lthtr.nhs.uk
Aashish.vyas@lthtr.nhs.uk
- **Dr S Gudur – Consultant Physician**
Consultant Chest/Acute Medicine Physician and Pleural/Clinical Governance Lead
Secretary: 2410 michelle.almond@lthtr.nhs.uk
Sharada.gudur@lthtr.nhs.uk
- **Dr S Mehdi – Consultant Physician**
Consultant Chest/Acute Medicine Physician and Lung Cancer Lead
Secretary: 2776 lynn.ganson@lthtr.nhs.uk
Syed.mehdi@lthtr.nhs.uk

- **Dr R Ruggiero – Consultant Physician**

Consultant Chest Physician

Secretary: 4279 gen.parkinson@lthtr.nhs.uk

Roberto.ruggiero@lthtr.nhs.uk

Comment [SCM1]: No longer works at LTHTR

- **Dr S Ahmad – Consultant Physician**

Consultant Chest Physician

Secretary: 4279 gen.parkinson@lthtr.nhs.uk

syed.ahmad@lthtr.nhs.uk

- **Dr Y Haider – Consultant Physician (CDH)**

Consultant Chest Physician and Interstitial Lung Disease Lead

Secretary: 5147 (Chorley) Julie.sargeant@lthtr.nhs.uk

Secretary: 4538 (Preston) michelle.wadson@lthtr.nhs.uk

- **Dr Balamugesh Thangakunam- Consultant Physician (CDH)**

Consultant Chest Physician

Secretary: 7585 dawn.alder@lthtr.nhs.uk

Balamugesh.thangakunam@lthtr.nhs.uk

Comment [SCM2]: No longer works at LTHTR

- **Mrs Claire Slinger – Consultant Respiratory Speech and Language Therapist**

Secretary: 3237 emma.greenhalgh@lthtr.nhs.uk

Claire.slinger@lthtr.nhs.uk

- **Mrs Rachael Moses – Consultant Respiratory Physiotherapist**

Secretary: 3838 Roz.jansen@lthtr.nhs.uk

Rachael.moses@lthtr.nhs.uk

Comment [SCM3]: No longer works at LTHTR

- **Sister Rebecca Tuson – Ward Manager, Ward 23 (RPH)**

rebecca.tuson@lthtr.nhs.uk

- **Charge Nurse Steven Doran – Ward Manager Hazelwood Ward (CDH)**

Steven.doran@lthtr.nhs.uk

- **Specialist Nurses:**

- **TB** – Nazra Hussain

Secretary: 2410 michelle.almond@lthtr.nhs.uk

- Ventilation – Charlene Taylor, Samantha Wood, **Liam Campbell**

Secretary: 3838 Roz.jansen@lthtr.nhs.uk

Asthma – Sarah Goddard sarah.goddard@lthtr.nhs.uk

Secretary: 1366 julie.hilton@lthtr.nhs.uk

- Lung Cancer – Emma Barber (Part-time), Sharon Spencer (part-time), Jo Spencer, Karen Sanderson, Mary Singleton (part-time)

Emma.barber@lthtr.nhs.uk Sharon.spencer@lthtr.nhs.uk joanne.spencer@lthtr.nhs.uk

karen.sanderson@lthtr.nhs.uk mary.singleton@lthtr.nhs.uk

- Interstitial Lung Disease – Lynne Barton, **Alison Wylie**

- Secretary: 4279 gen.parkinson@lthtr.nhs.uk

- **Physiotherapist:**

- Asthma/bronchiectasis – Jennifer Harrison

Secretary: 4279 gen.parkinson@lthtr.nhs.uk

- **Speech and Language Therapist:**
 - Airways/Cough – Hannah **Lever**
Secretary: 3237 emma.greenhalgh@lthtr.nhs.uk
- **Sarah Baxter – Airways Psychologist**
Secretary: 3237 emma.greenhalgh@lthtr.nhs.uk

To use the bleep system: dial 66 followed by the bleep number you want, followed by the number you are dialling from.

NOTE: Please ring the relevant secretary of the consultants or the specialist team for any particular clinics, ward rounds or sign ups or the relevant department to confirm if this is occurring. Even if the consultants are away sessions will continue with other team members present so do not assume cancellation. Even if cancellation does occur, there are a number of back up options – namely clinics and wards to continue your work towards your educational objectives as we have a number of other sessions going on at the same time.

COVID 19

The Trust has regular CEO updates in regards to Coronavirus, these are shared via the Trust email. It is important to regularly access your emails for this information. At this current time these are shared every Monday and Thursday. The front page of the Trust intranet has the links to coronavirus related topics.

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

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 on the first morning of the placement where you will have an introduction to medicine, be given information regarding expectations of the placement and an orientation of the clinical areas.

Common Clinical Conditions related to General Medicine/Placement area.

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

- Obstructive Lung Diseases
 - Chronic Obstructive Pulmonary Disease (COPD)/Emphysema
 - Asthma
- Bronchiectasis
- Lung Cancer
- Pneumonia
- Pleural Effusion
- Empyema
- Pulmonary embolism
- Interstitial Lung Disease
- Acute and Chronic Respiratory Failure (various causes including neurological conditions)
- Pneumothorax

Common Presenting Symptoms:

- Chest Pain
- Breathlessness
- 'Wheeze'
- Cough and sputum production
- Haemoptysis

Clinical Placement Learning Aims and Objectives

During the placement you will have ample opportunity to observe, and gain knowledge and experience in:

- **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 conflicts
 - Data interpretation
 - Interpretation of common blood tests

- Interpretation of urine dipstick test
- Interpretation of arterial blood gas (ABG) result
- ECG interpretation
- Chest x ray interpretation
- Procedural Skills (observation and practice under close supervision)
 - Venepuncture
 - IV cannulation
 - Administration of intravenous drugs
 - Measurement of blood glucose levels
 - Administration of blood and blood products
 - Insertion of Urinary Catheters
 - Arterial Blood Gas(ABG) Sampling
- Opportunities to observe
 - Ventilator/CPAP set up
 - Sleep Study set up and reporting
 - Lung Function and interpretation
 - Bronchoscopy
 - Pleural ultrasound/ pleural aspiration/ chest drains
 - Pleurodesis
 - PICC lines
 - Nebuliser set up
 - Inhaler techniques
 - Capillary blood gas sampling
- Attitudes
 - Team working
 - Time management
 - Prioritisation of tasks
 - Appreciation of contribution of other health care professionals in patient care

The aim is by the end of the placement to have a solid grounding in history taking/examination/investigation and treatment of respiratory conditions.

Ward Rounds

- All ward round commence at **08:30 on ward 23 and W20 (RHCU)**. Check your timetable for start times on Hazelwood ward. **Be on time!**
- To gain the most out of ward rounds, it is important to ask questions when things aren't clear, or make a note and ask at the end if the team is particularly busy.
- Ward rounds are a good way of completing patient assessments/histories. Try and get to the ward the afternoon prior to a ward round and see one or two patients that you can present on the ward round the next morning. This is a good way of getting feedback and preparing you for life as an FY doctor.

Clinics

- Morning clinics start at 08:30 and afternoon clinics start at 13:30. **Be on time!**
- If there is something specific you would like to learn about or an assessment you would like to get completed, please alert the doctor/nurse/AHP in clinic so this can be taken into account.
- If there is a spare room in clinic, you may be able to see patients and present them to the doctor/nurse/AHP as a learning experience. Clinic space is often full, so this may not always be the case.

- Please look ahead and check that clinics are running. From time to time there will be cancellations due to annual leave etc. It is up to you to check this on Quadramed, and if clinics are cancelled it is up to you to sign up for other learning opportunities.
- Our department is a regional respiratory centre for many sub-specialties in Lancashire and South Cumbria. Consequently there is a wide choice of clinics to attend. It's important to attend a variety of clinics and not just one sub-specialty to get a varied experience.

On Call/Out of Hours

- At the first teaching session your clinical supervisor will inform you of his on call availability during the placement.
- You will be allocated a junior doctor to work with. You should aim to see a new patient and present this to your clinical supervisor.
- Another option is to attend on a Friday or Saturday, which will allow plenty of time to rest before the next timetabled session.
- If the ward becomes very busy (such that you and your supervisor think you are having a poor learning experience), you feel uncomfortable or out of your depth, please discuss this with your supervisor.

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 your clinical supervisor 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 your clinical supervisor 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.

Teaching

- There is weekly teaching (whole group) with Dr Singh/Dr MacRae (on your timetable).
 - You should attend all these sessions.
 - In the first and last weeks, this will include induction and end of placement signoffs.
 - Please write down some (4-5) learning objectives for the placement prior to your induction meeting with **your supervisor.**
 - The topics covered during these sessions are flexible. During the placement we should cover the main respiratory conditions and topics based around case discussions.
 - Please bring along your case discussions for presentation. Dr Singh/Dr MacRae will also be able to sign these off at the sessions.
 - Additionally, if there are any particular topics you wish to cover (e.g. chest x ray interpretation, prescribing etc.) please let **your supervisor** know.
 - Teaching will also include bedside examinations
- **Alternate weeks there is a teaching signup (4 student's maximum) with Dr Nuttall.**
 - This is for 1.5 hours and will mainly cover bedside teaching.
 - You should attend this at least twice during you placement.

Comment [SCM4]: Remove as not sure accurate. They should have weekly teaching with CPS

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

Clinical Placement Areas are based in both RPH and CDH.

Wards include:

- RPH
 - Ward 23 / Ward 20 (RHCU)
- CDH
 - Hazelwood Ward
- Other clinical areas
 - Chest clinic RPH/CDH
 - Lung function laboratory RPH/CDH (PFT's)
 - Endoscopy (day case theatres on Monday PM RPH only)
(bronchoscopies/laryngoscopies/endobronchial ultrasound [EBUS]/thoracoscopies/indwelling pleural catheter [IPC] placement)

PLACEMENT LEARNING OPPORTUNITIES

PROCEDURAL SKILLS AND UPSA'S	Measure temp/BP/HR/oxygen sats/NEWS Urinalysis/MSU Take nose/throat/skin swabs Measure blood glucose
CLINICAL EXAMINATIONS	Respiratory/cardiology/neurological

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.**