

Sherwood Forest Hospitals NHS Foundation Trust

King's Mill Hospital
Anaesthetic Department

Anaesthetic Trainee Educational Induction
& Introduction Manual
Version 5.01

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King's Mill Hospital Anaesthetic Department

Welcome to the King's Mill Anaesthetic Department

We would like to wish all trainees a very warm welcome to our department and Sherwood Forest Hospitals NHS Foundation Trust. We hope you will gain a lot (both academically and otherwise) during your stay with us. This manual is intended to aid in educational induction and to be a useful guide for trainees at this hospital. It will be continually updated, so please ensure that you have the latest version. It has also been designed to be a useful reference document for other members of staff. Please take the time to read it thoroughly. We welcome feedback for the next edition.

Junior Doctors Forum

The junior doctor forum (JDF) occurs ten times per year, for the thirty minutes before the clinical governance afternoon. Representatives from the education centre, human resources as well as your college tutor (or representative) will be present. This meeting is an open forum designed for you to discuss any areas that need addressing to maximise your time with us. It is recommended that you nominate a representative to collect and discuss any issues for trainees who are unable to attend. The dates for the meetings these six months are as follows:

- 29th September 2011 - 13.30 - 14.00
- 21st October 2011 - 13.00 - 13.30
- 22nd November 2011 - 13.00 - 13.30
- 21st December 2011 - 13.30 - 14.00
- 24th January 2012 - 13.00 - 13.30

Tutorials & Examinations

Tutorials

Tutorials have been changed from the traditional Wednesday mornings at KMH. They have been split into junior trainee (foundation doctors / novices / StR 1 & 2) and senior trainees (StR 3 to 7). These may be further split based on need and time (for example exam time for the primary FRCA / final FRCA). Junior trainee tutorials will happen on alternate Wednesday mornings and are organised by myself (Dr S Narra). This is often done with your basic level trainee representative to target your individual learning needs – so please feel free to liaise with him/her (or myself) if you want specific areas of the curriculum covered. Senior trainee tutorials will happen on alternate Thursday mornings and are organised by myself or Dr A Kathirgamanathan with your senior trainee representative. Each tutorial will have an assigned consultant to lead the process (often the College Tutor or Deputy CT).

The schedule of these tutorials has changed recently in line with the central NEMSA teaching. As we release most trainees for the central sessions, this has reduced the frequency of local teaching to fit in with more King's Mill and module specific topics. The programmes are pre-planned six months ahead of time and each day usually has one trainee speaker. The idea behind this is to balance a good input from senior clinicians with

the invaluable opportunity for you to present to your colleagues thereby maintaining and improving your presentation skills. You would have been assigned lectures at the start of your time here as listed in this manual (usually based on the modules you are doing at KMH) and **it is your responsibility to be prepared or swap if you are unable to do the presentation.**

Critical Care Tutorials occur on Wednesday Mornings at 11.30 AM for all trainees (please see programme below). This will follow on from the junior trainee tutorials on tutorial days, but happen every week. If you are a junior trainee on a non-tutorial day or senior trainee, then you must attend. There is also an intensive care journal club / M&M on most Thursday lunchtimes. Once again, attendance is expected. There is also an intensive care grand round – usually at lunchtime on Fridays to which you are welcomed. Many of the various local teaching and clinical governance programmes are industry sponsored so we often have coffee, tea and some food.

Trainees are expected to attend all grade specific tutorials (on Wednesday and/or Thursdays):

- This is **paid** teaching time – attendance is recorded
- We strongly discourage booking this as isolated annual leave and such requests will be declined unless with good reason
- Failure to attend will be documented and a half day will be taken from the trainee's annual leave
- Audit meetings occur on different afternoons, 10 times a year – the same attendance rules apply

Please note that **all forms of study leave including regional teaching must be applied for** with six weeks of notice where possible. Exceptions to the normal number restrictions will be made for regional teaching days, however on call trainees cannot be guaranteed for any leave unless they swap the on calls with ample notice.

Examinations

We have examination specific training and support within the department. It is therefore very important that you inform us immediately of any intentions to sit your examination. You will need to schedule a 30-minute appointment with your Royal College Tutor and bring your portfolio to discuss plans for the examination for your application form to be signed.

Study Leave and expenses (except for examination fees) are normally granted for the first attempt at any relevant exam. For the second attempt paid leave is often granted. Please notify the secretary as soon as possible when you know the dates of your examination vivas. Private study leave is entirely at the discretion of the Royal College Tutor, but is strongly discouraged post EWTR as working hours for training are already scarce.

The KMH anaesthetic department also co-ordinates the BLAT (Basic Level Anaesthesia Teaching) days for NEMSA (Nottingham and East Midlands School of Anaesthesia). Some of these are held locally and you are welcome to join in to either support or attend these days as appropriate. Dr Sri Narra and Dr Aray Kathirgamanathan coordinate these days.

If you have any questions, concerns or comments about your training at KMH, your Royal College Tutor (Dr Sri Narra) is your point of reference. In his absence, we have appointed a local Deputy College Tutor (Dr Aray Kathirgamanathan), who can fulfill most non-Royal College duties of the Royal College Tutor.

Basic Level Trainee Teaching Programme

August 2011 – February 2012

Alternate Wednesdays from 0915 – 1130 - Followed by ICCU Teaching (1130 – 1230)

Programme Organisers – Dr Sri Narra (RCoA Tutor) & Dr Arry Kathirgamanathan (Deputy CT)

Date	Session 1 (0915 – 1000)	Presenter	Session 2 (1030 – 1115)	Presenter	Facilitator
24/08/2011	Respiratory Physiology	Dr Andrews	Respiratory Disease and Anaesthesia	Dr Choo	Dr Narra
07/09/2011	Cardiovascular Physiology	Dr Ngwuocha	Anaesthesia for Vascular Surgery	Dr Abbas	Dr Abbas
21/09/2011	Maternal Physiological Changes	Dr Narra	Obstetric Haemorrhage	Dr Sidana	Dr Narra
05/10/2011	Acute Pain Physiology	Dr Mason	Opioid Pharmacology	Dr Bishton	Dr Bishton
19/10/2011	Renal Physiology	Dr Moncaster	Anaesthesia for Renal Surgery	Dr Choo	Dr Moncaster
02/11/2011	Electricity and Magnetism	Dr Tansley	Ventilators	Dr Mason	Dr Tansley
16/11/2011	Autonomic Physiology	Dr Rajkumar	Autonomic Pharmacology	Dr Sidana	Dr Narra
30/11/2011	Paediatric Anatomical & Physiological Differences	Dr Andrews	Paediatric Fluid Balance	Dr Khandelwal	Dr Khandelwal
14/12/2011	Statistics	Dr Choo	History of Anaesthesia	Dr Mair	Dr Narra
11/01/2012	Trauma Management in a District General Hospital	Dr Ngwuocha	Evaluation Session	Dr Narra	Dr Narra

Consultants in **bold**

Intermediate and Higher Level Trainee Teaching Programme

August 2011 – February 2012

Alternate Thursdays from 0930 – 1230 - Followed by ICCU Teaching (1230 – 1330)

Programme Organisers – Dr Sri Narra (RCOA Tutor) & Dr Arry Kathirgamanathan (Deputy CT)

Date	Session 1	Presenter	Session 2	Presenter	Facilitator
01/09/2011	AAA – Anaesthetic Implications, Aortic Cross Clamping and Renal Protection.	Dr Singh	Anaesthesia for Carotid Artery Surgery	Dr Abbas	Dr Abbas
15/09/2011	Anaesthesia for Tonsillectomy, ENT Emergencies: Bleeding Tonsil, Epiglottitis etc.	Dr Mahmud	Sleep Studies, OSA and Anaesthetic Implications. Special Tubes for MLS & Laser Surgery	Dr Magham	Dr Kathirgamanathan
29/09/2011	Anaesthesia for Joint Replacement Surgery, Issues with Tourniquet, Cement etc.	Dr James	Rheumatoid Arthritis: Anaesthetic Implications, Positioning: Lateral / Prone Implications	Dr Arunachalam	Dr Kathirgamanathan
13/10/2011	Assessment of Fetal Well-being – Including CTG's. Feeding / Starvation During Labour and the Classification of LSCS.	Dr Townsley	Incidental Surgery During Pregnancy and Emergencies in Obstetric Anaesthesia	Dr Kathirgamanathan	Dr Kathirgamanathan
27/10/2011	Chronic Pain - Mechanisms, Recognition of Neuropathic Pain. Pharmacological and Non-Pharmacological Techniques for Managing Chronic Pain.	Dr Singh	Neural Blockade to Manage Chronic Pain	Dr Magham	Dr Kathirgamanathan
10/11/2011	Day Case Selection Criteria, Regional / General Anaesthetic Techniques for Day Cases.	Dr David	Discharge Criteria & Instructions for Day Cases. Guidelines & Protocols for Day Cases at KMH	Dr Taylor	Dr Taylor
24/11/2011	Implantable Devices: Pacemakers, Cardioverter-Defibrillators, Vagal Nerve Stimulators	Dr Gurumoorthi	Anaesthetic Management of Patients with Implantable Devices	Dr Kathirgamanathan	Dr Kathirgamanathan
08/12/2011	Ophthalmic: Local Anaesthetic Techniques (Topical / Regional Blocks)	Dr Thompson	Anaesthetic Implications: Strabismus Surgery, Penetrating Eye Injury	Dr Mahmoud	Dr Thompson
16/12/2011	Nottingham and East Midlands School of Anaesthesia Annual Winter Meeting				
12/01/2012	GIFTASUP	Dr Arunachalam	Anaesthesia for Colo-rectal Surgery, Fast Tracking & Extended Recovery	Dr Tansley	Dr Tansley

Consultants in **bold**

Intensive Care Teaching Programme

Every Wednesday from 1130 – 1230
Programme Organiser – Dr Gareth Moncaster (ICM Tutor)

Date	Topic	Facilitator
3/8/11	Induction	Dr Moncaster
10/8/11	Equipment on the ICU	Dr Holden
17/8/11	CCOT	Sr Hennessy
24/8/11	Tracheostomy	Dr Holden
31/8/11	ARDS	Dr Maung
7/9/11	Invasive ventilation	Dr Ross
14/9/11	Non-Invasive ventilation	Sr Platt
21/9/11	Oscillatory ventilation	Dr Sarkar
28/9/11	Acid-base balance	Dr Smith
5/10/11	Shock	Dr Moncaster
12/10/11	Inotropes	Dr Moncaster
19/10/11	Cardiac output monitoring	Dr Moncaster
26/10/11	Fluids	Dr Moncaster
2/11/11	Head injury	Dr Milligan
9/11/11	Brainstem death testing	Dr Milligan
16/11/11	Surviving Sepsis	Dr Ross
23/11/11	Clostridium difficile & MRSA	Dr Maung
30/11/11	Sedation	Dr Smith
7/12/11	Renal failure & CVVH	Dr Taylor
14/12/11	Nutrition on the ICU	TBC
21/12/11	Pancreatitis	Mr Dube
28/12/11	Liver failure	Dr Moncaster
4/1/12	Haematology on the ICU	Dr Moorby
11/1/12	ICU: The patient perspective	Sr Platt
18/1/12	ICU: Rehabilitation	Sr Platt
25/1/12	Feedback session	Dr Moncaster

Consultants in bold print

TBC = to be confirmed

Intensive Care Clinical Governance Programme

Every Thursday from 1230 – 1330

Programme Organiser – Dr Gareth Moncaster (ICM Tutor)







Date	Topic	Facilitator
4/8/11	Critical care patient review	Dr Moncaster
11/8/11	Case-based review / 'Hot topic'	Dr Ross
18/8/11	Journal Club	Dr Moncaster
25/8/11	Snapshot audit	Dr Holden
1/9/11	Mortality (July)	Dr Maung
8/9/11	Case-based review / 'Hot topic'	Dr Moncaster
15/9/11	Journal Club	Dr Milligan
22/9/11	ICNARC quarterly data & discussion	Dr Milligan
29/9/11	Mortality (August)	Dr Maung
6/10/11	Case-based review / 'Hot topic'	Dr Sarkar
13/10/11	Journal Club	Dr Smith
20/10/11	Clinical Governance quarterly feedback	Dr Smith
27/10/11	Case-based review / 'Hot topic'	Dr Moncaster
3/11/11	Mortality (September)	Dr Maung
10/11/11	Journal Club	Dr Moncaster
17/11/11	ICU audit	Dr Sarkar
24/11/11	Mortality (October)	Dr Maung
1/12/11	Case-based review / 'Hot topic'	Dr Moncaster
8/12/11	Journal Club	Dr Smith
15/12/11	Brainstorming session	TBC
22/12/11	Mortality (November)	Dr Maung
29/12/11	Case-based review / 'Hot topic'	TBC
5/1/12	Journal Club	TBC
12/1/12	Clinical Governance quarterly feedback	Dr Smith
19/1/12	Mortality (December)	Dr Maung
26/1/12	Case-based review / 'Hot topic'	TBC

Consultants in bold print







TBC = to be confirmed

Getting to know the Department and Department Contacts


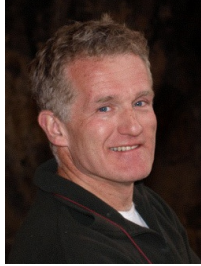




Consultants








Name	Photo	Job Title	Tel / Bleep	Clinical Interest, Teaching/Modules	Personal Interests
Dr Ali Abbas		Consultant Anaesthetist	757		
Dr Ian Bishton		Consultant Anaesthetist	Vocera & 314		
Dr Sandeep Dhir		Consultant in Anaesthesia and Intensive Care Medicine	857	Critical care Service improvement in ICCU Teaching	Cricket Chess
Dr Ina Dorairaj		Consultant Anaesthetist	837	Trauma Infection Control Improving Peri-operative outcome General Surgery Urology	
Dr Ari Govindarajan		Consultant Anaesthetist	332	Obstetric Anaesthesia	Photography Cricket
Dr Irena Guzik		Consultant Anaesthetist	855		

Consultants


Name	Photo	Job Title	Tel / Bleep	Clinical Interest, Teaching/Modules	Personal Interests
Dr Henry Gyasi		Consultant Anaesthetist	Vocera		
Dr Douglas Holden		Consultant in Anaesthesia & Critical Care	694		
Dr Tom Keane	Awaiting Photo	Consultant Anaesthetist	430		
Dr Puran Khandelwal		Consultant Anaesthetist	#6325	Paediatric & Ophthalmic anaesthesia	Cricket
Dr James Mason		Consultant Anaesthetist	Vocera	Foundation Trainees Gynae Module Obstetrics & Max Fax	Flying Motorcycling Girls
Dr Win Maung		Consultant in Anaesthesia and Critical Care	436		
Dr Lisa Milligan		Consultant in Anaesthesia and Critical Care	Vocera	Intensive Care	

Consultants



Name	Photo	Job Title	Tel / Bleep	Clinical Interest, Teaching/Modules	Personal Interests
Dr Gareth Moncaster		Consultant in Anaesthesia / Critical Care & ICU Tutor	856		
Dr Mike Mowbray		Consultant Anaesthetist & Executive Medical Director	Vocera	ENT/Advanced Airway Trauma Theatre Productivity Lead for Management Module	Rock-climbing Mountaineering Fine Wine (But not all at the same time!)
Dr Fauzia Mubashir		Consultant Anaesthetist	#6579		
Dr Sri Narra		Consultant Anaesthetist & Royal College Tutor	339	Orthopaedics, Regional Anaesthesia, Medical Education and High Fidelity Simulation	Spending quality time with family and friends, fitness, gadgets, cars, film, cricket, food and travel.
Dr Aray Kathirgamanathan		Consultant Anaesthetist & Deputy CT	477	Obstetric, vascular and regional anaesthesia Medical education Resuscitation training	Daddy to active 4 yr old son. Travelling, Sampling good food & drink - as long as near soft play area!
Dr Mervyn Ross		Consultant in Anaesthesia and Critical Care	203	Critical Care Anaesthesia for ENT surgery	Living long enough to retire

Dr Julie Rutter		Consultant Anaesthetist	#6480	Obstetrics Special Needs Dentals	Philately Cross-stitching
Dr Som Sarkar		Consultant in Anaesthesia and Critical Care		Intensive Care	Fine foods & wines, photography. Live bands and have an eclectic taste in music -come & laugh at my iPod play lists in theatre!
Dr Paul Smith		Consultant in Anaesthesia and Critical Care	Bleep 334	Critical Care Ethics Orthopaedics Trauma	Young Family Running Golf Eating fine food – despite my lean figure
Dr John Tansley		Consultant Anaesthetist	432 & Vocera		
Dr Andy Taylor		Consultant Anaesthetist	Vocera	Day Case Regional Anaesthesia	None (no time)
Dr Owain Thompson		Consultant Anaesthetist	Vocera		
Dr Bala Veemarajan		Consultant Anaesthetist	Vocera		







Consultants

Name	Photo	Job Title	Tel / Bleep	Clinical Interest, Teaching/Modules	Personal Interests
Dr Werner Goldmann		Locum Consultant in Anaesthesia and Critical Care	355		

Secretaries

Mrs Clare Bosworth		Anaesthetic Secretary/Rota Co-ordinator	6298		Spending time with family and friends Walking Teaching Marty, our budgie to talk.
Miss Helen Watts		Anaesthetic Secretary/Rota Co-ordinator	4173		Socialising Gym Playing with Holly, our little Jack Russell.

SAS Grade

Name	Photo	Job Title	Tel / Bleep	Clinical Interest, Teaching/Modules	Personal Interests
Dr Loet Van Der Heyden		Associate Specialist	312		
Dr Tarek Sallam		Associate Specialist	481		
Dr Prasan De Soysa		Specialty Doctor	581		
Dr Madhu		Specialty Doctor	690		
Dr Dele Sinkaiye		Staff Grade	559		
Dr Moe Thant		Staff Grade	548	Obstetric Anaesthesia and Regional Anaesthesia	Meditation

Training Grade

Intermediate & Higher Level Trainees		Bleep numbers
1	Townsley	386
2	James	433
3	Magham	490
4	Gurumoorthi	628
5	David	329
6	Mahmoud	313
7	Arunachalam	229
8	Singh	431

Basic Level Trainees		Bleep numbers
1	Andrews	328
2	Sidana	413
3	Choo	303
4	Mason	307
5	Ngwuocha	326
6	Barron	547

Foundation Doctors		Bleep numbers
F2	Rajkumar	Vocera
F1	Mair	Vocera

Useful Contacts		Extension
1	Anaesthetic Department	4173 / 6298
2	Theatre Reception	3700
3	Day Case Reception	3074
4	Theatre Coffee Room	3702
5	Theatre Recovery	3704
6	Emergency Theatre	6202
7	Trauma Theatre	3712
8	Labour Ward	3030
9	Labour Ward Anaesthetic Office	3747
10	Intensive Care Unit	4155 / 4156
11	High Dependency Unit	6127
12	Emergency Care Department Resuscitation	4131 / 4108

Your Mentors

August 2011 – February 2012

All trainees have been assigned a Consultant mentor. It is desirable for all trainees to have regular meetings with their mentor where feedback can be given on performance and any day-to-day problem areas discussed. For any issues within a module you will be assigned a module supervisor. You are encouraged to meet your college tutor if you have any significant concerns that you feel cannot be addressed at these levels. Your overall progress will be overseen by your educational or clinical supervisor and reported back to your college tutor or training programme director as needed.

Foundation Doctors		Bleep numbers	Mentors
F2	Rajkumar	Vocera	Dr Mason
F1	Mair	Vocera	Dr Mason

Basic Level Trainees		Bleep numbers	Mentors
1	Andrews	328	Dr Narra
2	Sidana	413	Dr Moncaster
3	Choo	303	Dr Kathirgamanathan
4	Mason	307	Dr Sarkar
5	Ngwuocha	326	Dr Holden
6	Barron	547	Dr Mubashir

Intermediate & Higher Trainees		Bleep numbers	Mentors
1	Townsley	386	Dr Bishton
2	James	433	Dr Ross
3	Magham	490	Dr Smith
4	Gurumoorthi	628	Dr Rutter
5	David	329	Dr Dorairaj
6	Mahmoud	313	Dr Moncaster
7	Arunachalam	229	Dr Narra
8	Singh	431	Dr Abbas

SAS Grade		Bleep numbers	Mentors
1	Heyden	312	Dr Taylor
2	Sallam	481	Dr Mowbray
3	Thant	548	Dr Narra
4	Sinkaiye	559	Dr Bishton
5	Madhu	690	Dr Thompson
6	De Soysa	581	Dr Khandelwal

KMH List of Module and Module Supervisors

Each module will have a module supervisor. The module supervisor will be provided with a list of names of all trainees doing the module, so that they can take an interest in the trainees. However, it will be the trainees responsibility to ensure that a 'reasonable' number of DOPS, CbDs, Anaes-CEXs etc. have been satisfactorily completed within the module before requesting to 'sign them off'. It is currently a NEMSA requirement that each trainee completes one of each workplace-based assessment for each module they complete before requesting it is signed off. This will therefore be a mandatory requirement at King's Mill. There is a useful link from the Royal College website to help understand the various workplace based assessments better: <http://www.rcoa.ac.uk/index.asp?PageID=982>

A list of module supervisors is attached below. This list is subject to review and update. Should there be any changes, these will be forwarded to the secretaries. This is followed by a table with the modules you will be doing for the next six months based on your personalised needs and requests.

Training Unit		Basic	Intermediate	Higher
1	Pain	X	√ Dr Veemarajan	X
2	Day Surgery	√ Dr Taylor	√ Dr Taylor	√ Dr Taylor
3	ENT	√ Dr Maung	√ Dr Guzik	X
4	General/Gynaecology/Urology	√ Dr Mason	√ Dr Bishton	√ Dr Bishton
5	Induction / Introduction	√ Dr Narra	√ Dr Narra	√ Dr Narra
6	Intensive Care Medicine	√ Dr Moncaster	√ Dr Moncaster	X
7	Management (StR 6/7 only)	X	X	√ Dr Mowbray
8	Novice Coordinator	√ Dr Guzik	X	X
9	Obstetrics	√ Dr Kathirgamanathan	√ Dr Kathirgamanathan	√ Dr Kathirgamanathan
10	Ophthalmology	√ Dr Thompson	√ Dr Thompson	X
11	Orthopaedics	√ Dr Mubashir	√ Dr Tansley	√ Dr Narra
12	Paediatrics	√ Dr Khandelwal	X	X
13	Regional	√ Dr Taylor	√ Dr Taylor	√ Dr Taylor
14	Trauma and Stabilisation	√ Dr Veemarajan	√ Dr Sarkar	√ Dr Sarkar
15	Vascular	X	√ Dr Abbas	√ Dr Kathirgamanathan

Training units such as transfer medicine, sedation and management of cardiac / respiratory arrest are covered across training and assessment will be supplemented by the review of portfolios. Modules are coordinated by your Royal College Tutor (Sri Narra), so if there are any problems - please contact me. Three tier modules are used to give you an overall good caseload during any six month period, whilst ensure you are almost always in module (see next page):

1 = Primary Module (bold red type / white box) - this will be first choice during this time and your most frequent allocation

2 = Secondary Module - this will be second choice during this time (if primary module lists not available)

3 = Tertiary Module - this will be third choice during this time (if neither primary nor secondary lists available)

Modules

August 2011 – February 2012

2011	August			September			October		
	1	2	3	1	2	3	1	2	3
TOWNSLEY	Management	Obstetrics		Management	Obstetrics		Management	Obstetrics	
JAMES	Gen/Gyn/Uro	Orthopaedics	Trauma	Gen/Gyn/Uro	Orthopaedics	Trauma	Orthopaedics	Trauma	Gen/Gyn/Uro
DAVID	Ophthalmic	Obstetrics	Day Surgery	Obstetrics	Day Surgery	Ophthalmic	Day Surgery	ENT	Obstetrics
MAGHAM	ICCU	ICCU	ICCU	ICCU	ICCU	ICCU	ICCU	ICCU	ICCU
GURUMOORTHY	Regional	Trauma	ENT	Regional	Trauma	ENT	Trauma	ENT	Regional
MAHMOUD	ENT	Ophthalmic	Chronic Pain	Ophthalmic	Chronic Pain	ENT	Chronic Pain	ENT	Ophthalmic
ARUNACHALAM	Orthopaedics	Chronic Pain	Vascular	Chronic Pain	Orthopaedics	Vascular	Orthopaedics	Chronic Pain	Vascular
SINGH	Chronic Pain	ENT	Vascular	ENT	Vascular	Chronic Pain	Vascular	Chronic Pain	ENT
ANDREWS	Vascular	Gen/Gyn/Uro		Vascular	Gen/Gyn/Uro		Vascular	Gen/Gyn/Uro	Obstetrics
MASON	ICCU	ICCU	ICCU	ICCU	ICCU	ICCU	ICCU	ICCU	ICCU
SIDANA	Obstetrics	Regional		Obstetrics	Regional		Obstetrics	Regional	
NGWUOCHA (Nov)	Gyn	ENT	Day Surgery	Gyn	ENT	Day Surgery	Gyn	ENT	Day Surgery
CHOO (Nov)	Gyn	ENT	Day Surgery	Gyn	ENT	Day Surgery	Gyn	ENT	Day Surgery
BARRON(Nov)	ICCU	ICCU	ICCU	ICCU	ICCU	ICCU	ICCU	ICCU	ICCU
2011/12	November			December			January		
	1	2	3	1	2	3	1	2	3
TOWNSLEY	Obstetrics	Management		Obstetrics	Management		Obstetrics	Management	
JAMES	Orthopaedics	Trauma	Gen/Gyn/Uro	Trauma	Gen/Gyn/Uro	Orthopaedics	Trauma	Gen/Gyn/Uro	Orthopaedics
DAVID	Vascular	Regional	Trauma	Regional	Trauma	Vascular	Trauma	Vascular	Regional
MAGHAM	ENT	Orthopaedics	Chronic Pain	Orthopaedics	Chronic Pain	ENT	Chronic Pain	ENT	Orthopaedics
GURUMOORTHY	Trauma	ENT	Regional	ENT	Regional	Trauma	ENT	Regional	Trauma
MAHMOUD	Obstetrics	Vascular	Regional	Vascular	Obstetrics	Regional	Regional	Obstetrics	Vascular
ARUNACHALAM	Vascular	Trauma	Orthopaedics	Trauma	Vascular	Orthopaedics	Vascular	Trauma	Orthopaedics
SINGH	Regional	Day Surgery	Chronic Pain	Regional	Day Surgery	ENT	Day Surgery	Regional	Vascular
ANDREWS	Gen/Gyn/Uro	Vascular		Gen/Gyn/Uro	Vascular		Gen/Gyn/Uro	Vascular	
MASON	ENT	Trauma	Ophthalmic	Ophthalmic	Trauma	ENT	Trauma	Ophthalmic	ENT
SIDANA	Regional	Obstetrics		Regional	Obstetrics		Regional	Obstetrics	
NGWUOCHA	ENT	Gyn	Day Surgery	ENT	Gyn	Day Surgery	ENT	Gyn	Day Surgery
CHOO (Nov)	ENT	Gyn	Day Surgery	ENT	Gyn	Day Surgery	ENT	Gyn	Day Surgery
BARRON	ICCU	ICCU	ICCU	ICCU	ICCU	ICCU	ICCU	ICCU	ICCU

Clinical and Educational Supervisors

August 2011 – February 2012

Each trainee must have an educational supervisor for a variable amount of time e.g. two years for ACCS trainees. This educational supervisor is usually from their parent speciality. They will then need a clinical supervisor to look after their training needs when in a specific post – e.g. anaesthetics in our case.

Trainees should have had a central induction to educational supervision. You should also have been told who your educational supervisor is - by the training programme director (Dr Rob McCahon for basic and Dr Grainne O'Dwyer for intermediate / higher trainees). If you have not been assigned to an educational supervisor (or your educational supervisor is not from anaesthetics) then you must let your college tutor know immediately. You are expected to meet with your educational supervisor at least three times in your six months. Once at the start to agree a plan, once in the middle to ensure appropriate progress and once at the end to ensure all paper work has been complete. It is your responsibility to ensure that this happens.

You must keep a formal record of all educational supervision meetings and give your College Tutor a copy of this at the end of your six months here. If you are having any problems with your educational supervision or educational supervisor, then it is vital that you let your college tutor know immediately, so that alternate arrangements can be made. Failing to do so may ultimately result in a delay to your training.

You will be given an opportunity to feedback to your college tutor on your experience with your educational or clinical supervisor at the end of your time here. Frank and objective feedback would be appreciated as we strive to continually improve the quality of the supervision we provide.

Anaesthesia Specialty Induction Programme

Wednesday August 3rd 2011

EVENT	TIME	VENUE	LEAD / ORGANISER	REMARKS
Trust Induction	0730 – 1330	Post Graduate Education Centre	Medical Education Department	Other items from the speciality induction (e.g. collection of bleeps) may be done if Trust induction is completed earlier than scheduled.
Lunch Break	1330 – 1400	King's Mill Hospital		Please report to the Anaesthetic Department for 1400 – Please be punctual.
Specialty Welcome	1400 – 1415	Anaesthesia Meeting Room – Anaesthetic Department	Dr S Narra (Consultant Anaesthetist and Royal College Tutor)	Departmental welcome, introductions, collection of bleeps, paperwork etc
Understanding Your Rota	1415 – 1430			On call patterns, weekly rota, EWTR compliance, leave application, 'house rules' etc
Your Training	1430 – 1445			Modular training & supervision, mentors, educational supervision, tutorials (central & local), study leave, exams etc
Hospital Tour	1445 – 1530	King's Mill Hospital	Dr S Narra or Dr G Moncaster (Consultant Intensivist and ICM Tutor)	1) Walk around tour of department, theatres, recovery, A&E, ICCU, wards, day case, library etc 2) Collection of theatre lists, lockers, shoes & door codes
ICCU Induction	1530 – 1615	Intensive Care Seminar Room or Anaesthesia Meeting Room	Dr G Moncaster and / or	ICCU paperwork, equipment, ventilators etc. The ICCU Seminar room is located on the Adult Intensive Care Unit.
Q&A Session	1615 – 1630		Dr S Narra	Questions & answers session / any other induction check-list items. Induction paperwork completion.
Equipment and Theatres	1630 – 1730	Obstetrics (Labour Suite) and / or main theatres	Dr A Kathirgamanathan (Consultant Anaesthetist) or Dr S Narra / Dr G Moncaster	Familiarisation with equipment (anaesthetic machines, defibrillators etc), acute pain services and incident reporting. Theatre induction.



Critical Incident Reporting

A critical incident is 'an event which led to harm or could have led to harm if it had been allowed to progress'. It should be reported promptly, investigated and lead to a change in practice, which ultimately improves patient safety.

Sherwood Forest NHS Trust has a “no blame” policy where anonymity is assured. The emphasis is on determining **HOW** the incident occurred and how to prevent it in the future. We promote a safety culture here and it is **NOT** about apportioning blame, but it is certainly about learning from the incident.

What to do if a critical incident occurs?

1. Stabilise the patient
2. Document in the notes & take photocopies for yourself
3. Inform the patient (and relatives where appropriate)
4. Let the troubleshooter or on call Consultant know
5. Report it:
 - On line form (preferable) available on the intranet- Click the link 'Incident Reporting' with a Red Triangle next to it
 - Paper IR1 form- available in each anaesthetic room/ theatre and intranet
6. If suitable, present at a clinical governance meeting
7. Disseminate the information so that everybody can learn

What to report?

There is no exhaustive list on what to report, but if you are unsure, please discuss with a Consultant. The incident may need to be reported nationally, e.g. NCEPOD, CEMACE or SHOT, please be advised by a Consultant.

Fire Training Sessions

August – September 2011

DATE	TIME	VENUE
WEDNESDAY 17 AUGUST 2011	1400 HOURS	NEW LECTURE THEATRE
THURSDAY 25 AUGUST 2011	1030 HOURS	NEW LECTURE THEATRE
FRIDAY 2 SEPTEMBER 2011	1030 HOURS	OLD LECTURE THEATRE
MONDAY 5 SEPTEMBER 2011	1400 HOURS	OLD LECTURE THEATRE
THURSDAY 15 SEPTEMBER 2011	1400 HOURS	OLD LECTURE THEATRE
WEDNESDAY 21 SEPTEMBER 2011	1030 HOURS	NEW LECTURE THEATRE



You are reminded that it is an obligation for all staff employed by Sherwood Forest Hospitals NHS Foundation Trust to attend a fire lecture once during each year.

Please fit in one of these dates at your convenience and at that of your department. You may ask your Consultant Rota Coordinator to allow you time to attend one of the above sessions.

The Sherwood Birthing Unit

The Sherwood Birthing Unit (SBU) is situated on the first floor of the Third Tower, to the right of the hospital main entrance. It comprises 12 delivery rooms, including two with high dependency care capabilities, and two theatres. The Neonatal Intensive Care Unit (NICU) is situated nearby.

There is an anaesthetic office with a selection of books, journals and computer. PLEASE ENSURE THE ROOM IS LOCKED WHEN YOU LEAVE. Male and Female changing rooms are available.

We have an alert system for referral of high-risk women for anaesthetic assessment and a Consultant-led anaesthetic clinic led by Dr Govindarajan.

As a member of the on-call anaesthetic team, you may be asked to assist in the SBU.

Please do pop round at the start of your rotation to familiarise yourself with the geography of the labour suite, where things are kept and how things work etc.

Equipment

Intravenous and epidural trolleys are kept in the store room opposite rooms 3 & 4. They can be moved to each delivery room when required.

Epidural opioids and ready prepared epidural infusion bags are also kept here in a locked controlled drugs cupboard. Infusion pumps are also kept here.

A spinal trolley is kept in the anaesthetic room. Long spinal/ epidural needles and stocks of local anaesthetic are also kept here.

Intralipid® is kept on a shelf in the anaesthetic room.

An emergency general anaesthesia box is kept in the anaesthetic room fridge. Thiopental is kept in the upper left cupboard. Syntocinon, relaxants and carboprost (haemabate) are kept in the fridge.

Cardiac drugs are kept in the upper right cupboard.

Two units of O negative *blood* are kept in the refrigerator at the common entrance to both theatres.

The *cardiac arrest trolley* is situated opposite the midwifery station, next to rooms 10 & 11.

Anaesthetic Staff

Anaesthetic cover is provided 24 hours a day, 7 days a week. Consultants cover between 0800 -1945 (Monday to Friday) and Middle tier anaesthetists cover between 1930 - 0815. Each Consultant has a set day that they cover. If a Consultant is absent, a Consultant colleague or occasionally a middle tier anaesthetist usually provides cover.

Day	Consultant
Monday	Dr Owain Thompson
Tuesday	Dr Julie Rutter
Wednesday	Dr Fauzia Mubashir Dr Arry Kathirgamanathan (Module Supervisor)
Thursday	Dr Jim Mason Dr Arivan Govindarajan
Friday	Dr Ian Bishton

Bleep and the Maternity Emergency Team

The SBU anaesthetist carries **bleep 503** and is part of the Maternity Emergency Team (MET). The team can be summoned by dialling 2222 and asking for the MET. This enables care to be delivered quickly should an emergency occur.

Please introduce yourself to the midwife Co-ordinator, add your name/ bleep number on the duty whiteboard and ask to be bleeped if there is anything going on.

Other activities

Apart from providing analgesia and anaesthesia for labouring women, trainees are encouraged to participate in audits, attend the high-risk anaesthetic clinic, clinical governance/ labour suite forums and CTG teaching.

Recommended reading/ materials available in the anaesthetic office

Curriculum for training in obstetric anaesthesia. The CCT in anaesthetics [2010 curriculum] and Annex A-G. Downloadable from <http://www.rcoa.ac.uk/index.asp?PageID=1479>.

Labour ward guidelines book is kept on the main desk. Section seven covers anaesthesia.

The *anaesthetic record book* where all general, spinal and epidural anaesthetics are entered.

The *failed intubation protocol* and trolley are in theatre 1.

Plans for the management of *complex medical patients* are kept in a white lever arch file in the SBU anaesthetic office.

Confidential enquiry into maternal and child enquiries (<http://www.cmace.org.uk/>)

Obstetric anaesthesia association (OAA). <http://www.oaa-anaes.ac.uk>

International Journal of Obstetric Anaesthesia (IJOA, published quarterly)

Other Useful Tips

Vocera, Bleeps and ID

To bleep someone just dial 77 XXX (bleep number) then own extension XXXX. See bleep number list attached in this document. All trainees should carry Voceras or pagers and ID badges. Batteries for pagers are available from Switchboard and theatre.

You are sometimes contacted when plans change at short notice - please note that it is **MANDATORY** that all trainees keep their bleeps on at all times and answer it when bleeped.

What is **VOCERA**?

VOCERA is a mobile communication system that uses the Trust's wireless network.

VOCERA uses a "Badge" that is worn around the neck or clipped to a lapel.

Using the **VOCERA** badge you can:

- Make a call to another badge user by name
- Make a call another badge user by Group Name or Team Name without knowing an individual user's name
- Make a call to a normal telephone extension, internal or external
- Receive a call from another badge user
- Receive a call from a normal telephone extension, internal or external
- Record a message for another badge user or for a Group of Users
- Play messages received when off-line
- Record and Send emails to another badge user (received in normal Outlook as a Voice Recording)
- Broadcast a message to a group of users
- Set the badge to "Do Not Disturb"
- Call holding and call forwarding
- Optional Voice Authentication

Furthermore, all of the above can be achieved by the single touch of a button and speaking the relevant command – without the need to stop whatever you are doing!

To get more useful information on this device, please use the intranet under SFH, or go to the following on a hospital computer: <http://intranet.nnotts.nhs.uk/hisweb/vocera.aspx> . Neil Waring is a useful contact for Vocera problems. Lisa Booth does induction on Vocera and helps with intranet passwords.

Library

The Department has a small library of journals and some specialist texts. The secretaries have the keys. Books must be signed out and please do not abuse this. The main library is situated in TB3, close by.

Logbooks

Keeping a logbook is mandatory: this should be electronically stored with appropriate regard to data protection. You will be asked to show this at College visits, at educational supervision meetings, at interview or by the College Tutor. It is also a useful gauge of the experience you are receiving – especially in this time-constrained era of postgraduate medical education.

Research

Discuss any ideas you may have for research projects with your Mentor, Educational Supervisor or College Tutor. They will advise you on protocols, Ethical Committee approval, etc.

Career Advice

The Royal College Tutor or other Consultant staff will be available for teaching and advice. The Clinical Tutor or the Regional Educational Adviser may also be able to assist in some cases. The College, the Association and the Department of Health (DOH) have produced booklets that may be of interest. Copies are held in the Department.

ROYAL COLLEGE OF ANAESTHETISTS
Churchill House, 35 Red Lion Square, WC1R 4SG
Telephone: 020 7092 1500

Specialist Training for SHOs in Anaesthesia
Specialist Registrars in Anaesthesia for the FRCA – Syllabus
Primary & Final Examinations for the FRCA – Syllabus
Specialist Training in Anaesthesia, Guideline for Educational Approval

DEPARTMENT OF HEALTH

A guide to Sp. Registrar Training (“The Orange Book”)

THE ASSOCIATION OF ANAESTHETISTS
21 Portland Place, London, WC1B 1PY
Telephone: 020 7631 1650

Handbook for the Trainee Anaesthetist
Anaesthesia – A Career Guide

Do's and Don'ts: a Guide for Trainees

- DO See all your own patients pre-operatively, and where appropriate, post-operatively. In exceptional circumstances it is permissible to ask a colleague to do a pre-op visit. Visits should take place at a reasonable time before elective surgery in order to deal with problems. If you have to postpone visits on the day of surgery, please tell the ward. Lists should be available by 4 p.m. the previous day.
- DO Arrive promptly for lists – even if the surgeon doesn't. This means 10 to 15 minutes before the starting time – as you will need to check equipment, etc.
- DO Check ALL your equipment before use. Even if it has been prepared for you by the ODA, the responsibility for checking it is yours. Follow the check list attached to each machine. A Consultant, SpR or NCCG must check any anaesthetic machine or ventilator that has been serviced before use.
- DO Treat patients and their relatives with politeness and consideration at all times, and you should treat other staff, especially non-medical, with the courtesy that you would expect to be shown. Losing your cool is very poor trait for an anaesthetist. Courtesy includes respect for other people's safety and therefore includes the adoption of safe habits with regard to the use and disposal of sharp objects.

- DO Fill in a full and legible anaesthetic record for every case.
- DO Make every effort to attend all tutorials. They are wholly for your benefit.
- DO Make a formal handover between on-call periods. Exact handover times may be varied by mutual agreement, but...
- DO Keep the Switchboard (and the department / on call team) informed of who exactly is on-call at any particular time. If the person on-call is going to be out of contact for an appreciable period, e.g. transferring a patient, inform Switchboard and the Duty Consultant.
- DO Let the secretaries and the Duty Consultant know if your list is cancelled or finishes early. Sneaking off shopping or to the hills will be frowned upon, and we will find out! Time back in lieu is, however, often granted to compensate for any late finishes.
- DON'T Start a case without trained assistance (usually an ODA).
Monitoring must be used on all cases, to an appropriate level.
- DON'T Be persuaded by surgeons to adopt techniques, which you think unsuitable, e.g. hypotensive anaesthesia, or techniques with which you are unfamiliar. Seek advice from the trouble shooting Consultant if you feel unfairly pressured. Otherwise refer to the duty Consultant of the day.
- DON'T Be afraid to ask for help or advice. This is for your own (as well as the patient's) protection. Senior colleagues cannot assume responsibility for something of which they are unaware. Consultants will be expected to be providing direct supervision for all ASA 4 and 5 cases.

PS DO enjoy yourselves here.

Acknowledgements

I would like to sincerely thank Dr Kathirgamanathan for his assistance in editing the Obstetric and Critical Incidents sections of this manual as well as assisting in compiling the basic teaching programme. Likewise I would like to thank Dr Moncaster for the ICU teaching and CG programmes. Finally, I would like to thank all colleagues who offered constructive feedback during the various phases of development of this manual and request that I continue to get such feedback from all users.

Dr Sri Narra
Consultant Anaesthetist
& Royal College Tutor