

Student Handbook

CP3 Critical Illness Attachment with MDD at Nottingham University Hospitals NHS Trust



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Emergency Medicine in CIA

Queens Medical Centre

Nottingham University Hospitals

Welcome

Welcome to your placement in the Emergency Department (ED). The department provides an excellent opportunity for you to learn new skills and see a vast quantity of patients arriving with different presentations. The field of emergency medicine is based on the knowledge and skills required for the prevention, diagnosis and management of acute and urgent aspects of illness and injury affecting patients of all age groups with a full spectrum of undifferentiated physical and behavioural disorders.

The Emergency Department in QMC is one of the busiest in Europe seeing on average 550-600 patients every day, approximately 25% of those are aged 16 or under and treated in the paediatric area of the department.

The purpose of this booklet is to provide you with information about the department and staff that will aid your learning and help you to navigate the department.

During your placement you must adhere to the Trust's dress code at all times ensuring that your appearance projects a professional image and is smart, clean and safe for yourself and patients. More information on the trust dress code can be found on the intranet or if you have any questions please talk to one of the team.

Your bags, drinks and food must not be taken into clinical areas but instead stored in the lockers within DREEAM, and will have access to the lockers through the doors in DREEAM throughout your placement. Ask someone in the team for a locker and one can be allocated to you. The staff room for your breaks during your placement is located up the stairs from the door by resus.

Throughout the placement you may come into contact with sharps, blood or bodily fluids. If there is a contamination issue from any of these things, it should be reported to the senior nurse responsible for the area that you are working in. You will be required to fill in an incident form and if necessary receive support from the senior nurse and occupational health.

It is worth noting that on a Thursday morning (usually about 9am) there is a fire alarm test which should only last for a few seconds. If there is a real alarm don't panic you will be told what to do by a senior member of the team you are working in. If you would like more information on the fire alarm system it can be found on the intranet.

If you are unable to attend any of your placement days due to sickness etc then please get in touch the coordinator and let them know as soon as possible. The number to call is stated below.

If you have any problems or questions the key people to contact are:

Undergraduate Course coordinator:

Jennifer Marson: Tel: 01159249924 ext 85101/71934, Email: jennifer.marson@nuh.nhs.uk

1. Jess Hurt, DREAAM Education Administrator
Email: Jessica.Hurt@nuh.nhs.uk Ext 85130
2. Andrew Beckham, Teaching Fellow in Emergency Medicine
Email: Andrew.Beckham@nuh.nhs.uk Ext 62546

We do hope that you enjoy your time here.

Staff in the Emergency Department

There are a broad range of staff in the emergency department that all have a vast quantity of knowledge, they will all be happy to assist you during your placement and aid in your learning. Below illustrates what uniforms you will see around ED and some information about what the people wearing them do in the department.

Purple Scrubs – DREEAM Educators and Researchers

The ED education and research team wear purple scrubs so that they can be easily distinguished from other members of staff in ED. The team has a variety of people that work in DREEAM including nurse educators, teaching fellows and ACPs all of whom wear purple scrubs and can be found working on the shop floor or in DREEAM. Please approach these people if you need to ask any questions, they are always happy to help.

Black Scrubs – ED Consultants

Consultants wear black scrubs to distinguish their seniority; they are usually allocated to be in charge of a clinical area i.e. MU or Resus. It's always a good idea to introduce yourself to whoever is in charge of the area where you are working and ask if there's any patient in particular that they think would be good for you to see.

Dark Green Scrubs (Olive) – ED Registrars

The registrars are of clinical grade ST4-7 and work in all areas of the department. They will often be delivering your teaching sessions and will be good to work alongside if possible.

Light Grey Scrubs – Doctors

The junior doctors of the department of clinical grade F1, F2, CT1-3 work across the department and are also learning so may not always want to be shadowed as they can still be very junior, but are always happy to help where they can.

Dark Grey Scrubs (Charcoal) – ACP (Advanced Clinical Practitioner)

The ACP team have a thorough and well-structured method of taking histories and examining patients. They are very knowledgeable and senior in the department and are always good to work alongside if possible; they work in all areas of the department.

Light Blue Scrubs – ENP (Emergency Nurse Practitioner)

ENPs much like the ACP team are very knowledgeable and have a well-structured system of taking histories and examining patients. Their main priority is to assess, investigate, treat and refer (or discharge) patients with limb problems or injuries to the head face and neck with defined protocols.

Blue Scrubs (Light-band 5, Royal-band 6, Navy-Band7) all with white trim – Nurses

There is usually a band 6 nurse in charge of a clinical area so when you start in the area introduce yourself to them and they will be able to direct you to the best 'team' that can aid your learning. The nurses in the department can teach you many varying skills from applying dressings to use of the equipment found around the department. Many nurses cannulate patients and will be happy to supervise you and show you where blood taking equipment can be located in the different clinical areas.

Dark Green Scrubs with a white trim – CSW (Clinical Support Worker)

The CSW team are usually the first contact for patients in the UTU area; their main roles in the department are around recording observations, taking ECGs, venepuncture and cannulations. Some have upskilled in the department to allow them to do suturing in theatres and plaster patients following X-ray.

Light Green Scrubs with a white trim – EDA (Emergency Department Assistant)

EDAs perform many different tasks within ED including patient transport around the hospital after admission, clerical work on the booking in desk and basic care deliver such as feeding and washing patients. Some have taken on advanced roles including cannulation and performing ECGs.

Blue & White striped top – ED Physio team

Physiotherapists in ED work alongside the ENPs to deal with minor injuries. They also treat patients that have presented with soft tissue injuries or bony injuries.

Scrubs of ED



Purple scrub
DREEM / Research



Black scrub
Consultants



Dark Green (olive) scrub
Registrars



Light Grey scrub
Doctors



Dark Grey Charcoal scrub
ACPs



Light blue scrub
ENPs



Light blue scrub with
white trim
Band 5 Nurses



Royal blue scrub with
white trim
Band 6 Nurses



Navy blue scrub with
white trim
Band 7 Nurses



Dark Green scrub with
white trim
CSWs



Light Green scrub with
white trim
EDAs



Blue Polo Top
Play Specialist

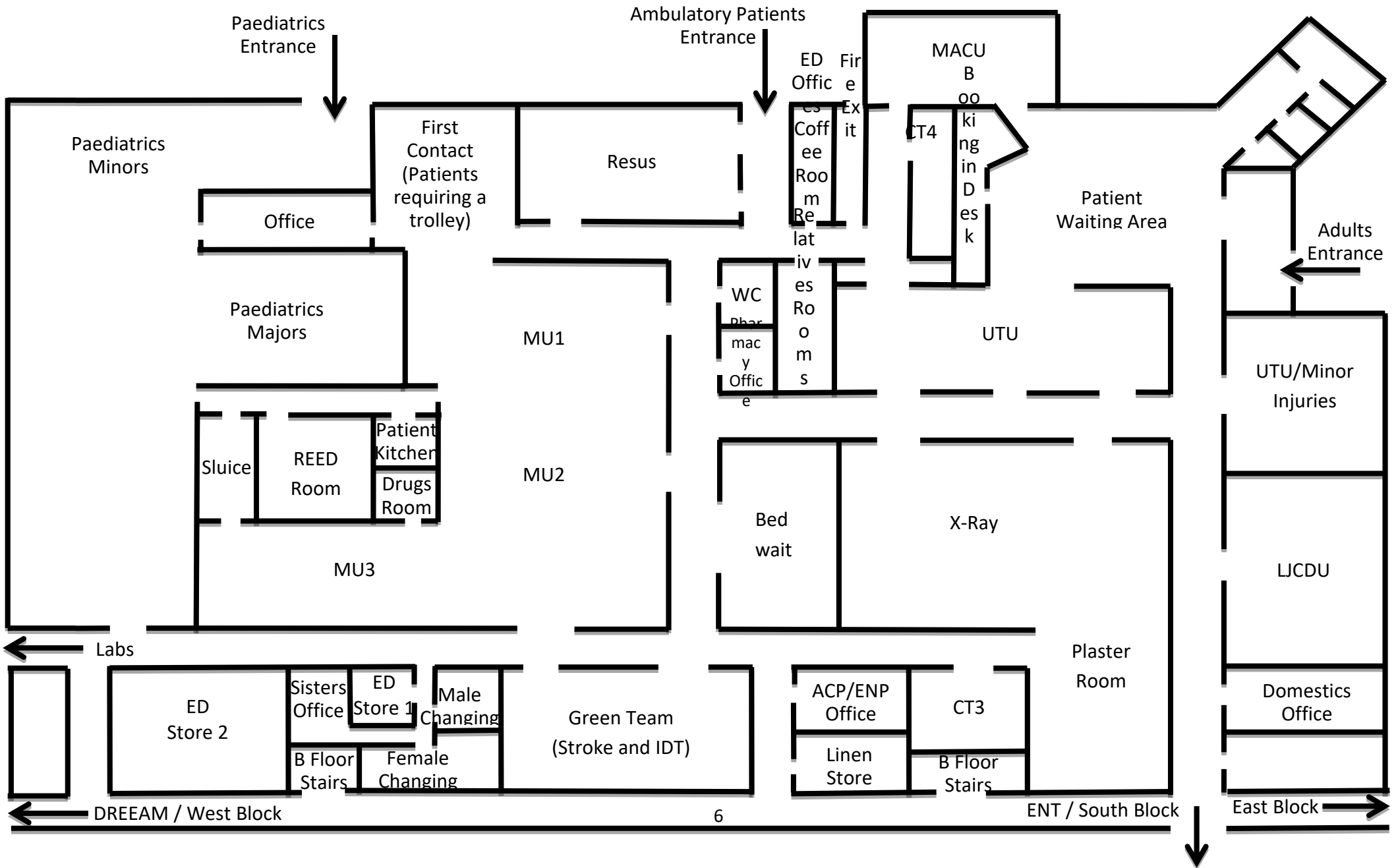


Burgundy Scrubs
IDT



Blue and white striped
top
Physios

Map of the Emergency Department



Information on Clinical Areas in ED

The ED is divided into 7 main clinical areas and 3 non clinical areas. These are:

Clinical areas:

Resuscitation
 Majors Unit (MU)
 Urgent Treatment Unit (UTU)
 Fracture Clinic/Minor Injuries
 MACU
 Lyn Jarrett Clinical Decisions Unit (LJCDU)
 Paediatrics

Non Clinical areas

DREAM
 Reed Room
 Staff room

Resuscitation

Also known as 'Resus'; where patients with severe life threatening injuries or illnesses are treated and cared for. This is a good area for you to practise venepuncture & cannulation as well as ECGs and advanced life support (ALS) measures. Patients who arrive in this area of the department usually come via ambulance but patients can self-present and need to be in resus or even deteriorate in another area of the department and need transferring to resus for more immediate care. Some examples of cases that you could see in resus are:

- Cardiac problems (eg MI, arrhythmia)
- Severe Breathlessness (eg Life threatening asthma, exacerbation of COAD)
- Shock (eg Sepsis, Anaphylaxis)
- Major Trauma (eg High Impact RTC, Penetrating injury)
- The unconscious patient (eg Head injury, intoxication, seizures)
- Cardiac arrest

There are 9 patient bays in resus:

Bays 1 and 2 are high dependency bays equipped with a mobile x-ray machine, defibrillator and ventilators. This is where the patients who are the most unwell can be found.

Bay 3 is a paediatric trauma high dependency bay; like bays 1 and 2 it has a mobile x-ray machine, defibrillator and ventilators but is equipped with paediatric equipment to deal with high dependency children that present to the department.

Bays 4 to 9 have airway, breathing and circulatory support equipment and multi-function monitoring systems to deal with critically unwell patients.

Majors Unit (MU)

The majors unit is for patients who are not in immediately life threatening situations but are to unwell to be seen in UTU. They will be most likely be on a trolley either for patient comfort or to ease assessment for conditions such as asthma and abdominal pains.

There are 30 cubicles in MU and this is split into 3 teams. Each team has a number of nurses working with doctors and ACPs to assess patients. When you're working in this area attach yourself to a team and introduce yourself to everyone, especially the team leaders. It is an ideal place to take histories, examine patients and present to medical staff.

Urgent Treatment Unit (UTU)

UTU is one of the busiest areas in the department and is at the front of the emergency department. Patients in UTU are ambulatory and need to be well enough to sit in the chairs in the waiting area before assessment and whilst awaiting investigations or treatments.

There is a treatment cubicle in the area equipped for procedures such as wound management / suturing, joint aspiration, local anaesthetic nerve blocks and incision and drainage of minor abscesses.

MACU

Also referred to at the 'Hot' area, the ED is currently occupying MACU as the area to see patients suspected of Covid19. Guidance regarding Personal Protective Equipment (PPE) is different in this area and staff members do not move from 'Hot' to the rest of the department during a shift to maintain infection control.

Paediatrics

This is where children and young adults aged 16 and under are assessed and treated for a wide range of conditions. The area is divided into a minors and majors area, much like the adults equivalent in ED the minor's area is seeing things such as soft tissue injuries and fractured limbs with the majors area seeing presentations such as abdominal pains and difficulty in breathing. Remember that the most severe illnesses are treated in bay 3 of the resuscitation area. The paediatric department is brightly coloured and a pleasant environment staffed by specialist paediatric nurses and doctors.

DREEM

This is a self-contained area at the back of ED on the west block corridor; it is the central location for a majority of teaching and simulations that occur within ED. The area is staffed by a range of specialities including Drs, Nurses, ACPs, CSWs, EDAs and administrative staff. If you have any questions about things during your time in ED these are the best people to contact.

The area also houses the research team for ED and ITU; they have always got multiple research studies happening. If you wish to be involved or want to know more about any of their studies they are always happy to talk to people about them

REED Room

This room is located at the back of MU and is a small area used for ad hock teaching in the department, you may have some sessions delivered in here.

Staff Room

The entrance to this room is located next to the doors for resus and is used by all the staff on shift in ED. You are welcome to use the facilities in here and leave your coat/bag if you decide not to use the lockers in DREAM but please remember to keep valuables, such as your phone, on your person.

Anaesthesia and Critical Care at NUH

within your Critical Illness attachment (CIA)

Welcome to your Anaesthesia and Critical Care attachment within the CIA module.

Your attachment provides you with exposure to one of the largest specialties in every hospital. There are approximately 130 Consultant Anaesthetists at NUH and two-thirds of NUH patients will require anaesthetic care in some form during their in-patient stay.

Learning aims:

You will have exposure to a wide range of essential and transferable skills and gain experience in assessment and management of acute physiology and pharmacology. The attachment provides you with the opportunity to complete some of your MACCS and prepare yourself for your exams.

A unique feature of this attachment is regular 1 to 1 teaching with a senior clinician. This is a very practical module: iv. cannulation, airway management, fluid and analgesia prescribing are just some of the components, please refer to your study guide for a complete list of learning outcomes.

Main topics:

- Preoperative assessment
- Perioperative care
- Intensive Care/ HDU Care
- Analgesia
- Fluid management
- Airway management
- Resuscitation
- Teamwork in a multi-disciplinary team

Clinical attachments to our departments during the COVID pandemic:

Please ensure you have been fit tested and trained in donning/doffing PPE prior to attending clinical sessions with us.

If the mask that you were previously fit tested for is no longer available or you have failed your fit testing please contact Jennifer.Marson@nuh.nhs.uk. Or you can contact the team by phone on 07812 276001 and email: fittestingclinics@nuh.nhs.uk

Where to find us:

Nottingham City Hospital (NCH):

The Anaesthetic Department Office is located at Junction N11, North Corridor. The office is typically open 7am-4pm.

Map: <https://www.nuh.nhs.uk/hospital-maps-city?>

Queen's Medical Centre (QMC):

The Anaesthetic Department Office is on C-floor in the main operating theatre complex (above the main entrance). The office is typically open 7am-4pm.

Map: <https://www.nuh.nhs.uk/hospital-maps-qmc?>

Your timetable:

Jennifer Marson (CIA Co-ordinator) has scheduled you all to visit each campus for a week, we will aim to provide attachments to elective and emergency procedure in a variety of surgical theatres, preoperative assessment units, acute pain ward rounds, critical care, CCOT and ward based focussed patient assessment sessions with a senior clinical teacher.

Details are attached to your weekly timetables – CIA co-ordinator in the Undergraduate Department will email you a rota closer to the time. An example of what a typical timetable activities is found on page 14.

You will spend time at both QMC and City Hospital theatres. At each campus there will be small group tutorials on preoperative assessment and perioperative analgesia. These are integrated into your theatre allocations and you should leave the operating theatre to attend these tutorials. Meet in the Anaesthetic coffee room (within main theatres, C Floor, East Block) to attend the QMC tutorial and in the Anaesthetic Department (North Corridor) for the City tutorial. You should explain to the Consultant Anaesthetist in your list that you are attending teaching and excuse yourself from the list for this period. Once the tutorial is complete you should go back to your theatre allocation.

You are attached to an acute specialty; theatre lists can change at short notice.

- If your rota'ed session is not going ahead/is not suitable for you, please contact the campus-specific Anaesthetic Department Office who will help you to find a new allocation.
- It is generally better to stay in your allocated theatre for the duration of the day.

Attendance:

If for any reason you are unable to attend, please contact the Undergraduate office:

Jennifer Marson on Tel: 01159249924 ext 85101/71934 or email :

Jennifer.Marson@nuh.nhs.uk

Contacts:

If you need further help/ advice, please do not hesitate to ask:

Undergraduate Course coordinator:

Jennifer Marson: Tel: 01159249924 ext 85101/88608/71934, Email:
jennifer.marson@nuh.nhs.uk

QMC Campus Anaesthetic Department Office:

First point of contact:

Departmental mobile: 07812 268343, Generic Email: anaestheticofficeqmc@nuh.nhs.uk

Administrative staff:

Amanda Soanes: Tel: 01159249924 ext 87770, Email: Amanda.Soanes@nuh.nhs.uk

Kirsty Ralph: Tel: 01159249924 ext 81195, Email: kirsty.ralph2@nuh.nhs.uk

Pauline Campbell: Tel: 01159249924 ext 81195, Email: pauline.campbell@nuh.nhs.uk

NCH Campus Anaesthetic Department Office:

First point of contact:

Departmental mobile: 07812 268342, Generic Email: anaofficecity@nuh.nhs.uk

Administrative staff:

Abbi Comrie: Tel: 01159249924 ext 75639, Email: Abbi.Comrie@nuh.nhs.uk

Vanessa Bacon: Tel: 01159249924 ext 75637, Email: vanessa.bacon@nuh.nhs.uk

Anaesthesia Specialty Attachment Lead:

Dr David Hewson (Consultant Anaesthetist): Email: david.hewson@nuh.nhs.uk

Intensive Care related queries:

Dr Richard Greenhow :

Email Richard.Greenhow@nuh.nhs.uk

Tel: via 0115 9249924 ext 86241.

Useful websites:

- The Association of Anaesthetists of Great Britain and Ireland: www.aagbi.org
- The Intensive Care Society: www.ics.ac.uk
- The Royal College of Anaesthetists: www.rcoa.ac.uk
- The Faculty of Intensive Care Medicine: www.ficm.ac.uk
- The Anaesthetic National Recruitment Office/ Health Education West Midlands (this oversees the Recruitment to CT1/ST3 post in anaesthetics and ACCS nationally): arro.wm.nhs.uk

Key Anaesthetics and Critical Care Clinical Information:

City:

Session times: 8am – 4pm

CCD: Adult Intensive Care Unit: North Corridor, Junction N15.

CCOT (Critical Care Outreach): 08:30 Critical Care Unit, please wait in CCD staff room, team will collect you from there. Izabela Quirk is the Nurse expecting you.

Cardiac ICU: Trent Cardiac Centre, meet at 8am, cardiac theatres coffee room

Critical care bedside teaching is usually at 13.00 but you are expected to be present all day as this may be moved around based on clinical need.

Theatres 1 - 8 and 24 - 27: Main Theatres & Recovery, North Corridor, Junction N9.

Theatre 23: Surgical Short Stay (Oxton Unit), North Corridor, Junction N9.

Theatres 12 & 14: Day Surgery Unit

Theatres 20 - 22: Urology building, North corridor, Junction N1a

Anaesthetics Clinical Fellow teaching: Meet Dr Isabel Carballo at 8am, City Anaesthetic Dep, North corridor, Junction N11

QMC:

Start times: 8am-4pm

8.00 hrs am for AICU and C6. AICU (C-floor – main theatre complex near coordinator's office) handover occurs in the seminar room on AICU.

The SHDU team meets at the nursing station of ward E12 in West block.

Clinical Bedside Teaching occurs in AICU.

CCOT Critical Care Outreach Team (bleep284-1049) 8.30am on E floor: please wait in E12 coffee room, team will collect you from there. Dessislava Galantzeva is the Nurse expecting you.

8.00hrs am for all morning Theatres, please arrive promptly, and early to ensure that you are able to smoothly join the list.

Most theatres except B floor theatres are all day lists that run continuously throughout the day.

Main Theatres are located above the main entrance between C Floor West – East Block.

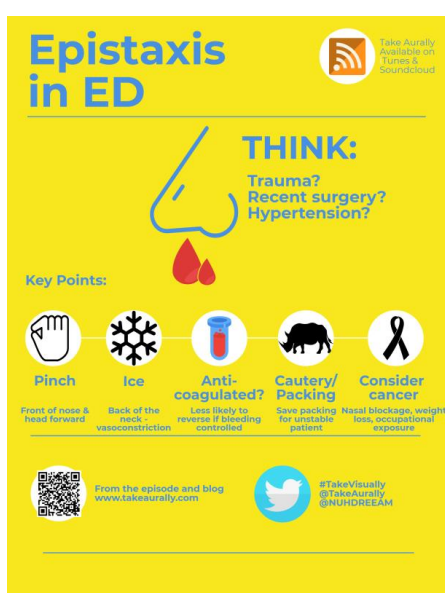
ENT theatres, on D floor in East block QMC.

B floor theatres are on B floor QMC from main entrance towards West Block, on the corridor leading to the Medical School.

E39 General Anaesthetics: E39, East Block, E Floor, QMC. Paediatrics Oncology ward, please help with general anaesthetics

Suggested Reading & Listening

There are a lot of different books and websites that you can look at and read that may help you learn during this placement. To try and make this a little easier than searching through the web, one of our previous teaching fellows has created an online resource for podcasts and infographics that will be of great benefit to you during the placement. The website can be accessed via www.takeaurally.com. The website includes things like videos on how to take ECGs, applying slings, venepuncture and cannulation as well as podcasts on everything from adult emergency medicine to therapeutics and infographics that cover a range of topics from PE's to Parkinson's. Examples of these infographics can be seen below:



DREEM Website

DREEM website (DREEM.ac.uk) has a dedicated CP3 page with links to key resources linking your curriculum to the teaching in ED, please go to: <https://dreem.ac.uk/clinical-phase-3-cia>

Social Media

Both DREEM and ED use social media to promote different things and to communicate events with staff. We ask that when you are at NUH you adhere to the social media policy yourselves by not violating the privacy of the others such as patients and colleagues or by bringing the organisation into disrepute or by placing the trust in a position of liability.

To read more on the social media policies please look at the intranet or ask a DREEM member of staff.

The Emergency Department and DREEM social media accounts are:



@NUHDREEAM

@teamEDnuh

@teamNUH

Useful Hints and Tips

- ED is very often an extremely busy environment so staff may not be able to take time out to teach you. The majority of your teaching that you receive on the shop floor will be on an ad hoc basis so you should make the most of all the opportunities you get, asking as many questions as you need to.
- The nursing staff have a vast wealth of knowledge and skills. If there is anything you want to know about the general running of the department they are the best people to approach.
- This is a teaching hospital and everyone is used to having students around the department, so don't be afraid to ask anything. If you don't ask people things they will assume that you already know what you're doing.
- Some of the Drs and ACPs you are working with may take a patient's ECG or X-ray and ask you to interpret it. This isn't a test but a learning opportunity. Ask them how they learned to interpret and if they have any tips on how to improve your skills.
- If you feel comfortable offer your help in taking bloods, putting up an IV bag and documenting notes; the staff will be grateful for your help and integration.
- If you find yourself at a loose end (which you shouldn't in ED), familiarise yourself with the kind of equipment that is available in the different areas and where it can be found, you never know you may be asked to go and get something. There are also lots of different protocols in ED for patients presenting with different things and the systematic approach that is used to treat them. Have a look through these to try and get an understanding of how specific groups are cared for using evidence based medicine.
- DREEAM has 5 computers and a working area available for you to use during your time here. All the computers have access to Medway if you are unable to access one in a clinical area. Trust computers hold a large quantity of secure and confidential information so please ensure you have locked or logged out of the computer when you are stepping away from it.
- Always introduce yourself to the nurse and consultant in charge of the area you are working in and the staff that are in the team you're working in, they will be able to recommend patients to see or if there is anything interesting in the area at the time.
- Morning clinical shifts start at 07.30am, and begin with a Prebrief in DREEAM. Please be on time so the consultant is aware of your presence and can allocate you to a team. This will help you to feel part of the team for your shift.

CHAMPS Clerking Pro-forma

Use this structured clerking sheet to help you get the most of your experience. This sheet takes you through some key steps in learning medicine and clinical reasoning skills. You can fill this in and bring it to any case based teaching sessions you have.

Do **not** write any patient identifiers on the sheet.

Age:

Male / Female

Presenting Complaint:

History of presenting complaint:

1) SOCRATES

2) Cardinal Symptoms

3) Systems review

Allergies (Include the reaction to the allergen i.e. rash from penicillin):

Medications:

Name	Route and Dose	Student info only column
		What is the drug for? Could it be causing symptoms?

Past Medical History:

Medical

Surgical

Trauma

Obstetric

Family History

Social History:

Patient Examination:

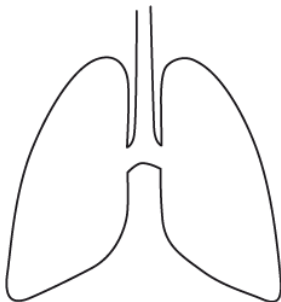
Vital Signs:

BP	HR	RR	Temp
SpO2	on	(Specify air/what oxygen)	
AVPU			

General Appearances:

Cardio Vascular:

Respiratory:



Abdominal:

Any other relevant examination (eg Neurology):

Initial Investigations:

- ECG:

- Blood results:

- Imaging:

- Any Other:

Differential Diagnosis/Problems List:

Management Plan:

Problem List:

Doctors need to be able to put together all the relevant data gathered during the history, examination and from initial test results into a problem list. The ability to identify relevant clinical data is a key step in developing your clinical reasoning skills.

Use precise medical terms in the problem list, i.e. 'pleuritic chest pain'

Some problems are just problems – e.g. high INR. It is important to note them because they still require action. Other problems require a differential diagnosis – e.g. pleuritic chest pain. You need to identify all the patients problems (with a differential diagnosis if relevant) in order to formulate a plan. You can either write your problem list/differential as a list, or if you prefer, draw a diagram/mind map that shows how you think problems might be related to each other.

Plan:

Now you must decide on what action is required (if any) to treat the patients problems. Take moment to look back through your clerking to identify any knowledge gaps that you have so that you can do some strategic reading.

Notes