Dartford and Gravesham NHS Trust
Darent Valley Hospital

INDUCTION HANDBOOK FOR THE SURGICAL FACULTY GROUP



April 2019

SURGERY FACULTY HANDBOOK
A GUIDE FOR POSTGRADUATE DOCTORS AND STAFF IN DARTFORD AND GRAVESHAM NHS TRUST

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SURGERY FACULTY HANDBOOK A GUIDE FOR POSTGRADUATE DOCTORS AND STAFF IN DARTFORD AND GRAVESHAM NHS TRUST

Introduction

Welcome to Health Education England and The Philip Farrant Education Centre, Darent Valley Hospital. This Handbook contains generic information, but is specifically written to support FY1 and FY2 doctors. It gives you information about how your programme works and key people working with you. It should be read in conjunction with your curriculum found at http://www.foundationprogramme.nhs.uk/content/curriculum

Location

During your time with us you will be based at Darent Valley Hospital, Dartford and Gravesham NHS Trust. The Postgraduate Centre is at The Philip Farrant Education Centre, Darent Valley Hospital.

The surgical department is well established and has several sub-specialties including colorectal, vascular, endocrine, breast and urology. The department of orthopaedics is a separate directorate and has a separate handbook.

The department boasts distinguished surgeons and facilities including specialist laparoscopy theatres. In fact the first ever state of the art laparoscopic OR1 theatre was commissioned here. There is also a newly commissioned ano-rectal physiology laboratory.

The department of urology has the Stone centre, the largest comprehensive stone centre for Kent with a static dual focus lithotripter, holmium and green light lasers, metabolic stone unit and also has the cryotherapy unit. The department is active in clinical research.

The department also has 11 clinical nurse practitioners working in breast, colorectal, upper GI and urology departments.

The main inpatient surgical wards are: Rowan, Juniper and Cherry (all on level three). Redwood ward in level two is a short stay ward. Some patients can also be in the 24 hour ward in the Day Case Unit (Acer/DSU).

With the new regional configuration of the NHS we have more acute surgical patients coming through our A&E departments. With committed surgical consultants and clinical material and facilities you will have a good time of learning both the theory and practical skills of surgery.

The Surgical Curriculum

The foundation programme curriculum can be found at http://www.foundationprogramme.nhs.uk/content/curriculum, with further information found at https://supporthorus.hee.nhs.uk/faqs/the-curriculum/. Portfolio requirements for FY1 are stipulated for each rotation. As with other rotations, it is necessary to complete educational and clinical supervisor reports, 3 Mini-CEX/2 Mini-CEX + 1 DOPS, and 2 CBDs. Further portfolio requirements over the course of the year include TAB, core procedures, teaching and involvement in a quality improvement project.

You will be supported during your time at Dartford and Gravesham NHS Trust by your allocated Educational Supervisor and Clinical Supervisor, who will give regular feedback about your progress. You should never be in any doubt about your progress and what you can do to improve this.

In this programme we adopt a variety of learning approaches. These include web-based, ward-based clinical teaching, exposure to outpatients and theatres at the appropriate identified level, group learning, private study, courses, reflective practice, audit projects, regular teaching specific to year and Specialty, but also multi-specialty if appropriate.

Your Educational Supervisor – roles and responsibilities

Your Educational Supervisor is responsible for overseeing your training. You should have regular feedback from your Educational Supervisor. You should have a clear idea of your progress in the programme at any given time and what you have to do to move to the next stage.

- Responsible for the supervision of trainees' progress
- Responsible for ensuring that trainees are making necessary clinical and educational progress
- Educational Supervisors should have training and ability to undertake appraisal, work with portfolios and provide career advice, plus managing the trainee in difficulty.
- Meet the trainee at the start and end of the rotation and arrange work based assessments, as appropriate

Your Clinical Supervisor – roles and responsibilities

Your Clinical Supervisor is responsible for your progress within each placement and for your day-to-day clinical progress. You should have regular feedback from your Clinical Supervisor. The process by which information about your progress is collated by your Educational Supervisor from your Clinical Supervisor is through appraisal, assessment and annual planning.

Your role as a learner

You are responsible for your own learning within the programme with the support of key people as above. You should ensure that you have regular meetings with your supervisors, that you maintain your portfolio, keep up to date with assessments as required and be signed off at the end of the year. Be mindful that your supervisors may take leave close to deadlines for assessments and that appointments for your educational meetings should not be left until too late.

The Local Faculty Group

The Medical Education Department coordinates Local Faculty Group Meetings three times a year which focus on the delivery of education and review of the progress of individual trainees. Feedback will then be delivered to trainees and acted upon as necessary.

The Local Education Board

There is a Local Education Board (LEB) in each Trust whose responsibility it is to ensure that postgraduate medical trainees receive education and training that meets local, national and professional standards. The LAB undertakes the quality control of postgraduate medical training programmes. It receives Annual Audit and Review Reports from LFGs.

Your Year Group Representative

This is a key part of the feedback process. This is a member of your cohort who will undertake to consult with the whole cohort to gather feedback about the local programme and to give this feedback at the meetings of the Local Faculty Group. The feedback loop must be closed as relevant information/responses from the LFG need to go back to the cohort. This is the responsibility of the Year Group Representative. As a group you should identify a representative who should commit to attending the LFG meetings.

Using educational resources

The library, situated in the Philip Farrant Education Centre, Darent Valley Hospital, offers a wide range of services for doctors. As well as loaning books to you we can show you how to access electronic resources including full text journals, e-books and a range of healthcare databases. There are PCs in the library with Internet access for use by library members.

Opening times are Monday-Thursday 08:30 – 1700hrs and Friday 08:30 – 16:30hrs. More information can be found on the Trust's intranet site ADAGIO.

Study and Annual Leave

Annual leave is 27 days per year as a FY doctor (9 days per rotation). Application forms for Study Leave (FY2) are held within the Postgraduate Centre and all annual leave should be discussed with the rota manager, Heidi Cooper on 4747.

For the full guidelines please visit: LASE Study Leave Process 2018:
https://lasepgmdesupport.hee.nhs.uk/support/home?studyleave

Study Leave should:

(i) enhance clinical, education and training

(ii) be planned as far in advance as possible, as an integral part of the education and training process

(iii) provide education and training not easily acquired in the clinical setting or locally, e.g. acquisition of a theoretical knowledge base such as basic sciences, statistics, etc. (iv) Support Delivery of Curriculum Targets

Key people in the Surgical Department

The Director of Clinical Education is Dr Ali Bokhari (ali.bokhari1@nhs.net)
The Clinical Tutor is Ms Urmila Singh (urmila.singh1@nhs.net)
The Programme Lead is Mr Piero Nastro(piero.nastro@nhs.net)
The Medical Education Manager is Helen Addison (haddison@nhs.net) and Caroline Page may also be contacted to discuss administrative issues (caroline.page5@nhs.nt)
The Medical Education Officer is Denise Smith (denise.smith75@nhs.net)
The Rota Manager is Heidi Cooper (Heidi.cooper@nhs.net)

The Rota consultant is Mr Shrinivas Kalaskar(shrinivas.kalaskar@nhs.net)

Surgical Consultants

Mr Ali Al Temimi – Locum Consultant Surgeon
Mr Jacek Adamek – Consultant General Surgeon – **Clinical Director**

Mr Rakesh Bhardwaj – Consultant General and Colorectal Surgeon-**Colorectal Lead**

Mr Shwetel Dighe – Consultant Surgeon
Mr Petr Hanek - Consultant General and Colorectal Surgeon– **College Tutor**

Mr Kothandaraman Murali – Associate Specialist
Mr Piero Nastro - Consultant General and Colorectal Surgeon
Miss Seema Seetharam – –Consultant Breast and Oncoplastic Surgeon–

Mr Pawel Trapszo – Locum Consultant Breast-**Breast Lead**

Mr Mark Watson – Consultant General and Hernia Surgeon Mr M Raza – Locum Consultant Mr H Patel – Consultant
Mr Mathew Dunckley-Locum consultant
Mr Shrinivas Kalaskar- Rota consultant & acting up consultant

POPS Consultant

Dr Anna Whittle – Geriatrician and perioperative physician

Urology consultants

Professor Seshadri Sriprasad – **Clinical Director**

Mr Sanjeev Madaan
Mr Faqar Anjum
Ms Eleanor Ray
Mr Joseph Nariculam – **College Tutor for Urology**

Ms Maria Satchi

Mr Jayasimha Abbaraju – Locum Consultant

Ms Teele Kuusk – Locum Consultant

Red team

Mr Bhardwaj
Mr Al Temimi (Largely based at Queen Mary's Sidcup, but does on calls at DVH)

- Assisted by two FY1s and SHOs

Mr Watson
Mr Dighe (Largely based at Queen Mary's Sidcup, but does on calls at DVH)

Mr Dunckley(Largely based at Queen Mary's Sidcup, but does on calls at DVH)

- Assisted by a FY1 and SHO

Miss Seetheram (Breast) Mr Trapszo (Breast)
Mr Murali (Associate Specialist)

- Assisted by two middle grades

Green Team

Mr Adamek Mr Nastro
Mr Kalaskar (Largely based at Queen Mary's Sidcup, but does on calls at DVH)

- Assisted by two FY1s and a SHO

Mr Hanek
Mr Raza (Largely based at Queen Mary's Sidcup, but does on calls at DVH)

- Assisted by a FY1 and SHO

Mr Patel (Vascular)
Mr Dialynas (Vascular)

- Assisted by any middle grades from the green team

POPS team

POPS stands for Proactive care of Older People undergoing Surgery. It is a consultant-led service looking after older patients in the perioperative period.
Consultant **Dr Whittle**
CNS: Telma Da Silva (POPS)
Shainy Hillarious (POPS/Ortho)
Sandra Almeida (POPS/Ortho)
Contact Bleep 235

We work to improve the care for our older patients by
o Acting to avoid the common post-surgical complications I.e. Delirium, LRTI
o Quickly identifying and treating complications that occur
o Optimising comorbidity
o Identifying and treating underlying undiagnosed conditions

o Talking to our patients and their families, and addressing questions about appropriate escalations of care. Performing Advanced Care Planning (ACP) where appropriate.
o Proactive discharge planning, involving the whole MDT

The POPS team will proactively identify patients to review but can also be referred patients via bleep #235. Their office is situated on Juniper ward.

POPS: Who do we want to see?

- All emergency laparotomies aged 65 or over
- All patients under vascular surgeons (Mr Patel / Mr Dialynas)
- Anyone who is confused/delirious
- Any medical concerns in older and/or frail patients
- Patients from Care homes (Nursing and Residential)
- Patients for whom end of life care is being considered
- Complex comorbidity
- Difficult discharges

POPS Documentation

- Initial assessment done on a proforma found on PAS (under POPS) – comprehensive geriatric assessment CGA – blue paper in the notes

POPS service –responsibilities of junior doctors

- We do not have a separate team of juniors.
- We are part of the Surgical Directorate.
- Our purpose is to facilitate appropriate medical care within the Surgical Directorate.
- You are responsible for completing the jobs for our surgical patients and reviewing the results**.**
- When you clerk in patients it is obligatory to fill in the social history and the AMT (abbreviated mental test) that is on the surgical proforma; this streamlines the surgical/medical care.
- On patients over the age of 65 we ask for a full blood screen (or COE screen you may see written in the notes)
    - This includes **vit B12, Folate, Iron levels, Transferrin sats, vitamin D, TFTs, bone profile (if not done already). If diabetic, or high BMI please do an HbA1c**

POPS Letters

- We might see older elective GI patients prior to surgery; if so, a comprehensive geriatric assessment CGA, will be produced. At the end of the letter post-operative risks and advice on management are highlighted. Please take the time to look at this, it will help you manage that patient.
- Any concerns or questions about any of the patients we have seen, please let us know.

Work of a junior doctor in General Surgery

There are several general surgery teams, each made up of one or two consultants, registrars and juniors. Each team tends to work relatively separately, although there is occasionally crossover if teams are short-staffed. A normal day will start at 8am in the Maple office (code 1236). The junior on the team will prepare and print their team's patient list prior to the ward round.

Patient lists

The patient lists can be found on the shared drive under General Surgery and then subsequently under the name of whichever relevant consultant. Updating these lists with recent blood results, investigations and outstanding jobs is the responsibility of the juniors in the team. In order to ensure that the list is updated with the correct list of patients, all inpatients under the particular consultant can be found on Patient Centre (Patient

Lists Inpatients by Consultant). On days when the consultant is operating, it may be worth checking **Theatre Man** (password Tbase1) to review who may need adding to the list for review the next day.

Ward rounds

Ward rounds are generally run by the registrar for the team. Ward rounds are generally faster paced than in medicine. The registrar will review each ward patient and will often then attend the clinic or theatre. As with medicine, completing jobs generated in the ward round remains the responsibility of the juniors for the rest of the day. Please involve seniors early if you need any help.

Post-take ward rounds

Each team has a particular day each week in which they will receive new patients from the on-call take the previous day and night. Confirming when each consultant is on-call can be reviewed on Adagio (in the Critical Care section). On these days, there will be a handover from the night team at 8am in the Maple Office for all the new patients. These patients will then be seen on the post-take ward round that morning by the consultant. These patients, being at the acute stage of their admission, will often require scans booking urgently and potentially adding to the CEPOD list if urgent surgery is required. The regular patients will then be seen after the post-take ward round and a patient list combining both the old and new patients will be made by the juniors.

CEPOD

CEPOD is the emergency operative list. There is a list each day and patients will be added, frequently from the post-take, as required. Patients can be added to CEPOD on Patient Centre (Clinical Functions Order Entry Speciality Referrals CEPOD). Contacting the anaesthetist on #242 is needed whenever anyone is added to CEPOD. Consenting patients for surgery is the realm of the registrars or consultants, although it may be helpful for juniors to witness the consenting process and document as necessary.

Inpatient endoscopy

Many patients will require inpatient endoscopy investigations. Endoscopy lists can get busy so it is worth booking patients in as early as possible and appropriate. The endoscopy department is located adjacent to Acer Ward on the ground floor of the hospital. To add a patient to the list, speak to the nurse in charge and fill in the patient details in the inpatient book. A request form with patient details, including past medical history and drug history, will also need to be completed which can be found in the endoscopy department. Ensure that patients having a flexible sigmoidoscopy have a phosphate enema written on the once-only side of their drug chart. For patients having a colonoscopy, bowel prep will need to be prescribed with guidance from the endoscopy department. For elective colorectal resections most of the colorectal surgeons would agree for bowel preparation with Moviprep for only left sided bowel resections for example anterior resection.

Some patients will require an ERCP during their admission. These lists are run by the gastroenterology consultants, Dr Warner and Dr Melia. Adding patients to these lists can be done by contacting these consultants via switchboard or email, and then confirming with their secretaries. Patients will often require a recent INR check, antibiotic cover and withholding of their dalteparin the evening prior to their ERCP.

Discharging (TCI forms and ACU referrals)

Discharging patients occurs in a similar way to medicine with the completion of EDNs and TTOs. Several patients will require investigation as an outpatient prior to clinic follow-up, including flexible sigmoidoscopies

and colonoscopies. Other patients will require booking via theatre scheduling for operations such as elective cholecystectomies. In these cases, TCI ("to come in) forms need to be completed. TCI forms can be found on Patient Centre (Patient documents Outpatients TCI form pre-op assessment form) and printing and completing this form with all the relevant details. Ensure bowel prep and phosphate enemas are prescribed on the form as appropriate. This form is then handed into Theatre Scheduling which is situated downstairs near the help desk in the hospital foyer. Please do note all colorectal cancer resections need additional Dalteparin cover for 2 weeks post op.

Some patients will also require referral to ACU after discharge for further review of bloods, investigations or wounds. Referring patients to ACU can be done on Patient Centre (Clinical Functions Order Entry Specialty Referrals ACU referrals) and filling out appropriately. Contacting ACU and confirming time and date is useful before the patient is discharged.

FY1 On-Calls and Weekends

FY1s have a few different types of on-calls. Weekday on-calls involve a normal work day from 8am-5pm. From 5pm, the on-call bleep (#590) will be picked up and outstanding jobs from the other surgical teams will be handed over. Bleeps will also come from the wards for patient reviews or nursing queries. General surgery FY1s also cover urology patients during this period. A urology registrar will be available to consult if required (#185, or via mobile), alongside the surgical SHO (#561) and registrar on-call (#232). The on-call period lasts from 5pm to 8pm when there will be hand over to the night team in the Maple office. FY1 oncall must attend night hand over and hand over any pending jobs to night team.

FY1s also complete two sets of weekends on-call. These include urology and general surgery weekends. The urology weekend runs from 8am to 5pm. The day starts in the urology office in the corridor between Rowan and Juniper, where bleep #124 can be found. A ward round of the urology patients will be done with the urology registrar and consultant each day and the rest of the day will be spent completing jobs from the ward round and acting as ward cover for the urology patients. There will be a second ward round with the urology registrar at 4pm to ensure all jobs are completed.
The general surgery weekend runs from 8am to 8pm. The day starts in the Maple office at 8am with handover from the night team and picking up the bleep #590.There is a separate handover on Fridays at 1 pm at consultant level mostly at Mr Adamek's office. A weekend handover list will have been created by the juniors from each team on the Friday, encompassing a list of all the inpatients from all the separate surgical teams. This list can be found on the shared drive, under General Surgery, in the weekend handover section. On Saturday, the on-call registrar and FY1 will review each surgical patient and certain patients from the previous day's take. The rest of the day will then be spent completing jobs from the ward round and acting as ward cover until 8pm (also covering urology patients from 5pm to 8pm). On Sunday, some of the new patients and certain patients identified on Saturday will be reviewed again by the registrar, otherwise the rest of the day is spent as ward cover. It will help to make a list of patients who will need review on Sunday by the end of Saturday.

FY2/SHO on-calls

As the FY2/SHO on call you will hold the #561 bleep and take referrals from A&E and GPs. Urology referrals are accepted by the urology registrar and then you will be called to see and clerk the patients. The on call surgical Registrar working with you will be on bleep #232. The urology registrar will be on bleep #185 or on mobile.

All patients are clerked on the Surgical Pro Forma found on Patient Centre under Patient Documents A&E Surgery Adult Emer. There is a separate Proforma for abscess patients who are often appropriate to return for incision and drainage procedures the next day as a TCI. There is a separate breast abscess pathway, please don't promise patients that they will be seen the next day as it may not be possible. All unwell patients need admission, so not everyone is suitable for TCI next day.

You will be expected to report to the surgical office in time for the 8am handover if you are covering the day on call, where you will receive handover from the night team (night SHO and Registrar). If you are covering the night on call, report for 8pm. On call shifts are all 12 hours. During this you may get external calls from GPs who will refer a patient to you who they think has a surgical problem. It is your job to get the details of the patient and choose to accept appropriate referrals. This patient will then be told to report to A&E by the GP and you will be bleeped to see them in A&E as a 'surgically expected' patient.

A&E doctors/nurses will also refer patients they have seen who have a surgical problem. It is a good idea to ensure you have all the relevant information you need about the patient as you are taking the referral (e.g. inflammatory markers, LFTs, amylase, scan results etc.). Patients will require full clerking by the SHO, and where appropriate initiating initial management. Discuss all cases you see with the registrar on call that day. They should have a senior review by at least a registrar level or above after you have seen them.

You must also add **every** patient you see to the on call handover list. This is found on Shared Drive General Surgery on Call folder then find the appropriate month and date. If you are the day SHO on call, you will have to create a new list for the day from the template also found in the 'On Call' folder.

At the end of your shift, arrive for handover and discuss all the patients you have seen (including those who have gone home/TCI) with the team taking over from you.

GMC Ethical Guidelines

The GMC has published "Good Medical Practice" which sets out the principles and values on which good practice is founded; these principles together describe medical professionalism in action. The guidance is addressed to doctors, but it is also intended to let the public know what they can expect from doctors. More information is available from the GMC at http://www.gmcuk.org/guidance/good_medical_practice/index.asp. The Royal College of Surgeons issues Surgeon specific advice (Good Surgical Practice).

If you require help

The Darent Valley Hospital's Postgraduate Centre operates an 'Open Door' approach and here you can find information about local Trust policies, e.g. Grievance, Bullying and Harassment and Equal Opportunities. In addition, these policies can be found on the Trust's intranet site Accessing Dartford and Gravesham Information Online (ADAGIO).

Career support

Information about the Career Service can be accessed at https://www.lpmde.ac.uk/professional-development/careers-unit

In addition you can also approach the following:

Dr Ali Bokhari, the Director of Medical Education (DME)
Mr Piero Nastro The college tutor
Appointments can be arranged through the Postgraduate Centre.

Useful websites

HEE Website - https://heeoe.hee.nhs.uk/general_practice/foundation-training-general-practice/foundation-programme

HEE London and South East Support Website - https://lasepgmdesupport.hee.nhs.uk/support/home

South Thames Foundation School - http://www.stfs.org.uk/

UKFPO - http://www.foundationprogramme.nhs.uk/

Horus ePortfolio - https://supporthorus.hee.nhs.uk/faqs