

Welcome to Geriatrics in Wessex!!

This handbook has been put together as a guide as you start out as a Geriatrics Registrar but please be aware that it is just a guide and not gospel – we are all grown-ups and should approach our training years as we feel appropriate. Hopefully this will contain information that you will find useful at the beginning of your training as well as a reference guide for the duration of your time as an SpR in Wessex.

Information includes:

- Hospital rotations
- Training days
- E-Portfolio
- Specialty Certificate Examination (SCE)
- Penultimate Year Assessment (PYA)
- Specialty Trainee Committee (STC) reps
- Website
- Hospital information - what opportunities are available at each hospital within the deanery
- Supported returning to training – SuppoRRT Wessex
- Useful contacts

1. Hospital rotations

Geriatrics rotations in Wessex include

- Queen Alexandra Hospital, Portsmouth
- Southampton General Hospital
- Royal Hampshire County Hospital, Winchester
- Basingstoke and North Hampshire Hospital
- Royal Bournemouth Hospital
- Poole General Hospital
- Salisbury District Hospital
- Dorset County Hospital, Dorchester
- St Mary's Hospital, Newport, Isle of Wight

You should expect to rotate through a number of different hospitals during your 5 years including smaller district general hospitals and larger teaching hospitals. This will give you a range of experience of services available in different areas and help you to achieve your required experience and competencies. Later in this handbook you will find a section on what subspecialty opportunities there are in each of the hospitals around the deanery. Contacts may change over time but the information given in this document is current as of July 2019.

2. Training days

There are 2 types of training days – GIM and Geriatrics (WESTEC – Wessex training for Elderly Care).

GIM:

- These are arranged by a different hospital each time and are spread out across the deanery
- There should be one every month except August
- I'm not aware of an official number you must attend however you must do 100 hours of GIM training days during your 5 years.
- You must apply for study leave at least 6 weeks in advance and in most situations you should be released from clinic/ward duties to attend. In some hospitals one registrar is required to stay back to hold an on-call/referrals bleep but this varies around the region so check when you arrive at a new rotation or ask other trainees in advance

WESTEC:

- These are also arranged by a different hospital each time. There is a rota up to the end of 2020 and the topic is allocated to ensure that we cover a variety of subjects across geriatrics.

- There are usually 8 each year and you should attend as many as you can
- Again each hospital has a different system of organising who can attend these so check locally
- When your hospital is responsible for organising, you will need to talk amongst the registrars there and decide who will take it on. It is helpful to get a date and venue booked well in advance and send out an email so that other trainees can give as much notice for study leave as possible
- The timetable for the rest of 2019/20 is below:

August 21st	Winchester	Orthogeriatrics and perioperative medicine
October 1st	Southampton	Cardiovascular disease and syncope
November	Portsmouth	Acute geriatrics and delirium
December	Bournemouth	Palliative care
2020		
January 2020	Poole	Nutrition and GI disorders
February	Salisbury	Continence
March	Change Over	
April	Basingstoke	Movement disorders
May	Portsmouth	Orthogeriatrics and perioperative medicine
June	ARCP – no westec	
July & August	No Westec	
September	Bournemouth	Rehabilitation, fall and immobility
October	Southampton	Stroke
November	Dorchester	Community
December	Portsmouth	Psychogeriatrics

3. E-Portfolio

There is a curriculum for both GIM and Geriatrics and it is a good idea to familiarise yourself with them early on.

You should have 2 curricula listed on your e-portfolio:

Specialist Training WES792 (General Internal Medicine 2009 (amendments 2012)
Specialist Training WES792 (Physician Geriatric Medicine 2010 (amendments 2016))

If you have any problems, i.e. they are not showing on there then you need to e-mail: medicine.WX@wessex.hee.nhs.uk

ARCP's

There is an ARCP decision aid for both Geriatric Medicine and GIM Medicine – these detail what you must achieve for each of your training years and can be found via the JRCPTB website.

Geriatrics:

<https://www.jrcptb.org.uk/sites/default/files/2010%20Geriatric%20Medicine%20ARCP%20Decision%20Aid%20%28Oct%202016%29.pdf>

GIM:

<https://www.jrcptb.org.uk/sites/default/files/GIM%20ARCP%20Decision%20Aid%20%28August%202017%29.pdf>

Look at them early to know what numbers of assessments you need for each year and whether you are required to complete an MSF, Teaching Observation etc.

Our ARCPs are held in July and we are usually informed of the date in the Spring.

The GIM curriculum runs over 3 years rather than 5 so it is more difficult to judge what you need to have done each year but do it sensibly. For example you need 18 x ACATs in total for GIM – approx equivalent to 3 or 4/year.

You will be asked to sort out your educational supervisors report in advance. Do not leave this to the last minute as invariably you will find that they are on leave the week before the ARCP! Start getting curriculum items signed off once you have sufficient evidence linked (at least 3 pieces of evidence per curriculum item). It is a painful and lengthy process so if you start early and do it in smaller chunks it should make it a little more bearable. Your educational supervision report each year should cover the period since your last ARCP - every day MUST be covered.

All your evidence needs to be uploaded to the portfolio, including assessments completed, at least 2 weeks in advance of your ARCP date. You will also need an up-to-date CV and form R (you will be sent an email by the deanery on how to complete this).

Reflective Practice

It can be used to cover a multitude of sins:

- Reflect on study days – essentially to log that you attended and if you need to log what you learnt to cover the curriculum
- Reflection on a whole attachment e.g. a community attachment – seeing patients in their own homes, how the management is different etc.
- Reflection on management experience eg attending a governance meeting
- Reflection on a difficult/challenging case/patient or relative interaction/team dynamic
- Reflection on a Clinical Event – this is becoming more prominent in our revalidation so you need to learn how to do it effectively

Using the Curriculum

<https://www.jrcptb.org.uk/sites/default/files/2010%20Geriatric%20Medicine%20Curriculum%20%28AMENDMENTS%202016%29.pdf>

When starting an attachment it is a good idea to have a look at the curriculum before you start. This will tell you what you need to achieve in that block and how you might go about doing it.

For example if you are doing a Stroke attachment you need to consider spending time with the 'Early Supported Discharge' Team or go to a neurovascular or spasticity clinic.

Plan these things in your PDP based on your attachment and ear-mark time to do them.

If you are on a 'General Geriatric' ward attachment then consider other parts of the curriculum you might get signed off at the same time, for example attendance at a uro-gynae clinic for incontinence, or an afternoon spent with the Tissue Viability Nurse.

Ask for assessments all the time – you will soon realise that you need to link EVERYTHING in the curriculum to something, and mostly it seems to be that mini CEX's and CBDs are the most sensible way of doing that. So if you discuss with someone just ask them to do a CBD for you.

Personal Library

Upload certificates of attendance at courses, training days to link

Upload Presentations to link

Upload teaching feedback to link

Educational Meetings

Have a meeting (at least start and finish) for every clinical attachment you do

Take the initiative – book these meetings yourself

You need to get things signed off constantly throughout the 5 years so start early

Things to cover in each ES meeting:

- How things are going etc
- Sign-offs – as per curriculum
- Progress with PDP
- Supervisors report
- Book in your next meeting!

GO ONTO YOUR E-PORTFOLIO REGULARLY, YOU WILL BE GRATEFUL FOR IT LATER...

4. SCE (Specialty Certificate Examination)

The Geriatrics Specialty Certificate Examination happens once a year in February/March.

See above for a link to the curriculum.

Here is a link to the breakdown of topics included:

https://www.mrcpuk.org/sites/default/files/documents/sce-geriatric-medicine-blueprint_1.pdf

Some suggested books to read:

- Essential Geriatrics, Henry Woodford, Radcliffe Publishing
- Rapid Review of Medicine in Old Age, Vassallo and Allen, Manson Publishing
- Best of five MCQs for Geriatric Medicine SCE, Forsyth and Wallis, Oxford

Higher Specialty Training

Please see the SCE page on the Wessex Geriatrics trainees website for links to useful guidelines etc <http://wessex.geristrainees.co.uk>

5. Penultimate Year Assessment (PYA)

You will have 2 PYAs – one for Geriatrics and one for GIM.

GIM:

- Will usually be about 18 months before your CCT date
- Review of your portfolio and training progress, and assessing any outstanding training needs/curriculum requirements.
- You will be required to complete a number of documents in advance and upload them to your portfolio;
 - Up to date CV
 - Firth Calculator: This is a spreadsheet with all your training experience detailed. You input various pieces of information and it will calculate

how many patients you have seen – you do NOT need to keep a log-book of every patient you see unless you want to. There is a sheet each for each of:

- Acute Medical Take experience
- Outpatient experience
- Outpatient equivalent experience – this can be used for when you see ward referrals, stroke referrals, home visits, community hospital ward rounds
- Summary of Clinical Experience (SOCE)
- GIM PYA report
- These documents are lengthy and time consuming to complete and it is much easier if you complete them as you go along to make the preparations for PYA less stressful!
- Keep a record of all GIM training days (within the deanery or external eg RCP updates etc) as you are required to list these on your PYA report. You must attend 100 hours which sounds like a lot but is easily achievable over the 5 years.
- Specific requirements for GIM PYA:
 - 18 ACATs (of at least 5 cases each), 30 CBDs, 30 Mini CEX
 - At least 1 GIM audit – can be anything that is not specific to Geriatrics
 - At least a couple of MCRs from Acute Medicine Consultants
 - Make sure there are no gaps between dates in ES reports
 - You need to see >1000 patients on the acute take
 - 186 OP clinics, or OP equivalents (see above)
 - ALS must be in date
 - ITU/HDU experience – this doesn't need to be a block on ITU but can include covering respiratory HDU out of hours, following up patients who have gone to ITU etc
 - 100 hours of GIM courses
 - At least 1 external GIM course

Geriatrics:

- Will usually be at your ST6 ARCP

- Documentation required in advance is similar to the GIM PYA – SOCE and CV (no Firth calculator)
- You will give a short presentation of your training experience (template is provided)
- Try to have the majority of your Geriatrics curriculum signed off by this point

For both GIM and Geriatrics PYAs it is good to leave yourself 1 or 2 things to do in your final year eg attend a urodynamics clinic, external GIM course. They have to give you mandatory targets and if you don't identify them yourself they will dig deeper into your portfolio and find something!

6. STC

Laura Coutts and Nicki Smith are our STC (speciality trainee committee) reps. Please let them know if there is anything you would like to be brought up at the next STC meeting. The email address for getting in touch is: wessexgeris-spr@gmail.com

7. Website

We have a website for Geriatrics trainees in Wessex which is designed to contain useful and (relatively) up to date information about training days, external courses, resources etc so do keep an eye on that. There are also sections on the SCE with useful resources for the exam as well as all the information on hospitals as below.

<http://wessex.geristrainees.co.uk>

If you have any suggestions on anything that you would like to see included on the website or hear of an interesting course that could be added etc please let Sarah Gowing know sarahgowing@nhs.net

8. Hospital information

• Queen Alexandra Hospital, Portsmouth

Psychogeriatrics

- Part of rotation on acute geriatric ward
- Rotation called psychogeriatrics but actually involves covering psychiatric wards for medical advice.
- Will need to contact OPMH team via Dr Bill Cutter (Consultant OPMH). Contact William.Cutter@southernhealth.nhs.uk

Continence

- Will need to organize to attend urogynae/continence clinic through Miss Claire Burton (Urogynae consultant) Claire.Burton@porthosp.nhs.uk. Clinics on Tues afternoon.
- Continence nurse Specialist Susannah Elvy – works tues, weds, Thursday ext. 4682
Susannah.Elvy@porthosp.nhs.uk

Falls

- **Falls clinic** cover in Orthogeriatric job - Dr Sue Poulton (Orthogeriatrician) – Tuesday afternoon Amulree Day Hospital at St Mary's Hospital.
- **Syncope clinic** – Dr Ike Ugboma, Wednesday afternoon in cardiology outpatients. Currently not part of any job plan. Includes tilt table/CSM
- **Osteoporosis clinic** – Dr Cooper and Dr Young-min (Consultant Rheumatologist), will need to email them directly.
- **Dizzy clinic** – Dr West (consultant audiologist) Arrange via email Peter.West@porthosp.nhs.uk clinic on tues morning

Nutrition

- Can arrange attachment with general dietician service via Ext 6150
- Nutrition nurses and Dr Tim Trebble, Gastroenterologist who leads Nutrition service, do a nutrition ward round ?weekly

Tissue viability

- Can organise attachment with tissue viability team- will need to email the Tissue Viability Group mailbox
- **Leg ulcer clinic** – St Mary's hospital Dr Keohane (Consultant Dermatology) Thursday morning. To organise email secretary Teresa.Coston@porthosp.nhs.uk
- **Diabetic podiatry** clinic – run three times weekly – mon, tues, fri. Can arrange with consultant Darryl.Meeking@porthosp.nhs.uk

Movement disorders

- Movement disorder clinic at Amulree Day Hospital – St. Mary's Hospital, Dr Zoe Hemsley. Part of F2 ward job.

Community/intermediate care

- There is an afternoon allocated once a week with one of the jobs where you attend the ward round at Spinnaker Ward – St. Mary's Hospital – Dr Chesterfield.
- you can email one of the following consultants to see when they do DVs, Virtual ward, PRRT: Dr Mark Kasozi, Dr Claire Spice, Dr Rachel Powis and Dr Marcus Chesterfield

Orthogeriatrics

- There is a 4 month orthogeris rotation, which includes Falls clinic on a Tuesday afternoon.
- This also involves pre-op and post-op assessments, as part of the orthogeriatric liaison service.

Palliative care

- There are 2 afternoons, per week, that are allocated as part of one of the job plans. Will need to liaise with the palliative care team.

Perioperative medicine

- No formal surgical liaison service (covered by RMO service) but orthogeriatrics rotation offers some opportunities for surgical liaison.

Stroke

- Four month stroke rotation.
- Covering acute stroke unit and rehab ward and thrombolysis as SpR on call.
- TIA clinic cover.

Research

- No formal arrangement

At QAH, the on call shifts are cover elderly care and thrombolysis, as well as a couple of general medical wards and surgical liaison. (the whole of the old building)

All the following, except AMU, are not formal arrangements and you will have to liaise with the following departments, if you are interested:

Medical Assessment Unit. (C level, old block).

- Shift handovers happen at 8am and 8pm- in the handover room.

General/ Acute Medicine

- There is now a formal arrangement with AMU, that when on call for Elderly care, you can go down to AMU to get your GIM numbers/assessments. (this is not allowed when on Stroke or orthogeris rotation. You will have to email Dr Shez Akram and Marie Grenfell (edandamu.rotacoordinators@porthosp.nhs.uk) with the dates you propose to go down to AMU.
- Ambulatory Clinic (runs everyday, AMU consultant, SpR and SHO in there, always happy to have an extra set of hands. You see mainly GP or ED referrals or AMU follow ups e.g. headache etc.- they will explain it to you.) It's on C level not far from AMU. (Might be able to get assessments)
- For acute medicine there are 2 AMU consultants seeing patients post take/ in ED- each day, you could join, see a patient and maybe get an assessment. AMU Consultants post-take throughout the day. MOPRS consultants are also based in AMU from 8-8pm. Respiratory, Cardio and General Medicine do morning post-take ward round.

Cardiology

- Go to CCU (C7) if you want to spend some time doing cardio. The CCU ward round starts at 8am and most consultants very happy for you to tag along and

ask stupid questions about ECGs etc, They are also happy for you to go to cath lab and see PPM/ PCI etc, or watch ECHOs etc.

Respiratory

- Resp SpRs do taps/ drains etc. so if you find them (on E8 or via the referrals bleep) they might be happy for you to hang out with them. They also usually have a list of procedures which happen most days in the day unit e.g. pleural drains and know what clinics are going on. Respiratory High Care is on E6 if you want to join the morning ward rounds to learn about NIV etc. All consultants very welcoming and lots of clinics e.g. TB/ ILD/ Cancer etc. Anna Lithgow (Anna.lithgow@porthosp.nhs.uk) and Lesley Bishop (Lesley.Bishop@porthosp.nhs.uk) help co-ordinate the rotas for the SpRs and may be able to direct you to someone to help if they can't.

Critical Care

- ICU (E5) are very happy to have people come and shadow/ hang out for a few weeks. I would suggest contacting the nicest man in the world (Dr. Paul Sadler- paul.sadler@porthosp.nhs.uk, Kay Adeniji- kayode.adeniji@porthosp.nhs.uk or Matt Williams matthew.williams@porthosp.nhs.uk) or to be honest any of the ICU consultants.

Neurology

- Neuro don't have any wards at QA but there is an SpR and 2 great consultants- Georgina Burke and Chris Halfpenny who potter round to see referrals on certain days if you want to be learned (SpR bleep 1010 may be able to help).

Rheumatology

- There is a big Rheum department who love having people come and observe their cleverness- Dr. Steven Young Min and Annie Cooper are Osteoporosis experts but if you want to get away from Geris stuff there are others.
- Dr. Hull is keen on teaching Richard.hull@porthosp.nhs.uk
- Rheum SpRs do Friday afternoon joint injection clinics so contact them in advance if you want to go along.

Microbiology

- Micro are quite pro-active here. Nick Cortes, Rob Porter and Andrew Flatt often see patients on the wards and I THINK do MDTs so you could hang out with them.

Renal

- Renal wards are G6,G7,G9 and always happy to have people join them- one of them is a high care ward and has transplant patients. Tim Leach I think is the lead but Dr. Venkat Ramen (Gopalakrishnan.Venkat-Raman@porthosp.nhs.uk) is a bit of an old school physician who loves teaching. There is a haemodialysis unit, lots of clinics and peritoneal and home dialysis services as well.

Dermatology

- Based down at St. Marys in Portsmouth but I'm sure you can arrange that. May be worth going via switchboard to one of the SpRs.

• University Hospital Southampton

Psychogeriatrics

- Attachment can be arranged through Dr Vicki Osman-Hicks victoria.osman-hicks@uhs.nhs.uk or Dr Alin Mascas alin.mascas@southernhealth.nhs.uk
- Sessions can be spent at SGH with the specialist nurses- Contact Rachel Williams
- For Memory clinic or inpatient wards at the Western Community Hospital contact jay.amin@soton.ac.uk

Continence

- Attendance at urogynae/continence clinic can be arranged through Dr Ash Monga, Gynae Consultant. Clinics are on a Wednesday morning at Princess Anne Hospital
- Urodynamics clinics Sandi O'Neill sandi.o'neill@uhs.nhs.uk

Falls

- No formal falls clinics
- Syncope clinic - Dr Dan Baylis and Dr Mark Baxter. Tuesday afternoon at RSH. Done as part of orthogeriatrics placement, although there is usually plenty of opportunity to do this clinic at any point. Registrars can decide between themselves who would like to attend
- Osteoporosis clinics available on Thursday morning- contact Jeanette (specialist nurse) or Dr Baxter.

Nutrition

- Can arrange attachment with general dietician service. Could also arrange to attend the nutrition team ward round. Contact Gastro consultant Dr. Trevor Smith trevor.smith@uhs.nhs.uk or nutrition fellow

Tissue viability

- Can organise attachment with tissue viability

Movement disorders

- PD clinic in Hythe with Dr Akerman (New Forest Job)
- Could arrange to attend PD clinics with Dr Helen Roberts hcr@soton.ac.uk

Community/intermediate care

- Most rotations have one day a week in the community
- Opportunities within various rotations:
 - o West: Spend a day a week with the West community health team based in Shirley – Virtual Ward, Home visits
 - o Central: can attend Central virtual ward held at RSH on Thursday morning – liaise with central case manager

- East: Attend virtual ward and do home visits – coordinate with Dr Sparks/Dr Ito
- Romsey: One afternoon a week at Romsey Hospital – MDT and ward round
- Also 6 month placement spent either in Southampton or Lymington

Orthogeriatrics

- Four month orthogeriatrics rotation

Palliative care

- Can arrange attachment at Countess Mountbatten Hospice with Dr Sara De Vos sara.devos@uhs.nhs.uk or claire.starktoller@uhs.nhs.uk
- Hospital palliative care team are very welcoming and happy for us to spend time with them simon.pennell@uhs.nhs.uk mark.banting@uhs.nhs.uk are the consultants

Perioperative medicine

- Orthogeriatrics rotation offers opportunities for surgical liaison.
- Surgical liaison covered by experience on 1726 bleep (geris referral bleep) for medical advice for patients >80 years old under the care of the surgeons.
- Dr Ed Hewertson does surgical liaison on ASU every morning and is happy for us to spend time with him

Stroke

- Four month stroke rotation covering acute stroke unit.
- Opportunities to arrange to spend time with CSRT.
- TIA clinic cover.

Research

- Contact Helen Roberts hcr@soton.ac.uk or Prof Avan Ahie Sayer aas@mrc.soton.ac.uk if keen to do research

• **Royal Hampshire County Hospital, Winchester**

Psychogeriatrics

- Memory clinics: Dr Dave Duncan dave.duncan@nhs.net
- Inpatient psychiatry work: Dr Katie Clyde katie.clyde@nhs.net
- Inpatient liaison work
 - Jo Drake (liaison nurse) 07918 336796
 - Vic Longman (liaison nurse) 07919 303488
 - Dr Raja Badrakalimuthu 01256 376449

Continence

- Clinics available Tues and Weds pm. Also possible to do urodynamics sessions.
Email: Lawrence.Olujide@hhft.nhs.uk (Consultant urogynacologist) Secretary: 01962 824244

Falls

- Dr Gail Loudon is the falls lead – she is a GP with a specialist interest, and also does rapid assessment clinics. Gail.Loudon@hhft.nhs.uk

Nutrition

- Nutrition / PEG team: Carolyn Best, Nutrition Nurse Specialist
Tel: 01962 825724, Bleep 179, Mob: 07824 598839,
Email: Carolyn.best@hhft.nhs.uk

Tissue viability

- Ad-hoc sessions when at a loose end
Email: TissueViability@hhft.nhs.uk, Extension: 5595
Tissue viability nurses are Jenny.Clarke@hhft.nhs.uk and
Tina.Chambers@hhft.nhs.uk

Movement disorders

- Lead consultant from geriatrics is Dr Chris Gordon
(Chris.Gordon@hhft.nhs.uk). He does PD clinics and ward reviews.
- There are plans for a replacement PD nurse. The one here is on a sabbatical currently.

Community/intermediate care

- Dr Croft-Baker does community at Andover Hospital

Orthogeriatrics

Palliative care

- 2 consultants at RHCH
 - o Dr Lara Alloway Lara.Alloway@hhft.nhs.uk
 - o Dr Steph Killick Stephanie.Killick@hhft.nhs.uk
 - o Possibility to do inpatient liaison work and hospice work at Andover (Countess of Brecknock)
 - o Can attend weekly palliative care MDT

Perioperative medicine

Stroke

- Twyford ward
- Consultants: Dr Duffy , Dr Smyth, Dr Sykes, Dr Tone, Dr Ezad
- Stroke thrombolysis and stroke / TIA clinic are both part of your regular duties at RHCH

Research

- Dr Croft-Baker is interested in research and will help organise research projects if you're keen!

• **St Mary's Hospital, Isle of Wight**

Psychogeriatrics

- Can organise attachment with older persons psychiatry team – based at Sevenacres (on hospital site). Can join ward round - general psychiatry inpatients, dementia inpatients (on Shackleton Ward – SMH).
- Memory clinic with Dr Braithwaite is held at Arthur Webster clinic – Shanklin on Thursday afternoons.
- To organise email Psychiatry Consultant- Richard.braithwaite@iow.nhs.uk

Continence

Falls

- Dr Gladdish Falls clinic is part of job plan whilst attached to the General Rehab Unit. This runs on Thursday morning. See falls and general geriatric patients - new and follow up patients.
- Opportunity to attend CCG and service development meetings for falls service – d/w Dr Gladdish for upcoming dates.

Nutrition

- Can arrange attachment with general dietician service via switchboard

Tissue viability

- Can organise attachment with tissue viability nurse specialist via switchboard

Movement disorders

- Patients diagnosed through geriatric clinic/falls clinic are generally managed by Dr Gladdish.
- Otherwise the majority of the movement disorder service is run by the Neurology team. Can email Neuro Consultants Julian.furby@iow.nhs.uk or alice.manson@iow.nhs.uk, to organise attending clinic or alternatively speak to their secretary for clinic dates.

Community/intermediate care

- Currently no structured community service on the island – under development
- Opportunity to attend CCG meetings for services for older people to get a perspective on organisation/commissioning etc – d/w Dr Gladdish for upcoming dates.

Orthogeriatrics

- No formal Orthogeriatric service at present
- Bone health assessment – by GIM/rheumatology consultant.
- Falls assessment – tends to be carried out on General Rehab when patients are transferred down.
- Can attend Osteoporosis clinic. Clinic is run by Caroline Sunderland – Osteoporosis nurse specialist. Can contact via switchboard or email caroline.sunderland@iow.nhs.uk

Palliative care

- Opportunity for extended palliative care attachment during IOW rotation.
- Based at Earl Mountbattern Hospice in Newport. Can arrange to join inpatient ward round at hospice, outpatient clinics or inpatient review of patients at SMH.
- Email Palliative Care Consultants - graham.grove@iow.nhs.uk, or paul.howard@iow.nhs.uk to arrange.

Perioperative medicine

- No formal surgical liaison service Surgical liaison covered by on-call medical SpR and specialist teams

Stroke

- Three/Six month stroke rotation depending on timetable. Covering acute stroke unit and rehab ward. TIA clinic cover
- Thrombolysis cover when on call medical SpR

Research

- Nothing currently

• **Royal Bournemouth Hospital**

Psychogeriatrics

- Dedicated Delirium and Dementia outreach nurses who provide daily ward input.
- Dr James Stallard (Consultant Psychiatrist) runs a weekly liaison service
- Can link in with the community Intermediate Care Service for Dementia (ICSD) team (supplement the work of Older People's Community Mental Health team input for dementia patients with the aiming to preventing inpatient admission)

Continence

- 'Dorset Bladder and Bowel Continence Service' run clinics in the local area (Shelley Road Boscombe and Pelhams clinic) which can be attended

Falls:

- Dr. Mike Vassallo runs a weekly falls clinic at Christchurch hospital (also includes some general geriatric medicine patients). Many patients referred to the excellent 'Day Hospital' service which provides a full assessment and a rehab program.
- Weekly Tilt table test that you can attend/ run with Consultant support.

Nutrition:

- Nutrition ward rounds, hospital wide run by Dr Simon McLaughlin and Dr Sean Weaver – Gastroenterologists. Happy to have people come along. A heavy surgical and Gastro focus as would be expected. They also review all stroke PEGS

Tissue viability

- Opportunities to shadow the tissue viability nurse team on their ward rounds and see referrals with them (contact = Louise Way Lead Tissue Viability Nurse)

Movement disorders

- Parkinson's Disease clinic runs twice weekly led by Dr Khaled Amar, Dr Divya Tiwari and Nurse Consultant Cindy Cox. All are very knowledgeable and helpful.
- Older People Neurology clinic (includes most neurological conditions in older patients e.g. epilepsy, Huntington's disease, Parkinson's, neuropathies) run weekly by Dr Divya Tiwari – interesting clinic to attend.

Community/Immediate care

- Bournemouth Intermediate Care Team (BICTS) provides therapy based care in the patient's home. Multidisciplinary team including carers, nurses and therapists. Very keen to have trainees along for visits and MDT meetings – contact 01202 705533.

Stroke

- Becky Jupp is clinical lead for Stroke in Bournemouth. Good SSNAP ratings with efficient MDT team incl. supportive stroke outreach nurses. Plan for Bournemouth to become the major regional hyper-acute stroke unit accepting all thrombolysis calls from Poole, Bournemouth and surrounding areas from October 2019. Direct stroke team admissions planned from 08:30am to 17:30pm from October 2019.
- Weekday liaison with Southampton hospital for thrombectomy candidates.
- TIA clinics run daily (but will transfer to Poole from October 2019)

Orthogeriatrics:

- Not available at RBH

Perioperative Care:

- Dr David Sell (Senior Trust Grade Registrar) leads a pioneering 'surgical liaison' service providing daily medical support to the surgeons managing older surgical inpatients with medical needs. Perioperative clinic support for older patients with planned elective procedures and admission follow-up clinics being developed.

Palliative Care:

- Supportive hospital palliative care team. MacMillan unit (at Christchurch Hospital) is the local hospice – consultants (current lead is Dr Roz Pugh) happy to be contacted and accommodate Geriatrics trainees for a short placement.

Research:

- Mike Vassallo, Prof Allen and Divya Tiwari all keen to support with publishing case reports and literature reviews. Active hospital clinical audit department.

Other

- Daily weekday afternoon OPAC (Older Peoples Ambulatory Care) clinic led by consultants Dr Kate Thompson and Dr Bama Loganathan. Provides same or next-day review service for ED and GP referrals to try to avoid unnecessary admission. Also follow-up service for recently discharged inpatients. Great general geriatric medicine experience.
- 'Older Peoples Assessment Unit Ward' which accepts admissions direct from GP and ED. Morning and afternoon consultant presence so lots of opportunities for learning and supervised learning events.
- Weekly Geriatrics Department teaching session. Lots of opportunity to teach both at this session and at the SHO and F1/F2 teaching sessions

• **Salisbury District Hospital**

Psychogeriatrics

- Dr Tony Gahan, Avon and Wiltshire NHS Trust (based in Fountain Way) is a good contact – he will be happy for you to spend a week or two there

Continence

- No local service

Falls

- You will do falls clinic with Dr Claire Page as part of the 6 months elderly care/rehab job

Nutrition

- Nutrition consultant is Dr Aqeel Jamil – he will be happy to have you come on his nutrition rounds mon/wed/fri
- Can arrange attachment with general dietician service via switchboard

Tissue viability

- Can organise attachment with tissue viability nurse specialist via switchboard. Bill Cox-Martin is the best person to contact.
- Salisbury has a large plastics department so lots of referrals from other hospitals for problematic tissue viability issues come here.
- bill.cox-martin@salisbury.nhs.uk

Movement disorders

- Dr Diran Padiachy runs the PD service. James Lee is the PD Nurse specialist. Lots of potential to go to clinic. Diran.padiachy@salisbury.nhs.uk; james.lee@salisbury.nhs.uk

Community/Intermediate care

- None currently but watch this space

Orthogeriatrics

- Dr Diran Padiachy is OG lead

Palliative care

Perioperative medicine

- Could organise some via Dr Padiachy but no formal POPS setup available

Stroke

- You will do 6 months of stroke as part of the rotation – acute stroke and rehab, thrombolysis 24/7, TIA clinics twice a week. There are also some general medical patients on outlying wards which the stroke team covers.

Research

- Enquire locally, there is research happening especially in stroke

• **Poole General Hospital**

Psychogeriatrics

- No formal psychogeriatrics service however may be possible to obtain some experience through the Liaison Psychiatry Service in the hospital via Dr John Stephens (john.stephens@nhs.net)
- Dr Simpson, Consultant Psychiatrist based in the community is also a useful contact; claire.Simpson@dhuft.nhs.uk
- Other community based old age psychiatrists who can be contacted to arrange shadowing are:
Samadharman Muthalagu [Samadharman.Muthalagu1@nhs.net]
Dino Matthews [DINO.MATTHEWS@nhs.net]
Felicity Richards [felicity.richards@nhs.net]

Continence

- No formal clinics in Poole
- Will be encountered in community working as part of CGA.

Community/intermediate care

- There is a separate 6 month community job shared between Poole and RBH for one trainee.
- Community Hospitals in the area:
 - o Swanage Hospital, covered by Dr Hazel. Alternate Tuesday AM ward rounds
 - o Wimborne Hospital, covered by Dr Poynter. Thursday PM ward rounds
 - o Alderney Hospital, covered by Dr Bartlett and Dr James. Weekly ward rounds
- PICS (Poole Intermediate Care Service)
 - o Medical cover for this community service provided by Poole consultants
 - o Weekly MDT at 13:00 on RACE ward
 - o Opportunities to do home visits.

- Community Virtual wards
 - o Poole North, Dr Fox, Wednesday PM at Canford Heath Surgery
 - o Poole Bay, Dr Bartlett, Tuesday lunchtime at various local GP surgeries
 - o Poole Central, Dr James, Monday PM at various local GP surgeries
 - o Purbeck, Dr Hazel, Tuesday PM

Falls

- Weekly falls clinic Monday afternoon at Alderney Hospital with Dr de Fonseca
- Tilt table clinic every Tuesday afternoon, Cardiorespiratory Department, led by Dr de Fonseca.

Frailty unit

- Poole has a large frailty unit known as RACE ward where all elderly care admissions come through. There is a separate take to the general medical take with triage patients remaining on RACE if they have a length of stay of < 72 hours.
- Daily triage ward rounds with a daily MDT involving therapists, social workers and red cross
- Ambulatory clinic on RACE ward – busy clinic running Monday to Friday taking same day GP referrals as well as pulling patients from ED. Opportunity to review and manage patients in the ambulatory clinic.

Movement disorders

- Parkinson's Disease Clinic with Dr Wheldon at Poole.
- Neurology consultants also run specialist movement disorder clinics for the younger PD patients, can be arranged via secretaries.

Nutrition

- Can arrange attachment with general dietician service via switchboard

Orthogeriatrics

- 7 day orthogeriatric service seeing all #NOF patients and all over 75's under the care of orthopaedics.
- Daily ward rounds reviewing new admissions, septic patients and post-operative patients.
- Ward MDTs
- Fracture liaison service run clinic looking a bone protection in patients with fractures being managed as outpatients and the young #NOF patient who have DEXA scans following their admission.

Palliative care

- Can arrange attachment at Forest Holme Hospice through the Palliative Care Consultants, Dr Lee or Dr Pharoah.
- Could also arrange shadowing with the Hospital Palliative Care team.

Perioperative medicine

- No formal surgical liaison role although large orthogeriatric workload in Poole.
- Review of surgical patients as part of general on call responsibilities.

Stroke

- Poole has a hyperacute stroke unit and stroke rehab ward.
- Trainees can rotate through stroke during their time at Poole.
- Daily Rapid Access Neurovascular Clinic.
- Cover thrombolysis as part of this rotation and as part of general on call responsibilities.
- Opportunities for a stroke fellowship for trainees interested in stroke medicine.

Tissue viability

- Can organise attachment with tissue viability nurse specialist via switchboard

• **Dorset County Hospital, Dorchester**

Psychogeriatrics

- Mainly managed by Community Psychiatric Team, but experience can be arranged via Dr Ian Johnson (Old Age Psychiatry Consultant)
ian.johnson@dhuft.nhs.uk

Continence

- Gynae team is on site – not sure what they do.

Falls

- Daily paper referrals sent to Elderly Care secretaries for assessment of ward patients with falls.
- Try and get experience observing Dr Bruce-Jones assess a patient with falls
- Experience mainly on wards. No dedicated falls clinics or TILTs done at Dorchester.

Nutrition

- Can arrange attachment with general dietician service via switchboard

Tissue viability

- Can organise attachment with tissue viability nurse specialist via switchboard

Movement disorders

- Barnes Ward registrar covers Parkinson's clinics (own list of patient's to review) at least 3x per month (as on-calls / leave allows) with Dr Bruce-Jones (Consultant Geriatrician) peter.bruce-jones@dchft.nhs.uk
- Parkinson's disease nurse at DCHFT (via Dr Bruce-Jones Secretary). Office on Barnes ward.
- Ward referrals (Elderly Care secretaries office).
- Definitely worth shadowing Dr Bruce-Jones on new ward referrals (?PD ?Movement disorder referrals).

Community/intermediate care

- Opportunity to do Community Hospital visits / ward rounds / clinics in:

- Portland Community Hospital (Dr Bruce-Jones – peter.bruce-jones@dchft.nhs.uk)
- Bridport Community Hospital (Dr Proeschel – harald.proeschel@dchft.nhs.uk)
- Blandford Community Hospital (Dr Richards – james.richards@dchft.nhs.uk)
- Sherborne Community Hospital (Dr Sixsmith – clare.sixsmith@dchft.nhs.uk).
- There is a Community Geriatrician (Dr Dharamshi – riaz.dharamshi@dhuft.nhs.uk) who works from Weymouth Community Hub who I'm sure would happy to be shadowed.
- Glynis (CHC coordinator) is happy to have shadowing of CHC funding meetings etc. Glynis.edwards@dchft.nhs.uk.
- Acute Hospital @ Home is run by Dr Richards (james.richards@dchnft.nhs.uk) and he is keen for SpR involvement in running virtual ward rounds and home assessments.

Orthogeriatrics

- Barnes Ward registrar assists Dr Bruce-Jones covering orthogeriatrics seeing all #NOF patients at least twice a week, and reviewing all new #NOF admissions within 72h of admission.
- Opportunity to do independent orthogeris rounds and act as contact for orthopaedic juniors. peter.bruce-jones@dchft.nhs.uk

Palliative care

- Experience can be organised with End of Life Coordinator Rob who is often out and about on the wards.

Perioperative medicine

- No official service exists, but Geris SpR often gets referrals from surgeons to give advice (referrals shared with consultants).

Stroke

- Often 4/12 attachment on stroke ward included for SpRs in Dorchester.
- Opportunities to attend and run TIA clinics.
- Cover thrombolysis calls and Stroke Assessment Trolley as Med SpR On Call.
- Daily TIA clinics

Research

- Probably some trials going on stroke ward - enquire locally

• **Basingstoke and North Hampshire Hospital**

Psychogeriatrics

- Older Persons Mental Health inpatient liaison service is run by Dr Raja Badrakalimuthu with nurses Liz and Michelle - elizabeth.moore@southernhealth.nhs.uk or michelle.porter@southernhealth.nhs.uk
- Parklands Hospital has two inpatient wards – Alnwood (dementia) and Beechwood (depression, psychosis).
- Memory service has weekly MDT Wednesday mornings to discuss GP referrals.
- Patients are seen in clinic by CPN (Tues-Thurs) or consultant Dr Rachel Cortez (Mon and Thurs). Contact: veronica.haviland@southernhealth.nhs.uk or sarah.constantine@southernhealth.nhs.uk to arrange.
- If you need any other information, Tracey 01256376449 (secretary) is available Tues- Thurs 9am- 2pm.

Continence

- Community continence service based at Parklands - shft.continenceservice@nhs.net or 01256376565

Falls

- Falls clinic takes place every Tuesday – Julienne.kennelly@hhft.nhs.uk (secretary) or ext 43538

Nutrition

- Speech & Language Therapy - Hannah.benwell@hhft.nhs.uk or Shona.tantam@hhft.nhs.uk (SALT)
- Nutrition ward round covering ITU/ HDU – Allison.yates@hhft.nhs.uk or David.swain@hhft.nhs.uk (dieticians)
- Review patients on ward with dietician - Lisa.poole@hhft.nhs.uk (band 5)

Tissue viability

- Tissue viability nurses - Linda.Cenci@hhft.nhs.uk (secretary)
- Vascular nurse specialist – Amy.hinsley@hhft.nhs.uk
- Leg ulcer clinic run by Dr Tristram on Thursday afternoon 3-5pm and duplex scanning on Monday mornings 8:20am-12:30pm - Liz.pattison@hhft.nhs.uk (secretary)
- Diabetes Specialist Podiatrist – Alice.grundy@hhft.nhs.uk

Movement disorders

- Parkinsons disease clinic runs Monday afternoons, alternate Wednesday afternoons and Thursday afternoons. Dr Arianayagam (Geriatrician) and Dr

Ruffman (Neurologist) see inpatient referrals for PD -
Sam.arianayagam@hhft.nhs.uk or Claudio.ruffmann@hhft.nhs.uk

Community/intermediate care

- Front door frailty team see patients >85 years old in acute assessment unit. Intermediate care provided in Overton Unit at BNHH -
Elaine.crossley@hhft.nhs.uk (consultant)

Orthogeriatrics

- Geriatric team currently run a liaison service for fragility fractures, predominantly neck of femur fractures - Tina.katic@hhft.nhs.uk (consultant)

Palliative care

- Palliative care liaison service for inpatients, attend palliative care MDT meetings on Thursdays and spend time at St Michael's Hospice - Anna.wilkinson@hhft.nhs.uk (consultant) or 01256844744

Perioperative medicine

- Liaison service for orthogeriatrics as above. See referrals from surgical teams for medical review.
- Surgical pre- op assessment clinic and spend time in HDU/ ITU – Richard.partridge@hhft.nhs.uk

Stroke

- Inpatients admitted to Royal Hampshire County Hospital, Winchester. Stroke clinic runs every Monday and Wednesday at BNHH - Lucy.sykes@hhft.nhs.uk (consultant) or Julienne.kennelly@hhft.nhs.uk (secretary)

Research

- Discuss with supervisor about research plans.

7. Supported Return to Training – SuppoRRT Wessex

There is an increasing recognition amongst the medical community of the challenges faced by doctors returning to clinical practice following a period of absence, which may include parental leave, sick leave, bereavement, academic research, a career break or temporary suspension. Taking time out of clinical practice is becoming a common career trajectory, with a rising proportion of females comprising the medical workforce many of whom choose to take maternity leave, and a greater number of trainees wishing to take a break from clinical activities. Health Education England (HEE) have reported, “during the last five years, at any given time, there were approximately 5,000, or 10%, of postgraduate doctors taking approved time out of programme” (HEE, 2018). In the junior doctors’ contract agreement, HEE committed

to “developing evidence-based, innovative approaches” for supporting doctors returning to training to regain their confidence, refresh their clinical skills and “... to remove as far as possible the disadvantage of those who take time out”. In response to this commitment the HEE SuppoRRT scheme was created, a nationally driven initiative aimed at supporting doctors, who have taken time out of clinical practice, to return to work safely and confidently. It applies to all trainees who have been out of training for period of three months or more for whatever reason.

SuppoRRT Wessex is committed to supporting Wessex trainees in their return to work by individualising their suppoRRT plan. This entails:

1. Planning your time away from training – Pre-absence form
2. Planning your return to training – Pre-return form
3. Reviewing your return to training

The Return to Training forms need to be completed with your educational supervisor, uploaded to your eportfolio and sent to the Training Programme Director. They can be found on the following web link: http://www.wessexdeanery.nhs.uk/guidelines_procedures/return_to_training_scheme.aspx

SuppoRTT Wessex also provides:

- Access to up to three professional development coaching sessions
- Access to up to three paid 'reorientation days' before your return date
- Opportunity to attend dedicated return to training courses in Wessex such as a Medical updates conference
- Access to funding to attend relevant external courses
- Access to Mentor Support for returning to training – This is a specific scheme for doctors' returning to training with trained mentors available to help. Please see the following web link for more information: http://www.wessexdeanery.nhs.uk/guidelines_procedures/supported_return_to_training/supportt_mentoring.aspx

If you have any questions about the Supported Return to Training Initiative in Wessex, please contact suppoRTT.wx@hee.nhs.uk

8. Useful Contacts

- Dr Gayle Strike, Wessex Training Programme Director for Geriatrics gayle.strike@uhs.nhs.uk
- Jemma Martell: Geriatrics programme manager Medicine.WX@hee.nhs.uk
- Alex Bellamy: Geriatrics programme co-ordinator Medicine.WX@hee.nhs.uk
- Wessex geris trainees website: <http://wessex.geristrainees.co.uk>
- Wessex geris STC email: wessexgerisspr@gmail.com
- STC reps:
 - Laura Coutts: lauracoutts2@gmail.com

- Nicki Smith: ns3087@googlemail.com

If you have any feedback on this document, please contact Sarah Gowing
sarahgowing@nhs.net