



Southport and Ormskirk Hospital
NHS Trust

Providing safe, clean and friendly care

Handbook for Student Doctors

August 2020

CONTENTS PAGE

1. Welcome to Southport & Ormskirk NHS Trust	2
2. Professionalism / Responsibilities of the Medical Practitioners (incl. Student doctors)	3
3. Statutory Organisations involved in UK Medical Education & Training	4
4. Medical Education Team: personnel/ contact details/ departmental profile/ roles & responsibilities	5–9
5. Clinical and Educational Supervision	10
6. Medical Job Titles	11 - 12
7. Physician Associates	13
8. Induction	14
9. ID badges/ IT access/ passwords	15
10. Mandatory training	16
11. Student Doctors Raising A Concern SOP	17
12. Patient Safety	18 - 19
13. Clinical Education and Training Opportunities	20 - 22
14. Library Services	23
15. Clinical Skills and Simulation	24
16. Undergraduate Facilities	25
17. Sickness Absences Reporting	26
18. Health and Wellbeing	27 - 28
19. Duty of Candour	29
20. Infection Prevention and Control	30
21. Escalation of the deteriorating patient	31 – 32
22. End of Life Care	33
23. Handover/ SBAR (Situation, Background, Assessment, Recommendation) communication tool	34
24. Feedback: informal and formal	35
25. Policies & References	36
26. Travel & directions to the Trust	37 - 39

WELCOME TO SOUTHPORT AND ORMSKIRK NHS TRUST (S&ODGH)

Welcome to Southport and Ormskirk NHS Trust (S&ODGH). We are an acute trust, providing healthcare for a population of around 258,000 across North Sefton and West Lancashire. We are a single Trust base on 2 sites: Ormskirk District General Hospital, which is in West Lancashire, and Southport and Formby Hospital, which houses the North West Regional Spinal Injuries, based on the North Sefton Coast.

The following specialties are located on the Ormskirk site:

- Dermatology
- Obstetrics
- Gynaecology
- Paediatrics, including Paediatric AED
- Elective Orthopaedics
- Elective minor and intermediate surgery

The following specialties are located in the Southport site:

- Adult Emergency Medicine
- Acute Medicine, cardiology, respiratory medicine, rheumatology, diabetes and endocrinology, geriatrics
- Colorectal Surgery
- Emergency Surgery
- Intensive Care Medicine
- Trauma
- Genitourinary Medicine & Renal Medicine

In addition, we have clinics from specialists from tertiary centres including:

- Nephrology
- Neurology
- Neuro-surgery
- Oncology
- Orthodontics
- Oral and Maxillofacial

Some specialties are found on both sites:

- Anaesthetics
- General Surgery
- Radiology
- Urology
- Haematology
- ENT
- Ophthalmology

PROFESSIONALISM & THE RESPONSIBILITIES OF MEDICAL PRACTITIONERS (incl. Student doctors)

Introduction

The General Medical Council (GMC) is the professional body responsible for overseeing the practice of all doctors from the day they enter medical school until the day they retire. They oversee the undergraduate curriculum content, postgraduate education and training, and also issue the licence to practise which all doctors in the UK must hold to practise medicine.

Confidentiality

Maintaining confidentiality is central to an effective doctor-patient relationship. Failure to maintain confidentiality would not only not follow the principles outlined in 'Good Medical Practice', but could also have both legal and ethical considerations. Maintaining confidentiality is considered to a core principle in demonstrating professional behaviour and is expected of both student and qualified doctors

Information Governance

Is the term used for how information is handled and used by any organization within the NHS. This includes patient health records, staff records, as well as information about finance etc. It aims to balance the requirement to maintain confidentiality, against a requirement to be open and transparent.

Social Networking and Social Media

Whilst clearly there are huge benefits from using social media, both personally and professionally, all healthcare professionals need to be mindful of their professional responsibility when using it. Breaching information governance and confidentiality guidelines could have significant implications, both professionally and legally. Care should be taken to ensure information about patients, relatives, carers and colleagues is not disclosed or "shared" with anyone else

Raising Concerns

The GMC is explicit in its guidance to doctors, it is a requirement of being a professional to raise concerns if "*patient safety, dignity or comfort is or may be seriously compromised*". This could apply to the care the patient is being or is failing to be given, or as a consequence of a colleague whose performance falls below acceptable standards and their fitness to practise is in question. **It is expected that student doctors also have the same professional responsibility to raise concerns, as doctors registered with the GMC. There are a number of ways to raise a concern within the trust, details of which are outlined later within this handbook. Please also refer to the Raising Concerns SOP on Page 17.**

STATUTORY ORGANISATIONS INVOLVED IN UK MEDICAL EDUCATION & TRAINING

Universities

Set the curriculum which student doctors follow. That curriculum is subject to scrutiny and approval from the GMC. They also work with their local hospitals, where students are allocated on clinical placement. This is so the hospitals are aware of what aspects of the curriculum they are expected to deliver and how the student learning outcomes are assessed.

General Medical Council (GMC)

The GMC is the regulatory body for medical practitioners in the UK. All medical practitioners must be registered with GMC, with a licence to practice and are subject to the requirements for re-validation. It also sets the standards for the delivery of training throughout a doctor's career, from Medical School, through Foundation Programme to Specialty Training and/ or Training in General Practice.

Health Education England (HEE)

HEE is the Special Health Authority, created in June 2012, to provide leadership for the delivery of education and training to all healthcare professionals, including doctors in training. Through their local offices (which replaced Deaneries in 2014) healthcare providers and clinicians can support more effective planning and commissioning of education and training. Health Education England across the North West (HEE NW) is the local office with responsibility for the education and training of all the doctors in training at S&ODGH.

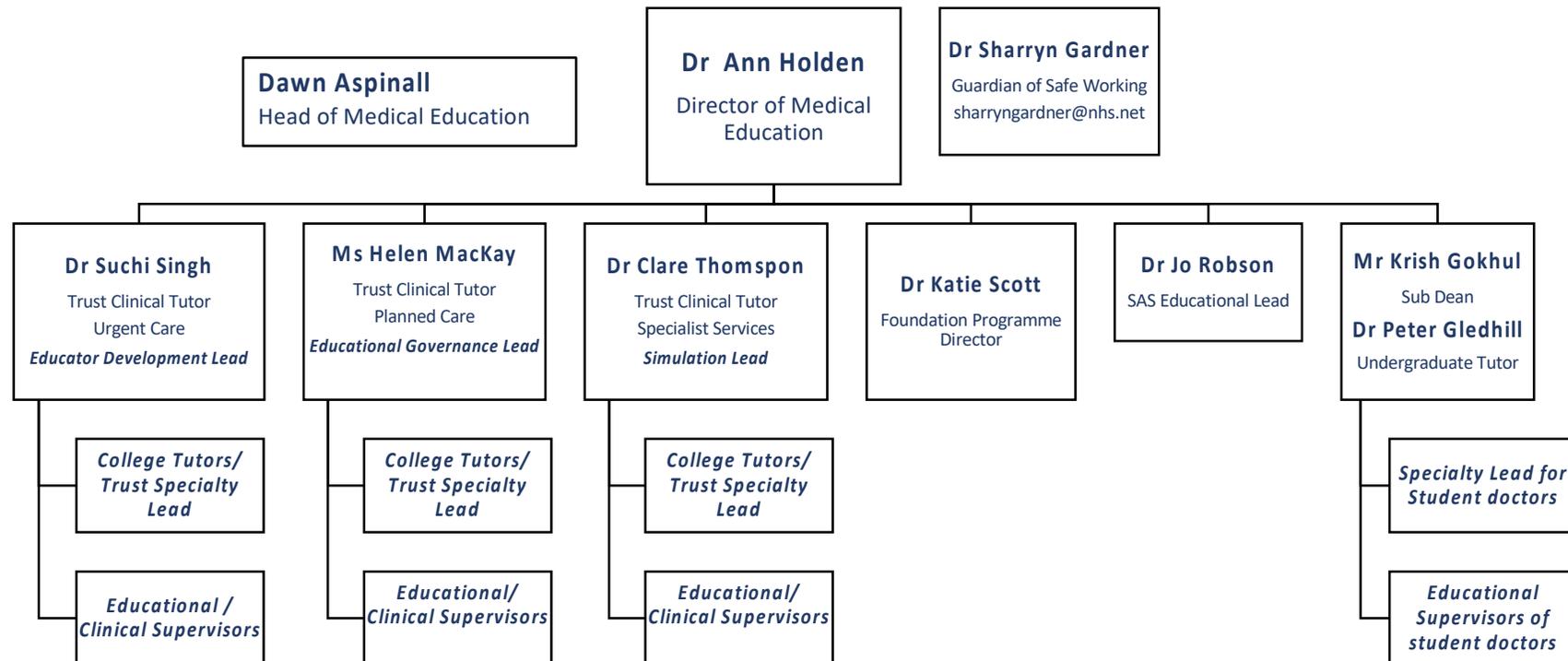
Medical Royal Colleges/ Faculties

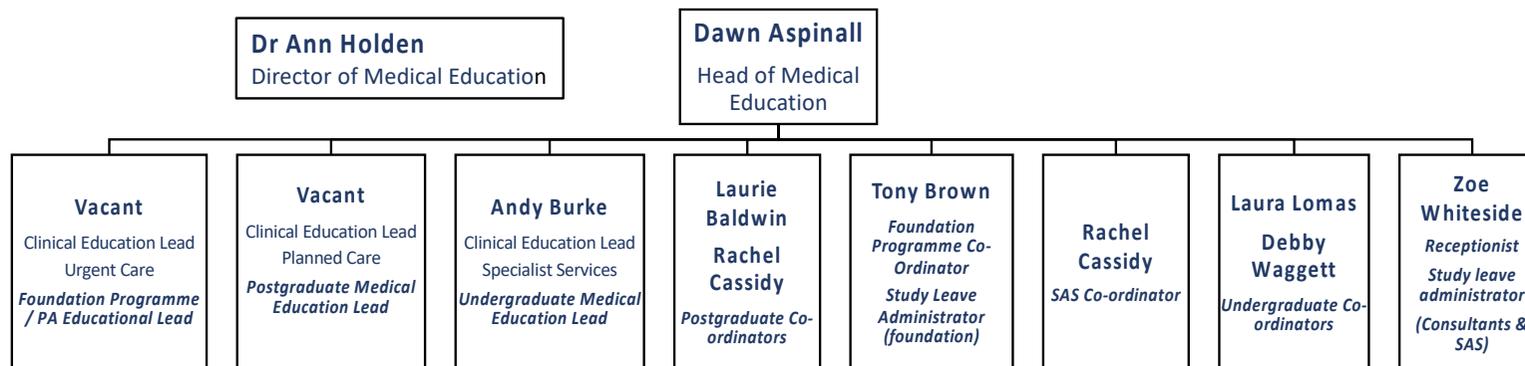
Develop GMC approved curricula and training programmes, which outline the knowledge, skills and behaviours expected to be achieved, including how they are assessed, within Specialty Training and Training in General Practice. The doctors in training who may be involved in supporting your learning will be following such curricula and training programmes. There may be some overlap of what they and you need to learn, but clearly they will need to have a greater depth of knowledge and demonstrate greater expertise in relevant clinical skills. Namely, they are becoming “experts” whilst you are novice learners.

MEDICAL EDUCATION TEAM: Personnel

The Medical Education Team would like to welcome you to Southport & Ormskirk NHS Trust. We hope that you find your placement here to be a positive and enjoyable experience. We are based on the ground floor of the Clinical Education Centre on the Southport site and are here to offer support, advice and assistance at any time during your placement.

In the first instance, you should contact your Educational Supervisor if you have any queries or concerns. The Specialty Lead in the department where you are on placement, may also be able to provide support. Alternatively, you can contact the Undergraduate Co-ordinators who will escalate your query to the senior team where appropriate.





MEDICAL EDUCATION TEAM: Contact Details

Director of Medical Education: Ann Holden annholden@nhs.net Tel: via switchboard	Head of Medical Education: Dawn Aspinall dawnaspinall@nhs.net Tel: 4517 (01704 704517)
Trust Clinical Tutor: Dr Suchi Singh suchinderyit.singh@nhs.net Tel: via switchboard	Clinical Education Lead
Trust Clinical Tutor: Ms Helen Mackay helen.mackay4@nhs.net Tel: via switchboard	Clinical Education Lead
Trust Clinical Tutor: Dr Clare Thompson clare.gerrard@nhs.net Tel: via switchboard	Clinical Education Lead: Andy Burke a.burke1@nhs.net Tel: 4542 (01704 704542)
	Postgraduate Co-ordinators: Laurie Baldwin / Rachel Cassidy soh-tr.PostGrad-News@nhs.net Tel: 4517 (01704 704517)
Foundation Programme Director: Dr Katie Scott katie.scott11@nhs.net Tel: via switchboard	Foundation Programme Co-ordinator: Tony Brown tonybrown@nhs.net Tel: 5245 (01704 705245)
SAS Educational Lead: Dr Jo Robson jo-anna.robson@nhs.net Tel: 4124	SAS Co-ordinator: Zoe Whiteside/ Laurie Baldwin soh-tr.PostGrad-News@nhs.net Tel: 4517 (01704 704517)
Clinical Sub Dean: Mr Krish Gokul krishnangokul@nhs.net Tel: via switchboard	Undergraduate Co-ordinators: Laura Lomas/ Debby Waggett soh-tr.undergraduateadministrators@nhs.net Tel: 4542 (01704 704542)
Undergraduate Tutor: Peter Gledhill petergledhill1@nhs.net Tel: via switchboard	Receptionist: Franca Morris franca.morris@nhs.net Tel: 4377 (01704 704377)

Undergraduate Team

The Undergraduate Team at Southport & Ormskirk comprise of the following;

Andy Burke – Undergraduate Clinical Education Lead

Andrew will be responsible for your clinical skills training throughout your time here at Southport & Ormskirk. Any additional training you feel that you may need - Andy will be more than happy to help you.

Laura Lomas – Undergraduate Coordinator

Laura works on a Monday & Tuesday and is responsible for the Year 3 students.

Debby Waggett – Undergraduate Coordinator

Debby works on a Wednesday, Thursday & Friday and is responsible for the Year 4 & Year 5 students.

Our Undergraduate Team will be your first point of contact who will be pleased to help you. They can be contacted Monday – Friday (8.30am – 5pm) on 01704 704542 or email soh-tr.undergraduateadministrators@nhs.net

As well as being based at Southport there will also be an Undergraduate Team member present at Ormskirk Education Centre on a Monday, Wednesday & Friday morning (8.30am – 11.30am).

The Undergraduate Team ask that, if any teaching sessions are cancelled due to clinical commitments, then to please ring and advise the Undergraduate Team on the number above.

Undergraduate Departmental Educational Profile

Department	Undergraduate Specialty Lead	E-mail address	College Tutor/ Trust Specialty Lead	Clinical Director/ Lead Clinician	E-mail address
Anaesthetics	Dr Peter Gledhill	petergledhill1@nhs.net	Dr Jim Crook	Dr Simeon Kehinde	skehinde@nhs.net
ACCS/ ICM	Dr Ann Holden	annholden@nhs.net	Dr Ann Holden	Dr Mike Vangikar	michaelvangikar@nhs.net
Emergency Medicine	Dr Anup Mathai	anup.mathai@nhs.net	Dr Dave Snow	Dr Mike Aisbitt	mike.aisbitt@nhs.net
Medicine	Dr Khalil Wahdati	k.wahdati@nhs.net	Dr Beth Glacklin	Dr Ashar Ahmed	ashar.ahmed1@nhs.net
Microbiology	Dr Katherine Gray	katherine.gray5@nhs.net	Dr Kathryn Gray		katherine.gray5@nhs.net
Obstetrics & Gynaecology	Dr Roopa Kinagi	r.kinagi@nhs.net	Ms Nira Ramachandran	Mrs Uma Karthikayan	uma.karthikayan@nhs.net
Ophthalmology	Mrs Adesuwa Garrick	adesuwa.garrick@nhs.net	Ms Adesuwa Garrick	Mrs Adesuwa Garrick	adesuwa.garrick@nhs.net
Orthopaedics	Dr Helen Mackay	helen.mackay4@nhs.net	Mr Dave Selvan	Mr Chetan Sangani	csangani@nhs.net
Paediatrics	Dr Vidy Savalagi	vidyanand.savalagi@nhs.net	Dr Sudhakar Kandasamy	Dr Shyam Mariguddi	s.mariguddi@nhs.net
Palliative Care	Dr Karen Groves	karen.groves@nhs.net	Dr Karen Groves		karen.groves@nhs.net
Spinal Injuries/ Rehabilitation	Mr Bakul Soni	bakul.soni@nhs.net	Mr Bakul Soni	Mr Bakul Soni	bakul.soni@nhs.net
Surgery	Mr Krish Gokul	krishnangokul@nhs.net	Mr Frank Mason	Mr Paul Ainsworth	painsworth@nhs.net
Urology	Mr Mistry	rahulmistry@nhs.net	Mr Mistry	Mr N Athmanatham	n.athmanatha@nhs.net

MEDICAL EDUCATION TEAM: Roles and responsibilities

The GMC introduced standards for trainers in secondary care in 2012, to ensure those involved in supervising medical training had the required knowledge and skills. There are a number of trainer roles within the trust, many of whom will be directly or indirectly support your training whilst you are with us.

Director of Medical Education

The Director of Medical Education has overall responsibility for the delivery of both undergraduate and postgraduate medical education in the trust. They are supported in this, by a team of trainers (usually, but not exclusively doctors) and the wider medical education team.

Clinical Sub-Dean (CSD)/ Undergraduate Tutor

They are trainers appointed by the Trust and supported by the University to oversee the educational content of the undergraduate curriculum delivered at S&ODGH. In addition, they oversee the educational progress of the student doctors attached to the trust

Specialty Lead

The Specialty Lead is a trainer whose role is to supervise and support the delivery of education and training within a department for the student doctors allocated to that department on placement. They may act as an Educational Supervisor to student doctors. With the support of the CSD, they will be responsible for the allocation of Educational Supervisors within their department. Any issues not resolved with your Educational Supervisor can be escalated to them. They are responsible for ensuring you have had a departmental induction and orientation, although they may delegate this to someone else.

Trust Clinical Tutors

The Trust Clinical Tutors are trainers appointed by the Trust to support the delivery of both undergraduate and postgraduate medical education and training in the trust.

Foundation Programme Director (FPD)

The FPD is a trainer appointed by the Trust to oversee the delivery of the Foundation Programme within the trust.

College Tutors/ Trust Specialty Lead

A College Tutor / Trust Specialty Lead is a trainer whose role is to supervise and support the delivery of education and training within a department for doctors in training.

SAS Educational Lead

The SAS Educational Lead is a trainer appointed by the Trust to support the educational needs of specialty doctors (SAS) working in the Trust. **Specialty doctors** are doctors who have undertaken training in their specialty, but not completed a CCT programme to allow them to become a Consultant. They are usually experienced clinicians and may well be involved in supporting your education and training

Guardian of Safe Working (GoSW)

The GoSW (Dr Sharryn Gardner), whilst not a member of the medical education team, works closely with the team, to support the safe and effective delivery of postgraduate medical education and training within the trust. The role was established, with the introduction of the 2016

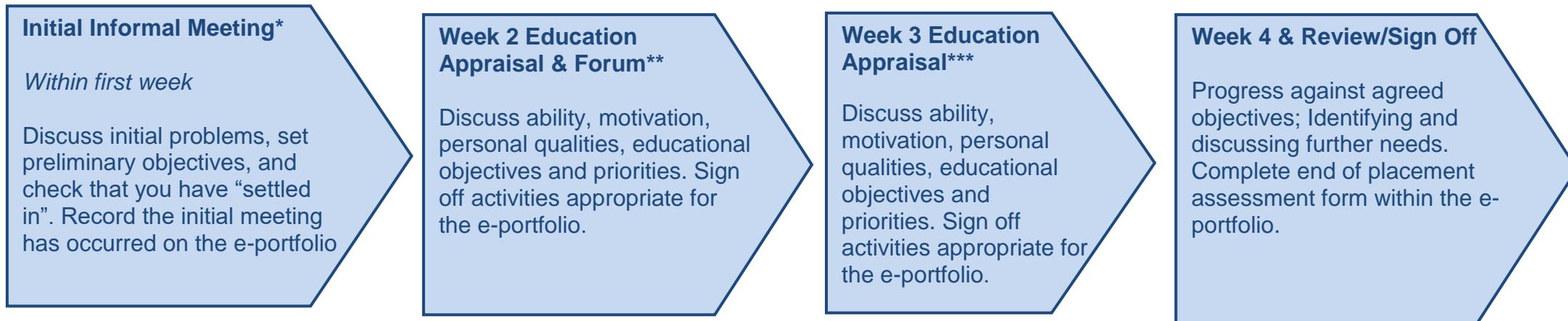
contract for doctors and dentists in training in England.

Educational Supervisors

The Educational Supervisor is “a trainer who is selected and appropriately trained to be responsible for the overall supervision and management of a specified trainee’s educational progress during a training placement”. They are responsible for ensuring a student doctor is making the appropriate clinical and educational progress during a placement within the trust.

These doctors are supported in these roles, by the **Clinical Education Leads**, **Co-ordinators** and wider administration team within the Medical Education Department

EDUCATIONAL SUPERVISION



*The initial 4th years ES meeting will be arranged by the undergraduate team. All subsequent meetings will then be arranged by the student themselves.

** Remaining meetings can be held with other senior clinicians that the Educational Supervisors deem competent.

The student forum will be held during the second week of each rotation. Dates to be confirmed. The CSD and Undergrad Lead will be available for informal discussion regarding your placement.

*** If any teaching sessions have been cancelled due to clinical commitments, please ring/email the undergraduate team and they will rearrange asap.

Please note that all Educational Supervisor Meetings are monitored closely by the Undergraduate Team

MEDICAL JOB TITLES

The roles of House Officer (HO), Senior House Officer (SHO) and Registrar (Reg) ceased to exist, with the introduction of Modernising Medical Careers in 2007. SHOs would work on the junior resident rota within the hospital and the Reg would work on the senior rota, which in some specialities was resident in the hospital, whilst in others it would involve being non-resident. As this on-call model is still replicated in many specialties, the terminology of HO, SHO and Reg still tends to be used, even though the roles no longer exist.

The Trust has a number of ongoing initiatives to try to encourage both medical and nursing staff to use the correct terminology for medical personnel, including the lanyards given to trainees

Southport & Ormskirk Hospital NHS Trust

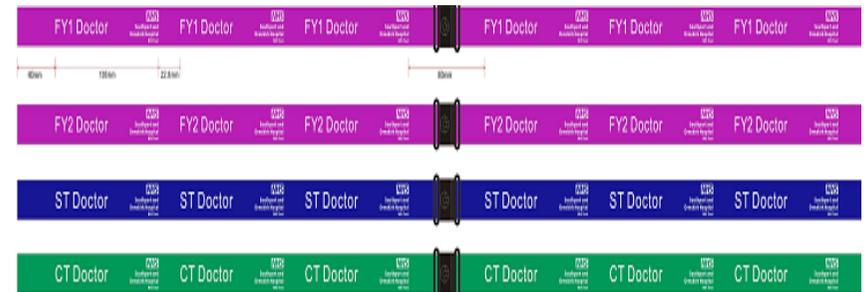
Dr Who?

Do you know the grade of the doctor you are talking to?

This terminology **MUST** be used as it identifies training levels and safeguards patients.

Junior Doctors are now referred to as:

Foundation Trainee:	FY1	FY2				
Core Trainee:	CMT	CST	CT	GPST	ST1	ST2
Specialist Trainee:	ST3	ST4	ST5	ST6	ST7	ST8

Dr Who?

Do you know the grade of the doctor you are talking to?

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Junior Doctors are now referred to as:

Foundation Trainee: FY1 FY2

Core Trainee: CMT CST CT GPST ST1 ST2

Specialist Trainee: ST3 ST4 ST5 ST6 ST7 ST8



MEDICAL JOB TITLES

The term "House Office" (HO), "Senior House Officer" (SHO) and Registrar (Reg) should no longer be used.....

Job Title	Abbreviation	Clinical Experience	
Foundation Doctor Year 1	F1	First year following graduation (training post)	On F1 rota <i>(equivalent of HO)</i>
Foundation Doctor Year 2	F2	Second year following graduation (training post)	Provide junior resident cover in departments, may well all participate on the same on-call rota <i>(equivalent of SHO)</i>
Core Trainee Years 1 and 2	CT1/2	In the 1 st and 2 nd years of specialty training in Medicine/ Surgery/ Anaesthesia (training post)	
Specialty Trainee Years 1 and 2	ST1/2 GPST1/2	In the 1 st and 2 nd years of specialty training in Paediatrics / Obs & Gynae/ AED General Practice (training post)	
Clinical Fellow	JCF	A trust appointed doctor, with clinical experience equivalent of CT1/2 or ST1/2 (non-training post)	May be on junior or senior resident rota, depending on specialty <i>(may be equivalent of SHO or Reg)</i>
Specialty Trainee 3	ST3 GPST3	In the 3 rd of training in either hospital specialty or general practice (training post)	
Specialty Trainee 4-7	ST4/5/6/7	In the 4 th 5 th 6 th or 7 th year of specialty training (training post)	
Senior Clinical Fellow <i>(usually fixed-term contract)</i>	SCF	A trust appointed doctor, with clinical experience equivalent of ST3 or above (non-training post)	Usually provide senior resident cover in departments <i>(equivalent of Reg)</i>
Specialty Doctor	SPD	A trust appointed doctor with clinical experience of ST3 or above (non-training post)	
Staff Grade/ Associate Specialist	SAS	A trust appointed doctor with clinical experience of ST5 or above (non-training post)	

Dr Who?

Do you know the grade of the doctor you are talking to?

This terminology **MUST** be used as it identifies training levels and safeguards patients.

Junior Doctors are now referred to as:

Foundation Trainee: FY1 FY2

Core Trainee: CMT CST CT GPST ST1 ST2

Specialist Trainee: ST3 ST4 ST5 ST6 ST7 ST8



PHYSICIAN ASSOCIATES

As part of the workforce transformation programme in March 2015, Health Education England (NW) invited NHS providers across the region to train physician Associates.

Southport & Ormskirk NHS Trust was selected as one of those providers and the Trust hosts clinical placements for a small number of students in their first and second year of study undertaking their Physician Associates qualification at Edgehill University.

INDUCTION

Induction provides orientation both to the trust and the department you will be working in. It is important for you to feel part of the team that you will be working with, but it is also important for patient safety. All hospitals have different ways of working and it is important for you to be aware of the processes and procedures used in the delivery of patient care at S&ODGH.

All medical students will attend a Trust induction on their first day of placement. Specific details will be emailed beforehand along with clinical placement timetables.

Departmental (Local) Induction

This should provide orientation to the department, as well as brief you on issues such as the ***clinical duties*** expected within the post you will be working in, as well as the ***clinical & educational supervision*** arrangements within the department.

Before commencing your placements you will receive a **Clinical placement Induction Checklist**. On your first day within each department you are expected to ensure that a member of the clinical supervisory team completes this checklist with you to verify and assure that your clinical placement induction has been completed in a timely manner. These will then need to be sent back to the undergraduate team for verification.

ID BADGE/ IT ACCESS/ PASSWORDS/CARPARKING

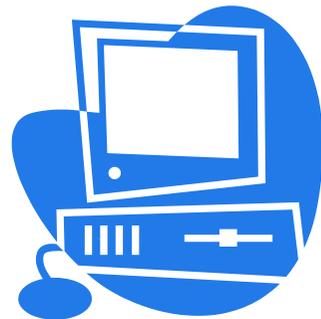
Prior to your induction date you will have received an email from our Undergraduate team requesting completion of a number of documents to ensure us to ensure you have an ID badge, Carparking (if applicable) IT access and appropriate door access for the areas in which you will be working.

It is important that these are all completed and sent back to the undergraduate team in a timely manner to avoid a delay in the processing of paperwork.

Please note that Carparking is free for all medical students

Once all documents have been returned and processed, your badge/swipe card and the details of your *IT Network account (*5th years only) will be issued to you at induction. The account provides you with access to Microsoft applications and the internet.

The first time you log on, you will be required to change your password. Once this has been done you will be able to access any other application.



MANDATORY TRAINING

All healthcare professionals have a professional responsibility to ensure they comply with the necessary requirements for their role. This includes ensuring that they have completed the necessary mandatory training.

Currently all Y3-5 (inclusive) medical students are required to complete the following modules online via the e-Learning for Health platform;

- *Data Security Awareness – Level 1*
- *Fire Safety (General) – Level 1*
- *Health, Safety & Welfare – Level 1*
- *Moving & Handling – Level 1*
- *Infection Prevention & Control – Level 1*
- *Preventing Radicalisation – Levels 1&2 (combined)*

The following modules should have also been completed in previous years;

- *Equality & Diversity (Y1)*
- *Safeguarding Adults (Y2)*
- *Safeguarding Children – Levels 1 & 2 (Y3)*

For your localised Trust induction, we will be covering the following topics;

- *Timetable/Attendance Monitoring/Educational Supervision information*
- *Raising Concerns*
- *PPE**
- *BLS Recap*

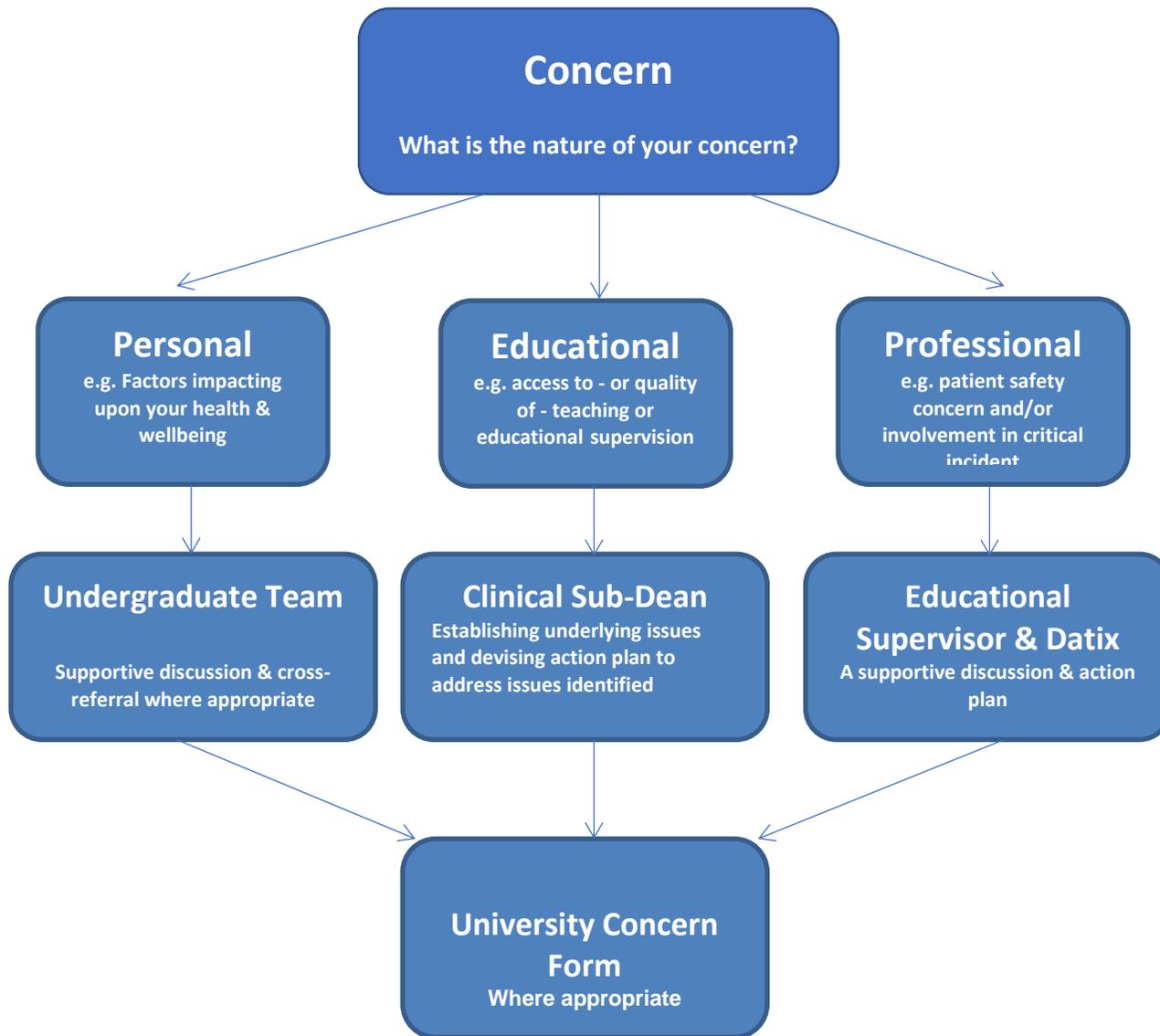
*In view of the current COVID pandemic, all measures will be taken to ensure adequate PPE is in place for medical students.

If there is any other Trust specific mandatory training that you would like to undertake please speak to the undergraduate team at the earliest opportunity.

Students Doctors Raising a Concern SOP

Undergraduate Team Contact Details: 01704 704252 or soh-tr.undergraduateadministrators@nhs.net (Monday – Friday 8.30am – 4.30pm)

*Pastoral/Datix & Clinical incident reporting information are all available in the student doctor induction handbook



There are a number of options available to student doctors for raising concerns:

- Speak to Educational Supervisor / Specialty Lead
- Speak to the Undergraduate Co-ordinators
- Contact Clinical Sub-Dean/ Undergraduate Tutor
- Contact Director of Medical Education
- Contact Freedom to Speak up Guardian/ Champion

Patient Safety can be affected by many things. Things which you could become aware of in course of your clinical practice may include:

- Lack of resource to treat the patient appropriately
- Lack of resource to deliver the service (this may include lack of personnel on the ward or on a rota)
- Critical Incidents, whereby the patient has actually or may potentially be harmed
- This may be a recognised complication of a procedure or treatment
- This may be an unexpected event, which wasn't anticipated

PATIENT SAFETY

“Place the quality of patient care, especially patient safety, above all other aims” (Don Berwick, 2013). Patient safety is the responsibility of all healthcare professionals and all organisations involved in the delivery of healthcare.

Healthcare delivery occurs in a complex and changing environment. Recognition of this complex and changing environment and the interactions which occur within it, has inherent risks which could compromise patient safety, is what has become known as “Clinical Human Factors”. This accepts that even the best people can make mistakes and encourages system design which minimises these mistakes from causing harm to patients.

The trust is currently developing a “just culture” which supports patient safety, through using an understanding of human factors and systems design, when analysing adverse events which have or could have (“near misses”) caused harm to patients. Feedback from those involved in direct healthcare delivery on “the shop floor” is crucial in understanding how the trust processes and procedures work in practice. No system is perfect and it is only through implementing processes that the “latent errors” (unanticipated “glitches” in the system) can be identified.

Datix is the incident reporting system used within the trust and the main process by which feedback can be given. It can be accessed on the desktop on all trust computers. It is also the main system through which **all** concerns can be raised. There are a number of other options available to student doctors for raising concerns:

- Speak to Educational Supervisor / Specialty Lead
- Student Doctor Forum
- Contact Clinical Sub-Dean/ Undergraduate Tutor
- Contact Director of Medical Education
- Contact Freedom to Speak up Guardian/ Champion

Patient Safety can be affected by many things. Things which you could become aware of in course of your clinical practice, may include:

- Lack of resource to treat the patient appropriately
- Lack of resource to deliver the service (this may include lack of personnel on the ward or on a rota)
- Critical Incidents, whereby the patient has actually or may potentially be harmed
 - This may be a recognised complication of a procedure or treatment
 - This may be an unexpected event, which wasn’t anticipated
 - As a result of a mistake
- Near Misses
- Medication errors
- Performance and/or behaviour of colleagues or other healthcare professionals

If you are aware of any such event, then please raise a concern, using any of the ways outlined above. Your Educational Supervisor and/or Specialty Lead should be there to support you in raising a concern, as navigating the system can be challenging, if you have never done so before.

The GMC considers reflection to be a key professional attribute and so it is important that student doctors are supported in developing the appropriate skills. Given the complex nature of healthcare, even with appropriate vigilance, errors and critical incidents can occur. Although you may not be directly involved, reflecting on the event can provide valuable personal learning, which will support your personal and professional development. Again, your Educational Supervisor and/ or Specialty Lead should be able to support you.

CLINICAL EDUCATION AND TRAINING OPPORTUNITIES

Each department delivers a formal clinical educational programme, with sessions usually held at least weekly. Separate educational programmes are delivered for the F1 and F2 doctors in the trust. Some of these sessions may be relevant to student doctors; your Educational Supervisor and/or Specialty Lead will be able to advise. Medical students are welcome to attend these sessions.

The **Grand Round** takes place on a Friday lunchtime and is accessible on Microsoft Teams, so can be viewed from any trust computer. Again, some of the topics covered are relevant to undergraduate medical education and everyone is welcome to attend.

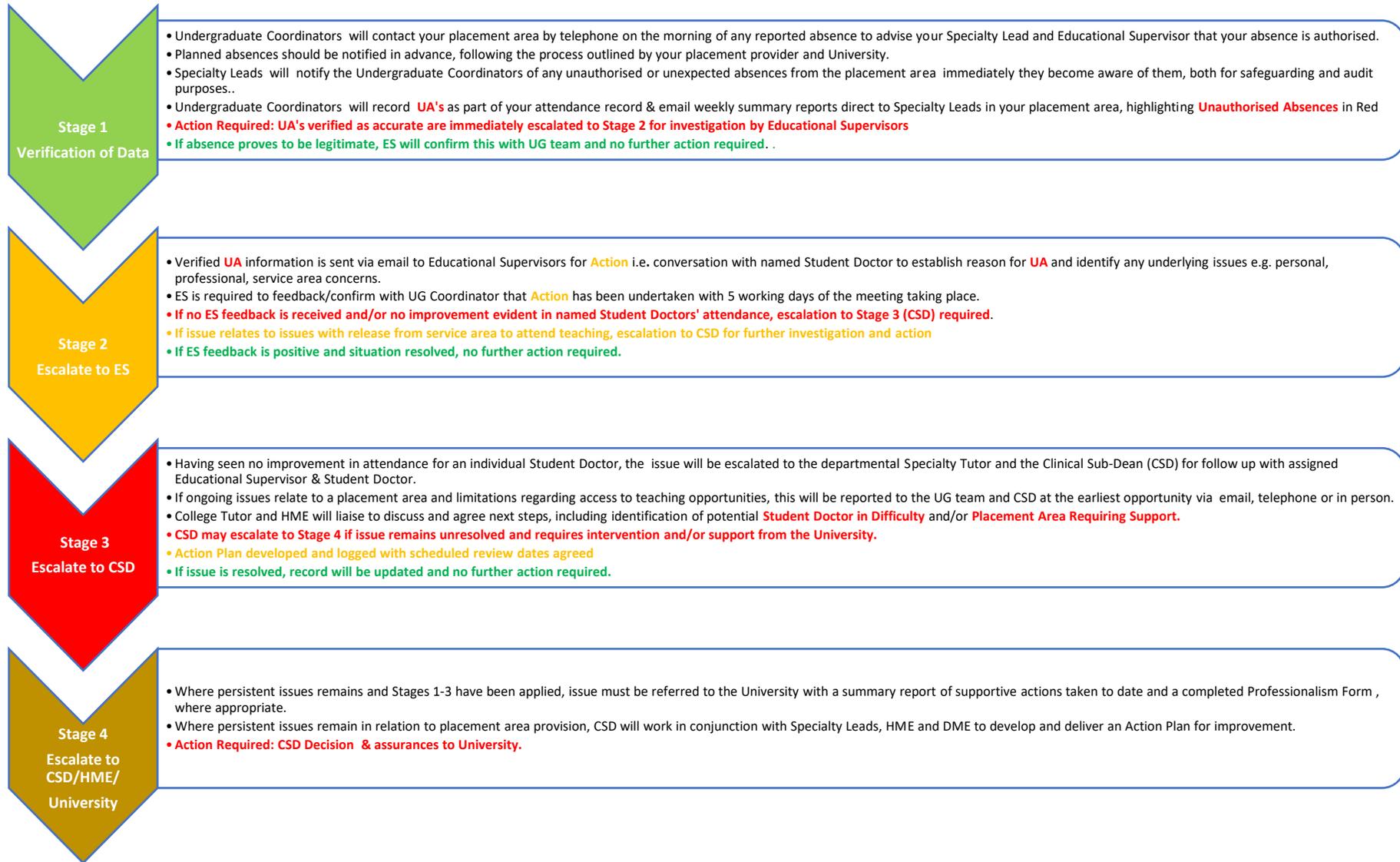
Additional learning opportunities may be available in ad-hoc formal teaching sessions within departments, in addition to the CBL sessions and informal bedside teaching provided. A `Near to Peer` teaching programme has been organised for the fourth year students (organised by the F2 Doctors and supervised by the Clinical Sub Dean). Please refer to your individual timetables.

In recognition of the importance of attendance at formal educational sessions, the trust has a “**Process for Supporting Student Access to Teaching**” process (see page 18) whereby the attendance at formal teaching sessions is monitored. Thus, where a doctor in training has an unauthorised absence from a teaching session, their Named Educational Supervisor will be asked to meet them, to discuss the reason for non-attendance. This is to ensure appropriate support is given where needed and the needs of the service do not override the educational needs of the doctors in training.

Process for Supporting Student Access to Teaching

The aim of this process is to ensure your access to all teaching and training opportunities is fully supported and protected.

It is also intended to ensure appropriate support measures are implemented in a timely manner where a requirement for support or intervention is identified.



Introduction

The Library & Knowledge Service is open to all Southport & Ormskirk NHS Trust staff and students who are on placement. To join the library, complete the library membership form and hand in at the library help-desk, or e-mail to us. Membership covers both libraries.

DynaMed
Powered by EBSCOhost



The library is accessible outside of staffed hours. Your Trust ID badge can be activated to allow out of hours access to the library. Please ask library staff to set up **24 hour** access and receive the required security induction.

Book Loans

Library members may borrow up to 12 books at one time. Loans are for a 4 week period and can be renewed up to 4 times unless reserved by another library member.

Library Catalogue

You can search online for items available in the library at:
<http://southportandormskirk.nhslibraries.com/>

PC Access

You can access the PCs in the library with a Trust username and password. To obtain a Trust username and password, complete an IT Network Application Form. You will need to get it counter-signed by the Undergraduate Administrator and submitted to the IT Department.

WiFi

A **WiFi** network is available in the Hanley and Sanderson Libraries for your own device and also a WiFi printer (Hanley Library only). Please ask library staff for the passwords.

Photocopying, Printing Scanning

There is a multifunction machine available in both libraries. To use, log in with the Trust username and password used to log onto the PCs or register for Safecom (ask library staff for details).

Study Areas

There is a quiet study room in both libraries and there are extra PCs at the Hanley Library in the Dinwoodie Suite when it is not booked.

Liverpool University Loans

We can request loans of University library books to be delivered for you to the Hanley Library. Please ask library staff for details.

E-Resources

We will set up an NHS Athens account for you when you join the library. You will receive an e-mail from Athens with a link in to activate your account, which should be done as soon as possible before the link expires. This is a temporary account whilst you are on clinical placement. Resources you can access via Athens include BMJ Learning, Dynamed Plus, the BNF and BNFC and the whole range of Oxford Handbooks online. Log into your account at: www.openathens.net once it is activated.

CLINICAL SKILLS & SIMULATION

Our clinical education centre is equipped with a clinical skills lab and a hi-fidelity simulation room. Throughout the course of the year, core clinical skills training is embedded within a variety of teaching programmes. The rooms are also available on an individual basis to practice a wide range of clinical skills to support your own professional development.

Practice Zones

Within the Southport clinical education centre, in addition to the clinical skills lab, we have two Clinical Skills Practice Zones (CPZ's). These provide you with an opportunity for further practice in specific skills. These areas are available on a drop-in basis but may also be booked in advance. The additional practice will supplement your clinical skills training may be booked direct through Debby or Laura. A booking form should be completed prior to your session to reduce potential conflicts.

We have 6 practice stations within the CPZ's. The stations are: venepuncture, IV Cannulation, blood culture sampling, peripheral ABG sampling, male & female catheterisation and basic life support. If you require other equipment to practice, please enter this information on the booking form.

We ask that you complete a Skills Log form when you use the CPZ. This log includes the skill you have undertaken, the stock items you have used and a brief reflection of your practice. If you have also been observed by a peer, or formally observed by a Clinical Educator, they may provide you with observer feedback notes.

On arrival, please sign the attendance register and speak to a member of staff regarding any equipment you plan to use. We would also ask you to complete a feedback / reflection form for your e-portfolio.

For further details please contact our Clinical Education Lead Andy Burke on 01704 704542 or email on a.burke1@nhs.net

Undergraduate Facilities

Southport Site Facilities - Our Undergraduate Students benefit from facilities which are entirely ring-fenced for their use. The Conservatory building, adjacent to the Clinical Education Centre at the Southport site comprises a large common room/study area which is furnished with comfortable chairs and sofas plus tables and seating for group study.

Your lockers are also located in this area – allocated upon receipt of a refundable deposit - and you will benefit from fully functional kitchen facilities for preparation of refreshments and meals. Within the conservatory building there are WC's and shower facilities too.

Opposite the kitchen, there is also a designated training room where some of your teaching sessions may take place. The room is fully equipped with audio visual facilities and a flip chart. If additional equipment is required for specific study activity, please liaise with your Undergraduate Coordinator to organise this. You will find that this training room is also ideal for concentrated study groups and you are free to utilise it throughout the week.

Student Oncall accommodation - If students are doing on call and wish to stay in one of the bedrooms then please obtain a key from switchboard (you will need to show your Trust ID Badge as proof of identity). If you lose your On Call Room key the Trust will charge you £50.00 so please keep this key safe and ensure that it is signed back the following morning. There are two bedrooms, 1A and 1B, identified for student use, which are located in Y Block, adjacent to the undergraduate classroom.

Ormskirk site facilities – The Doctors Common Room is available for students use. It is located on the ground floor, just past the Restaurant. This has been recently refurbished to ensure a covid safe environment. Showers, changing rooms, computers and Lockers are provided for your use.

Please note that, whilst the Trust provides basic housekeeping services in all communal areas, this cannot extend to picking up discarded waste from the floor or tables, washing dishes, cleaning out the fridge or putting away dishes, cutlery and items of food for you – The Trust, and your colleagues, thank you in advance for contributing to a clean, tidy and healthy environment.

SICKNESS ABSENCE REPORTING

Overview

The GMC makes it quite clear that as medical practitioners registered with a licence to practice, it is our professional responsibility to ensure that we are medically fit to perform our clinical duties. This is also an expectation of student doctors. Our own personal health and well-being is as important as caring for our patients. Reasonable adjustments can and should be made, to accommodate any short or long-term health issue and/or disability.

There are various avenues to access help and support. In the initial instance, you should approach the ***Undergraduate Specialty Lead*** in the department where you are working, who will be either able to sign post you appropriately or seek further advice to support you. All issues are treated with the utmost confidentiality.

Student Responsibility

- ✓ Notify the Undergraduate Team of your absence and if it will also extend to the days/times you are expected to attend teaching sessions. Tel: 01704 704542 in this instance, notification by email is also permissible.
- ✓ It is important that you report your absence personally, unless there are exceptional circumstances preventing you from doing so.
- ✓ An absence form will need to be completed; the Undergraduate Co-ordinator will send you this. A copy is then sent to the university.
- ✓ Your Educational Supervisor will make contact with you on a regular basis to ensure you are recovering well and to provide pastoral support to enable you to return to work as soon as possible.

HEALTH AND WELLBEING

It is important for all staff involved in healthcare, including doctors and doctors in training, to be aware of their own physical and mental health needs. Neglecting ones' own personal health and wellbeing has a potentially devastating personal cost, as well as implications for patient safety.

The complex environment in which healthcare is delivered can lead to stress for all those involved. This can be further exacerbated, if resources are limited within that environment. For example, if there are gaps on a rota. It is important that doctors recognise their own frailty in such situations, as well as the frailty of their colleagues. Recognising and acknowledging stress, is important in developing appropriate coping mechanisms.

Inevitably adverse events, both anticipated and unanticipated, can occur within healthcare and can be particularly stressful for student doctors, who may be encountering such events for the first time. Talking to your colleagues about such events may be helpful, ensuring patient confidentiality is maintained at all times. Your Educational Supervisor or Specialty Lead may be another source of support.

Occasionally, the pastoral support of your colleagues and supervisors is insufficient. In such circumstances, there are a variety of sources where help and support can be provided. The Specialty Lead, with the support of the Clinical Sub-Dean can provide help and guidance

Poor sleep can lead to fatigue, which has both short, medium and long-term effects on both physical and mental health. The trust is committed to the **BMA Charter on Fatigue** and is working on improving the facilities to support it.

The "I'M SAFE" Checklist can be used to help you determine whether you are "fit to work"

I'M SAFE

A checklist adapted for clinicians to assess fatigue and fitness to work

Illness

- Have you been unwell or suffering from symptoms of pregnancy?
- Has your health been put at risk by clinical work; e.g. needle-stick injury, or risk of exposure to infectious disease?
- Do you need to talk to the Occupational Health team?

Medication

- Are you taking prescribed or over-the-counter medication that might be affecting you?

Stress

- Are there work or non-work related factors that might affect your performance?
- Do you need to speak to someone before going on or off shift?
- Does the team need to debrief / give feedback?

Alcohol

- Could there still be alcohol in your system?
- Consider your consumption in the last 24 hours, not just the last 8 hours.

Fatigue

- Have you had restricted sleep* in the last 2 weeks?
- Do you have a sleep debt*?
- Have you had trouble speaking coherently or keeping your eyes open?
- Would a short sleep make you safer?

*Please see 'Fatigue: the Facts' poster for more information about these.

Eating

- Have you had something to eat or drink? Do you need to?

References
"Flight Fitness: The 'I'm Safe' Checklist". FAA Medical Certification. Pilot Medical Solutions, Incorporated. Retrieved 20 Dec 2011



The Faculty of Intensive Care Medicine



www.aagbi.org/fatigue

The AAGBI Foundation is registered as a charity in England & Wales no. 293575 and in Scotland no. SC04009

Regular exercise is proven to support both physical and mental well-being. Shift work can make this a challenge. Most towns and cities have a “**Parkrun**” every Saturday morning at 9am. It is a timed 5K event, which people can either run or walk. Details of the events and how to register (it is free) can be found on the website: <https://www.parkrun.org.uk>



A large graphic of a human head profile in blue, facing right. The head is filled with text and illustrations. At the top, a flock of white birds flies across the sky. The main text inside the head reads: "SAFER CARE IS ONLY POSSIBLE IF WE CARE FOR THOSE WHO CARE FOR PATIENTS". Surrounding this text are several smaller text boxes and illustrations. In the top left, it says "Healthcare is incredibly complex. We need to LEARN from everything we do all the time - when things GO RIGHT and when they don't" with an illustration of people at a chalkboard. In the top right, it says "To help the WHOLE SYSTEM perform well we need to help all INDIVIDUALS perform well" with an illustration of a person in a wheelchair being helped. In the middle left, it says "Because healthcare's complicated, it's a DIFFICULT WORK ENVIRONMENT" and "Pressures, unhelpful cultures, stress, incivility and bullying make it harder to WORK SAFELY" with an illustration of a person in a wheelchair being pushed. In the middle right, it says "Kindness and civility needs to be encouraged and expected" and "People need the opportunity to connect and FOSTER POSITIVE RELATIONSHIPS that let them be heard" with an illustration of two people talking. In the bottom left, it says "Patients are safer when those around them are PHYSICALLY, PSYCHOLOGICALLY AND EMOTIONALLY WELL" and "They need to be fed, supported, thanked, rewarded - even loved" with an illustration of people sitting around a table. In the bottom right, it says "We each have a part to play in choosing the values and behaviour that guide our relationships, and we each have the power to SUPPORT THE PEOPLE WE WORK WITH" with an illustration of a group of people. At the bottom left of the head, there is a call to action: "Sign up to SAFETY".

DUTY OF CANDOUR

Whilst the aim is to give the right care to the right patient, at the right time, healthcare, by its very nature is uncertain. This means there will be circumstances when things go wrong. This may be a recognised complication of treatment, or an unanticipated event, or even as a result of an error, which may or may not be related to the performance of the healthcare professionals involved in the care of the patient.

The professional bodies involved in the regulation of healthcare professionals, including the GMC, expect that it's a core professional responsibility to be open and honest with patients, when something goes wrong with treatment or care, which has or has the potential to cause harm or distress. This means we are all expected to:

- Tell the patient (or advocate, if appropriate) when something has gone wrong
- Apologise to the patient (or advocate, if appropriate)
- Offer to remedy things, as well as to provide help and support to correct things
- Explain fully to the patient, the short and longer term effects of what has happened

More details on the professional duty of candour can be found at:

<https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/candour---openness-and-honesty-when-things-go-wrong/the-professional-duty-of-candour>

The trust has a statutory duty candour, to be open and transparent with patients when things go wrong. This was introduced following the enquiries into high profile failings of patient safety considerations in healthcare, such as the events which occurred at Mid-Staffordshire NHS Trust. You may be asked to support the trust, in a number of ways, in satisfying its duty of candour. Firstly, by acknowledging when something has gone wrong and perhaps by making a statement about events which you have witnessed. You may feel you need additional help and support in doing this, so speaking to your Educational Supervisor, or Specialty Lead may be helpful. NHS Resolution also provide guidance, which can be accessed at: <https://resolution.nhs.uk/resources/saying-sorry/>.

(see Rm 24: *Being Open and Duty of Candour Policy for further details*)

BULLYING AND HARASSMENT

Individuals can sometimes be unaware of the impact their behaviour has on others. Whilst it may have been acceptable in the past to tolerate someone's behaviour under the guise "that's just x...", it is no longer acceptable.

There is no official definition of bullying and harassment, but ACAS define it as "offensive, intimidating or insulting behaviour, an abuse or misuse of power through means that undermine, humiliate, denigrate or injure the recipient".

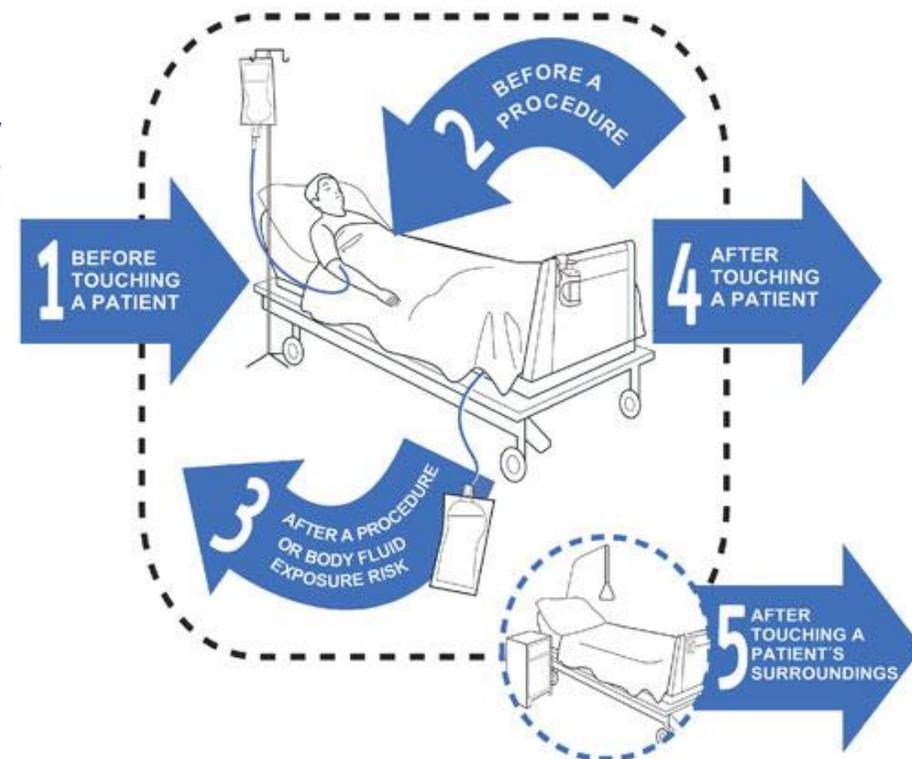


The trust has a zero tolerance approach to bullying and harassment. If you feel you have been the recipient of such behaviour then you should raise your concerns with your Educational Supervisor/ Specialty Lead or the Clinical Sub-Dean. The ***Freedom to Speak Up Guardian, Martin Abrams***, may be an alternative point of contact, as is ***Ann Holden***, the ***Director of Medical Education***, who is a ***Freedom to Speak Up Champion*** within the trust. **Please also refer to the Raising Concerns section on Page 17.**

INFECTION PREVENTION AND CONTROL (IP&C)

All healthcare professionals undergo regular mandatory training in IP&C. so they understand their personal responsibility in delivering best practice. This is to support the effective prevention, detection and managed of healthcare associated infection. This can be demonstrated in a number of ways:

- Compliance with ***hand hygiene policy***
- Use of ***personal protection equipment (PPE)***
- Aseptic technique
- Safe handling and disposal of sharps
- Safe handling and disposal of waste
- Use and care of invasive devices (IV cannulae, urinary catheters etc)
- Prevention of occupational exposure to blood-borne viruses
- Use of single use medical devices
- Antimicrobial prescribing
- Packaging, handling and delivery of laboratory specimens
- Reporting of infections
- Adhering to uniform and dress code



Hand hygiene is the simplest, most effective measure in the prevention of healthcare associated infections (HSAs). All healthcare personnel need to be familiar with the trust policy, to understand how, when and where hand hygiene is undertaken, the methodology that should be used, as well as the materials to be used.

(See IC01: Hand Hygiene Policy and IC02: Infection & Control policy for further details)

ESCALATION OF THE DETERIORATING PATIENT

Vitalpac is the electronic system which is used for recording the observations of patients within the trust.

Early warning scores (EWS) systems can help to detect critical illness early. These systems allocate points to the measurements of routine vital signs on the basis of their deviation from the “normal” range. The score is weighted, so that the greater the deviation from the normal, the greater the intervention is indicated. There is now a National Early Warning Scoring system, which has been recently up-dated and therefore the scoring system now in use is “NEWS 2”

There is a Modified Obstetric Early Warning Score (MOEWS) used in obstetrics and Paediatric Early Warning Score (PEWS) used in paediatrics.

There is an escalation protocol in use for the deteriorating patient, which is based on the NEWS 2 Score. This indicates the frequency of observations and who should review the patient based on the NEWS 2 score.

There is a 24-hour Critical Care Outreach service based on the Southport site, who should be contacted for all patients with a NEWS 2 score of 5 and above. There is no outreach service on the Ormskirk site, no MET team on either site, but there is a cardiac arrest team on both sites.

The trust has Sepsis Pathway and AKI Flowchart which should be used for patients with these conditions, as it provides guidance on best practice on managing both conditions

NEWS Score	Minimum Monitoring	Clinical Response				
Total = 0	12 Hourly	<ul style="list-style-type: none"> Monitor full set of NEWS observations at least every 12 hours. 				
Total = 1 to 4	4 to 6 hourly	<ul style="list-style-type: none"> Registered Nurse to decide whether to increase observation frequency above minimum. Consider: <ul style="list-style-type: none"> Oxygen Fluid bolus Nebulizer Analgesia 				
Total = 5 or 6 or 3 in any one parameter (New score or if not improving with treatment)	1 hourly Commence fluid balance chart	<ul style="list-style-type: none"> Review by medical team within 60 minutes Screen for sepsis if infection possible Contact Critical Care Outreach on bleep 3914 Review and document escalation ceilings with ST3+ Doctor. <p style="text-align: center;">End of Life, Ward or Critical Care</p>				
Total = 7 or more (New score or not improving with treatment)	1 hourly Continuous monitoring where available Commence fluid balance chart Measure hourly input and output	Escalation Decision (if none documented default is Critical Care)				
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">End of Life</th> <th style="width: 33%;">Ward Care</th> <th style="width: 33%;">Critical Care</th> </tr> </thead> <tbody> <tr> <td> Follow <u>Individualised Plan</u> for Care of the Dying If not formulated – ST3+ Doctor and Shift Leader to consider this Document <u>individualised</u> monitoring and medical review </td> <td> Medical review within 30 minutes Discussion with ST3+ Doctor within 60 minutes </td> <td> ST3+ Doctor review or telephone discussion within 30 mins Critical Care Outreach review within 60 minutes (3914) </td> </tr> </tbody> </table>	End of Life	Ward Care	Critical Care	Follow <u>Individualised Plan</u> for Care of the Dying If not formulated – ST3+ Doctor and Shift Leader to consider this Document <u>individualised</u> monitoring and medical review
End of Life	Ward Care	Critical Care				
Follow <u>Individualised Plan</u> for Care of the Dying If not formulated – ST3+ Doctor and Shift Leader to consider this Document <u>individualised</u> monitoring and medical review	Medical review within 30 minutes Discussion with ST3+ Doctor within 60 minutes	ST3+ Doctor review or telephone discussion within 30 mins Critical Care Outreach review within 60 minutes (3914)				

Changes in the response to the scores above must be made by a Consultant and documented in the medical notes
Reductions in observation frequency outside of the above protocol must be made by the Shift Leader and the reason documented in the medical notes.

SEPSIS – Adult Pathway

Date: ____/____/____

SCREEN IF one in last 24hrs of:

- Patient **looks sick** despite NEWS / MEOWS
 - NEWS / MEOWS (obstetrics) **3 or more**
 - Fetal Heart Rate **>160** (obstetrics only)
- AND**
- Aggressive therapy in patients best interests?

No

Patient Label

Yes

1. Is infection suspected?

CIRCLE SOURCE SCREENER NAME:.....

- | | |
|----------------------------------------|------------------------------|
| Source unclear | Urinary Tract |
| Cellulitis | Abdominal Pain (eg. Biliary) |
| Septic arthritis | Infected wound |
| Device related | Breast Abscess / Mastitis |
| Meningitis | Chest |
| Chorioamnionitis / other genital tract | Other:..... |

Yes

End Pathway Individual treatment decision

Sign: _____
ST3+ clinician involved in decision: _____

No

End Pathway Document alternative working diagnosis:

2. Is 1 or more Red Flag present?

CIRCLE ALL PRESENT TIME SCREENED:.....

- NEWS/MEOWS 5 in total
- NEWS/MEOWS 3 in any one area
- Not fully alert
- Acutely confused
- Lactate >2.0 (if >4.0 inform critical care outreach)
- Not passed urine in 18hours / < 0.5ml/kg/hour
- Non-blanching rash
- Mottled skin
- Ashen / Cyanosed
- Recent Chemotherapy
- Surgery within 6 weeks
- Immunosuppression (including oral steroids)

No

3b. Investigation

Send FBC/U&E/CRP/LFT/INR/ABG/ Blood Cultures

Time complete:..... Initial:.....
Review results in max 2 hours
Time reviewed:..... Initial:.....

If Joint Infection suspected and no red flags, discuss with Orthopaedics prior to antibiotic administration.

Time of discussion:..... Initial:.....

3c. AKI Review

AKI Present? Y/N If No End Pathway And discuss antibiotics with ST3+
Time:..... Initial:.....

Yes

Yes

3a. START 1 HOUR BUNDLE

DOCUMENT WHEN COMPLETE & INFORM ST3+ DR

- | | |
|-----------------------------|-------------------------|
| Two sets of blood cultures | Time complete:..... |
| IVABX (guidance overleaf) | Time complete:..... |
| Fluid Protocol Prescribed | Time prescribed:..... |
| Lactate after 15ml/kg fluid | Value:.....(>4 D/W ICU) |
| Fluid Balance /catheterise | Time complete:..... |
| Prescribe and Administer O2 | Time complete:..... |

4. 2hr Senior Review

ST3 + or Outreach Practitioner

Diagnosis: _____
For Antimicrobials? Yes / No Time:....
Critical Care Ref? Yes / No Time:.....
Name & GMC: _____

SO970 05/18

AKI Flowchart

Date: ____/____/____

SCREEN IF one in last 24 hrs of:

- NEWS Total of 5 or 3 in one parameter
 - Diagnosis of Sepsis
 - Clinical review for low urine output
 - Clinical review for hypotension / tachycardia
 - New AKI Alert on patients blood results
- AND**
- AKI treatment appropriate

Yes

1. R/V U&E AND DIAGNOSE IF:

- Creatinine rise by >26 in last 48 hours
 - OR
 - Creatinine rise by 50% from baseline in last 7 days
 - OR
 - U/O < 0.5ml/hg/hour for last 6 hours
- TIME DIAGNOSED:
- CLINICIAN REVIEWING:

Yes

2. Essential Initial Management

DOCUMENT WHEN COMPLETE:

- | | |
|---------------------------------------------------------------------|------------------|
| Assess volume status and prescribe | Time done: |
| Fluid Resus Protocol (unless overloaded) | |
| Stop Nephrotoxic drugs eg: | Time done: |
| ACE-1 / ARB / Metformin / NSAIDs / Diuretics | |
| Review renally excreted drugs | Time done: |
| Perform Urine dipstick | Time done: |
| Treat K ⁺ >5.7 (Do ECG and see box A) | Time done: |
| Perform VBG/ABG (pH/HCO ₃ ⁻ /K ⁺) | Time done: |
| Catheterise if obstructed or AKI 3 | Time done: |
| Start Hourly Fluid Balance | Time done: |

No

End Pathway Individual treatment decision

Sign: _____
Senior clinician involved in decision: _____

No

3. Investigation

If AKI stage 3, with unknown cause or potential obstruction then request: Urgent USS Renal Tract (within 24hrs)
Time Booked:.....

If AKI not resolving and/or protein on dipstick then request: ANCA / ANA / urine BJP / anti GBM / dsDNA / serum electrophoresis / urinary ACR
Time Sent:.....

D/W ST3+ re: urgent ANCA by taxi if haemoptysis and haematuria present

A. Hyperkalaemia

- K⁺ > 5.7 and no ECG changes
Calcium Resonium
- K⁺ > 5.7 and ECG changes
Calcium Gluconate 10mls 10%
Insulin 10units / 50% Glucose 50mls
Salbutamol 5mg nebulised
If bicarb <20 and not overloaded start 1.26% NaHCO₃ 100ml/hr

4. Referral

DOCUMENT WHEN COMPLETE:

- ST3+ Informed: Name & Grade _____ Time Done.....
- Escalation plan reviewed and documented: Y / N
- Urology (obstruction / renal stones /pyelonephritis)
- Nephrology within 12 hours (no obvious cause / worsening despite treatment / AKI 3)
- Critical Care within 12 hours (Potassium unresponsive to treatment / Shock / Base Excess -5 or worse / Fluid overload unresponsive to treatment)
- Referral By: Phone / Referral Form (circle) Time Done.....

END OF LIFE CARE

Hospital inpatients, either at the time of investigation, diagnosis, treatment or with complications of, advanced and progressive disease, may benefit from the advice and support of the specialist palliative care services, who are available to help and support the clinical teams with their management. The service is based at Queenscourt Hospice



Despite appropriate treatment and management, some patients will not survive and will die in hospital. Other patients will be admitted to hospital as they are approaching the end of their life. It is important to recognise when patients are actively dying, so that the appropriate management and care can be given. This can be very difficult in some patients and may be something which only becomes evident over time or when additional information becomes available. If it is uncertain whether someone will recover from an acute illness on a background of an already poor prognosis, it is important to recognise that they are sick enough to die. This recognition, provides the opportunity to have those uncertainty conversations, with the patient themselves and those important to them, as well as to parallel plan for both possible outcomes.

The **Gold Standards Framework** (GSF) was introduced into this hospital in 2012, to enable the recognition of patients with life limiting conditions, to help them plan ahead to live as well as possible, right up to the end of their life. In the light of this, it is important to give them the



opportunity to undertake **Advance Care Planning** for a time in the future when they may lose capacity and for clinicians to engage in **Anticipatory Clinical Management Planning** for those who may already lack capacity. **Medway** has alerts for those patients, who following appropriate dialogue with their primary care providers, are GSF registered and also for those with some elements of **Future Care Planning** (particularly formal **Advance Decisions to Refuse Treatment** or **Lasting Power of Attorney for Health and Welfare**)

Resuscitation decisions may also have been discussed with patients by their community care providers. The trust is working with community providers to ensure that decisions not to attempt to resuscitation, where it has been agreed they are indefinite, are effectively communicated with the trust, if and when they are admitted as in-patients

Being involved in end of life care, particularly for the first time, can be emotionally challenging. Recognising this, is key in developing strategies to deal with it effectively. Your Educational Supervisor and/or Specialty Lead are there to help and support you.

(See Clin Corp 77A: Policy for the Care of the Dying and Deceased Patient for further details)

HANDOVER

Effective handover is crucial in delivering safe and effective patient care. This requires effective communication which can be defined as “ a two-way process of reaching mutual understanding, in which participants not only exchange information but also create and share meaning”. The SBAR (Situation, Background, Assessment, Recommendation) communication tool is useful to facilitate this and can be used in a range of situations, including shift handovers, but also when escalating the deteriorating patient and/or making referrals to other clinical teams.



<u>S</u>ituation	Identify yourself Give the patient's name & location	"I am the F2 on call for Medicine and am reviewing a patient on MAU"
<u>B</u>ackground	Explain the reason for your concern Give a brief summary of the admission details & events to date	"The nurse on the ward has asked me to see a 57yo admitted with urosepsis who has had 2L of saline & their BP is still 80/40"
<u>A</u>ssessment	Give information relating to clinical assessment using ABCDE <u>A</u> irway <u>B</u> reathing <u>C</u> irculation <u>D</u> isability <u>E</u> xposure NEWS 2 Score Fluid balance in last 24 hours	Patent RR = 22, O2 sats 97% on Air Pulse = 100/min, BP 80/40 A lert (AVPU) Temp = 38.2 NEWS 2 Score = 7 Current fluid balance is +2.5L
<u>R</u>ecommendation	What do you want from the person you are speaking to How quickly do you want them to respond – give timescale Find out if there is anything they want you to do in the meantime Decide on monitoring plan Make sure that everything is documented in the patient's records including time & date	"They have had antibiotics and fluids and are still hypotensive, I think they might need critical care admission and vasopressors and I would like you to come and review them as soon as possible"

As well as being important for patient care, handovers can also provide a useful educational and learning opportunity, particularly if led by a senior clinician. Learning about clinical care delivery is important, but is also important to learn about team working, communication.

professionalism and the wider healthcare team involved in delivering care. Handovers can be an ideal opportunity to explore this aspect of clinical practice. You should be briefed which handovers would support your learning at your induction meeting.

(See Clin Corp 64 Handover of Clinical Care for further details)

FEEDBACK

Feedback is important for learning. This allows you the opportunity to reflect and therefore learn from the clinical situations which you have been involved in. Sometimes the feedback given to you will be formal, for example within a SLE (structured learning event) or WPBA (workplace based assessment) – which is a formative assessment to support your learning. Feedback may also be given informally, on a day-to-day basis, within ward rounds, clinics or on the management of a clinical case.

Feedback on your education and training

It is important that you also provide feedback, both formal and informal, on the education and training you receive within the trust. You will be asked to provide feedback on the formal education sessions that you attend, which will be given to the facilitators of the sessions to support their own personal learning and development as a teacher.

Informal Feedback

Any concerns about your training, in the first instance, can be discussed informally with your Educational Supervisor or Specialty Lead. They may be able to resolve the issue. If there are still issues then contact the Clinical Sub-Dean and/or the Director of Medical Education.

Formal Feedback

The University asks you to provide regular feedback on your placements, which the Undergraduate Team then receive. We obviously take all feedback seriously. On reviewing some issues raised, it is evident that if concerns had been raised at the time, the issue could have been resolved. So, whilst we value the formal feedback, we would also value you raising an issue and/or concern during your placement. This would allow us to resolve it quickly and hopefully minimise the impact it may have on your learning.

The monthly ***Student Doctor Forum***, (which is chaired by the CSD or Undergraduate Tutor) is another way of providing formal feedback on your training. Dates will be confirmed shortly in a separate programme.



POLICIES

All the trust policies and are available on the trust intranet in the “Policies” section which is on the intranet home page .

The trust clinical policies are relevant to all student doctors, as are the infection control policies. Many of the corporate, governance and risk policies are also relevant to all student doctors within the trust.

REFERENCES

- Bullying and harassment: how to address it and create a supportive and inclusive culture. (2018). *British Medical Association*
- SBAR Communication tool – situation, background, assessment, recommendation. ACT Academy, Online library of Quality Service Improvement and Redesign tools.(2018) *NHS Improvement*
- Introduction of a junior doctors’ handbook: an essential guide for new doctors. (2016) Ross D et al, *BMJ Quality Improvement Reports*
- Starting Staff: induction. (September 2015). *Acas*.
- Confidentiality: good practice in handling patient information (2017). *General Medical Council*
- Good Medical Practice (2013). *General Medical Council*
- Raising and acting on concerns about patient safety (2012). *General Medical Council*
- Promoting Excellence: standards for medical education and training (2015). *General Medical Council*
- A Reference Guide for Postgraduate Specialty Training in the UK – The Gold Guide (February 2016; sixth edition). *Confederation of Postgraduate Medical Education Deans (CoPMED)*
- A Framework for the Professional Development of Postgraduate Medical Supervisors (2010). *Academy of Medical Educators*
- The UK Foundation Curriculum (2016). *Academy of Medical Royal Colleges*
- A code of practice for the diagnosis and confirmation of death. (2010). *Academy of Medical Royal Colleges*
- Safer Care. SBAR: Situation, Background, Assessment, Recommendation. Implementation and Training Guide. (2010) NHS Institute for Innovation and Improvement Acutely ill patients in hospital: recognising and responding to deterioration. NICE CG50. (2007). National Institute for Health and Care Excellence

DIRECTIONS TO THE TRUST.....

Southport and Formby District General Hospital

By bicycle - The hospital is served by the local cycle path network. There is parking for bicycles near the hospital entrance and elsewhere on site.

By bus - There is bus stop near the entrance to the hospital. Services operate from the surrounding areas and drop off at the hospital or within walking distance. To find information about times and services please contact the Merseytravel Traveline on 0871 200 2233 or visit www.merseytravel.gov.uk. Bus timetables can be found near the hospital reception desk.

By train - Southport railway station is 10 minutes by car or 20 minutes by bus from the hospital. Taxis are available outside the station. For passenger inquiries call the National Information Line on 0345 484950 or visit the National Rail website. Merseytravel (see above) can provide details of bus services linking other local train stations and the hospital.

By motorway - From the South. Exit the M6 at Junction 26 and the join M58. Leave the M58 at Junction 3 following the signs for Southport and Ormskirk. Type our postcode, PR8 6PN, into Google Maps to plan your journey in detail.

From the North - Exit the M6 at Junction 31. Follow signs for the A59 signposted Preston and then follow the signs for Southport. Type our postcode, PR8 6PN, into Google Maps to plan your journey in detail.

Site directions

Once on site, turn right at the roundabout which runs round the hospital and eventually becomes one-way. Most parking is at the back of the hospital.

The entrance to **Adult A&E** is opposite the car park for Blue Badge holders at the front of the hospital.

The **GUM** clinic for help and advice with sexual health matters is at the back of the hospital.

The **North West Spinal Injuries Centre** is about a half of the way round the site and has its own clearly marked entrance.



Ormskirk District General Hospital

By bicycle - There is cycle parking at the front of the hospital. An information leaflet about cycling in Ormskirk can be download [here](#).

By bus - There are bus stops by Dicconson Way along Wigan Road. Services operate from the surrounding areas and drop off at the hospital or within walking distance. To find information about times and services please contact the Merseytravel Traveline on 0871 200 2233 or visit www.merseytravel.gov.uk. Bus timetables can be found at the hospital reception desk.

By train - Ormskirk railways station is a 10 to 15 minute walk from the hospital. Taxis are available nearby. For passenger inquiries call the National Information Line on 0345 484950 or visit the National Rail website. Merseytravel (see above) can provide details of bus services linking local train stations and the hospital.

By motorway - Exit the M6 at Junction 26 and the join M58. Leave the M58 at Junction 3 following the signs for Southport and Ormskirk. Type L39 2AZ into Google Maps to plan your journey in detail.



Site directions

West Lancashire Health Centre, to the left of the main entrance, offers a drop-in GP service from 8am to 8pm, seven days a week for registered and unregistered patients. Telephone 01695 588 800.

Children's A&E is first right off Dicconson Way (the access road to the hospital site) and 200 metres on the left. There is a lay-by for dropping off, and a car park is a further 400 metres through the barrier.

The Maternity Delivery Suite is at the back of the hospital. It can normally be accessed by the main entrance. If the main entrance is closed, follow the signs past West Lancashire Health Centre and round the back of the hospital. The entrance is signposted and monitored by camera. There is a bell to alert the staff you have arrived.





INTER-SITE STAFF TRANSPORT

Southport DGH & Ormskirk DGH

To book a seat ring extension 4596 or 6598

Please be at stores 10 minutes before departure



Leaving from SDGH (Stores)	Leaving from ODGH (Stores)
8:45am	9:25am
10:45am	11:25am
12:45pm	13:25pm
14:30pm	15:25pm

