Rheumatology Rotation

Sheffield Teaching Hospitals NHSFT

Induction Information

Table of Contents – (Ctrl Click for Direct Links)

Introduction

Welcome to Rheumatology at Sheffield Teaching Hospitals NHS Trust. The Rheumatology department is mainly based at the Royal Hallamshire Hospital [RHH], but we undertake a significant workload at the Northern General Hospital [NGH] too.

The purpose of this induction document is to signpost some important information for you as you start working here & to be a useful future reference. Hopefully it will also give you an idea of what your role as a registrar entails.

The Consultant Team & Their Special Interests

Dr Mohammed Akil	MA	Connective Tissue Disease
Dr Mohammed Kazmi	MK	
Dr Lisa Dunkley	LAD	Spondyloarthritis/ Medical Education/ Adolescent Rheumatology
Dr William Grant	WG	USS
Dr Michael Hughes	MH	Early arthritis/ Scleroderma
Dr Rachael Kilding	RFK	Connective Tissue Disease
Dr Kar-Ping Kuet	KPK	Connective Tissue Disease + Audit Lead
Dr James Maxwell	JRM	Early Inflammatory Arthritis and Clinical Lead
Dr Rachel Tattersall	RST	Paediatric & Adolescent Rheumatology (works cross-site with SCH)
Dr Simon Till	SHT	Sports Medicine
Dr Stuart Carter	SC	Connective Tissue Disease/ Auto-inflammatory syndromes

Hospitals

RHH

The main outpatients department is located on B Floor near the Minor Injuries Unit entrance. Most of our secretarial and administration teams are based here. This is a dedicated Rheumatology OPD (often referred to as “ROP”) & the rooms are exclusively used by Rheumatology. Therapy services (OT &PT) are also based on B floor. Our day case unit is based within ROP. In-patient beds are available on wards O1, P3 and P4. Other important medical specialties based at RHH include Infectious Diseases, Haematology, Dermatology & Neurology.

NGH

The outpatient clinics are held in the Metabolic Bone Centre (found off the near end of Vickers corridor and well sign-posted). There are no dedicated Rheumatology inpatient beds at the “Northern” [NGH] but we receive increasing numbers of requests for ward reviews. Ward reviews are generally seen by the consultants based at NGH.

Timetables

Your timetable is subject to change. An example rota is outlined below; however this is based upon there being 3 registrars who are performing on-call duties too.

		Mon	Tue	Wed	Thu	Fri
Registrar 1	AM	Ward reviews (NGH) XRM	MBC (NP) x (Aug/Sep/ Oct) SpR Ward Round RHH x (Nov/ Dec/ Jan)	MBC (FU) x (Nov/ Dec/ Jan) SpR Ward Round	**CTD**	SCH Paed clinic x (Aug/ Sep/ Oct) Ward Round
	PM	Clinic (NGH)	MA2B	Research	**PGM**	Admin/ handover to on-call cons
Registrar 2	AM	Medical student intro 9am term-time RFK/ MA or SpR led WR/ XRM	MBC (NP) x (Nov/ Dec/ Jan) LAD2SR (Aug/Sep/Oct)	MBC (FU) x (Aug/Sep/Oct) SpR Ward Round	**Research**	SCH Paed clinic x (Nov/ Dec/ Jan)
	PM	Team meeting	Uveitis clinic(monthly)	KPK clinic	**PGM**	
Registrar 3	AM	RFK/MA or SpR led WR or SCH Paed clinic XRM	CTD	RFK3A	Admin/ WR	JRMSR clinic
	PM	Team meeting RSTAD (3/4 weeks)	Research	SCH Paed clinic (alt weeks)	PGM	Admin/ ward cover

on call=

Additional clinics (below) are available outside of your timetable, and you are expected to arrange these yourselves. Please note in particular that EMG/ NCS and pain management (including alternative therapies) are JRCPTB curriculum requirements.

Sports and exercise medicine – liaise directly with Dr Till to book a 6 week block of clinics in advance

Combined Renal/Dermatology/Respiratory/Neurology/Pregnancy – with MA/RFK/KK

Orthopaedic clinics – Prof Wilkinson (hips & knees) & Mr Thyagarajan (shoulders). Liaise with secretary Glenda Bailey to confirm.

EMG/ NCS – to liaise with neurophysiology: Dr Rao, consultant neurophysiologist

Pain clinic – to liaise with anaesthetic team: Dr Plunkett, Consultant Pain Clinic

Podiatry – Jai Saxelby jai.saxelby@nhs.net, or Cath Gregory cathryn.gregory@nhs.net

ROP & Outpatient Clinics

During your first few days in the department & before you start seeing patients, you will need to be shown how to use our digital dictation system (Bighand), and our electronic patient flow system (WorkFlow Manager). Both of these systems are available on every computer in the department.

Contact Lyndsey Harpham, our clerical team leader x 61395 to arrange collection of your Dictaphone. Specific Bighand training is available by liaising with Lyndsey . Lyndsey will also be able to talk you through how to add extra patients to clinic, how to put on ad hoc clinics if needed, and how to cancel clinics for A/L and S/L. The following are the email addresses to use:

RheumatologyClericalRequests@sth.nhs.uk (booking/ cancelling extra patients onto existing clinics)

RheumatologyClinicChanges@sth.nhs.uk (putting on ad hoc clinics/ cancelling clinics)

Investigation results are available through ICE (blood tests, radiology, histology, DEXA scans) and Infoflex (ECHO, PFTs,). ICE training is available [again liaise with Lyndsey]. Infoflex is accessible on departmental computers using your normal login. Call the IT helpdesk on x15369 if you have difficulty. Xray images are viewable on all office and clinic room computers using your smart card and the PACS system as in other hospitals. Contact the PACS office x66350 (based in Weston Park Hospital) if you need to re-set your password or have difficulty accessing this.

Letter Dictation

The department has a standard format for clinic letters.

- Diagnosis/ Active problems
- Medication (including prior DMARD/biologic section in complex patients)
- Monitoring (relating to DMARD/ biologic monitoring if relevant)
- Management Plan (bullet point list of what you have done/ intend to do)
- GP action required
- Reason for FU: usually “follow-up for management of chronic rheumatogical condition”.
- FU plan (at end of letter)

Keep the text of the letter as short as possible.

Dictation training is available from 2 of our senior secretaries – Kate Hardy kate.hardy@sth.nhs.uk x11936 and Judy Naylor Judith.naylor@sth.nhs.uk x11843. Please speak to them to look at examples of standard letter formats, and to get some pointers on dictation (& feedback at a later date!).

Past clinic letters are available on the shared drive - S drive up to the beginning of 2014 and thereafter on patient centre and the new EDMS and Lorenzo. You will also find some clinical pathways stored on the S drive. If you do not immediately have access to S drive: Rheumatology on your standard computer login, please contact our departmental deputy manager who can authorise this.

Clinic Cancellations

If you need to cancel a clinic for A/L or S/L you need to give a **minimum** of 6-8 weeks' notice. In reality, please try to give much more notice than this where possible.

Sit down as a team of SpRs and SHOs at the beginning of the job and try to agree holiday in advance. Having a leave calendar on the wall of the SpR office has worked well in the past. Identify potential problems early. This includes flagging up training days to the on-call consultant 8 weeks in advance (see the generic S Yorks SpR Induction document). Even if you don't know exact dates of a future holiday, if you know that you are probably going to take a 2 week break in March, for example, cancel 2 weeks of clinics now for March. If the exact dates change, at least there will be clinic space to move the patients into.

All clinic cancellations should be arranged through RheumatologyClinicChanges@sth.nhs.uk but you also need to inform your consultant and consultant secretary. Please check that dates requested have indeed been cancelled - Mistakes do happen!!

Referral for investigation / to other departments

Most referral/ investigation forms should be available on the racks in the clinic rooms. In general, give them to the patient as they leave the room to hand in at reception. I include a few additional notes below:

Physio/ OT – standard referral forms in every clinic room. It sometimes helps to send with a copy of the clinic letter if problem complex. Physio/ OT are located on B Floor, entrance not far from the WRVS café in the main foyer [see later section].

Podiatry/ Orthotics – the orthotics service is now mainly based at NGH. Occasionally a clinic is run from RHH. We have 2 senior podiatrists who work within the department – Jai Saxelby is the senior MSK Podiatrist, and does regular clinics with Dr Till in Sports Medicine. Cath Gregory runs a clinic from ROP on a Monday & has lots of experience with our inflammatory patients. Referrals are made on the standard form, but again for complex patients it helps to write/ email/ ring Cath or Jai directly.

Xray – plain films are done in B Floor Xray (just up & across the corridor from ROP waiting room entrance). Apart from a very few "routine follow up" films, it is best practice to ask the patient to return to see you once they have had their Xrays so that you can look at them together. This minimises the risk of something being missed and makes you much better at reading your own Xray films. If you need an instant report, whilst there is always a duty radiology registrar and consultant, it

is worth trying to get hold of one of the Musculoskeletal Radiologists on the phone – try David Moore, Adrian Highland, Nik Kotnis, Sarah Gowlett, Anu Chopra, Rachel Musson or Robert Cooper (contact details on intranet).

CT/ MRI/ Nuclear Medicine – these can all be requested on ICE. The radiology department will then contact the patient directly.

PET scans – there is now a dedicated webpage for requesting PET scans. As of 01 12 17 paper referrals will no longer be accepted. Please contact Alliance Medical for log-on details. Results will appear on ICE without a paper copy, so keep a record and chase all PET scans requested.

USS – we have our own departmental USS machine & Dr Grant is our in-house expert. Please discuss/refer patients to Dr Grant, who will also be happy to give you some introductory experience on the machine. It is kept in the Rheumatology storage cupboard if you want to use it. Keys are held with the ROP nurses or some of the secretaries. Discuss any patients in whom you think a Radiology Dept USS is required with your consultant. If your consultant agrees it can be requested on ICE. If necessary, you can request that the examination be performed by one of the MSK radiologists.

Pharmacy – all outpatient prescriptions should be on the blue pads and patients directed up to Boots Pharmacy on C floor. It stays open until 7pm every day. There is a 10% staff discount in the shop if you show your ID.

Julie Duncombe	Pharmacy Technician	x13680/ Bleep 2645
Chaytali Jogia	Rheumatology Pharmacist	x13680/ Bleep 2459
Medicines information	MedicinesInformationSTH@sth.nhs.uk	

Referral to another specialty – if the clinical problem directly relates to the patient's Rheumatological condition or treatment, you can make an onwards referral to another specialty. Typically this might be to orthopaedics, respiratory, renal, neurology for example.

Combined Specialty Clinics – we run combined clinics with a number of specialties. You can access these clinics on behalf of your patients as follows:

Orthopaedics	Tuesday pm	ROP	Prof Mark Wilkinson	Hips/ Knees
	4th Wednesday monthly am	ROP	Mr David Thyagarajan	Shoulders

Refer with a standard clinic letter but complete the Rheumatology outcome form with "combined orthopaedic clinic" ticked and relevant consultant surgeon identified. Glenda Bailey [clerical team] will then book the patient in.

Additional specialist orthopaedic advice is available at NGH via a standard referral letter:

Foot & Ankle Clinic	Mr Blundell/ Mark Davies/ Howard Davies/ Miss Chadwick
Upper Limb	Mr Amjid Ali/ Hand clinic (various consultants)

Spinal Surgeons Mr Chiverton/ Cole / Michael/ Breakwell

Respiratory (Drs Kiely/Condliffe)/ Dermatology (Dr Sabroe)/ Neurology (Prof Hadjivassiliou)/ Obstetric (Tess Bonnett, Marie Smith, Roobin Jokhi and Fiona Fairlie) clinics – run as part of the Rheumatology service with Drs Akil, Kilding and Kuet. Refer with standard letter either to specialty leads or via Dr Akil/Kilding/Kuet.

Uveitis Clinic – 2nd Tues afternoon monthly, Ophthalmology OPD, RHH. Prof Rennie and Dr Dunkley. Refer with standard letter to either/ both.

ALL OF THE ABOVE ALSO PROVIDE EXCELLENT TRAINING – PLEASE COME & JOIN US IN THESE CLINICS

Rheumatology Weekly Team Meeting

Monday	12 – 12.45pm	XRM with Dr Highland, MSK Radiologist
	12.45 – 13.30	Clinical MDT Meeting

Venue: Rheumatology Meeting Room, B Floor Corridor

The whole MDT meet to discuss all inpatients & any outpatients who have complex issues. Usually the SpR/ SHO team present the IPs. Please make sure discussions are subsequently recorded in the patient notes for both MDT and XRM.

Inpatients

Matron Carol Bedford ext 61154 bleep 2697
Senior Sister Tracy Hill ext 61152

The status of our in-patient beds is currently being reviewed, but for the time being this is how things stand:

Rheumatology has circa 5-6 beds across the Haematology wards on O1, P3 and P4. All rheumatology elective and non-elective inpatients are admitted to these beds unless there is a requirement for HDU support. Requests for admissions should be directed via the Haematology nurse in charge.

Where unsuitable for treatment on the day unit, Rheumatology elective admissions should be discussed with the Haematology nursing team and booked via the ward clerk using the rheumatology referral form (see appendix A)

Rheumatology medical staff wishing to admit a patient from clinic/day unit or as a result of a patient, GP, A&E or other consultant referral should liaise with the Haematology nurse in charge. If there are no beds available on the Haematology wards, a bed should be sought via the duty matron on bleep 2021.

The day to day care of inpatients is co-ordinated and supervised by you as the team of StRs. Handover is critical day to day, but good teamwork makes it enjoyable. Give the SHOs guidance, and

supervise what they do. We have 2 SHOs, one a CMT, one on the GP VTS scheme. If you have any concerns about any aspect of inpatient work – flag it up to the relevant consultant early.

Consultant Ward Rounds

Drs Akil/Kilding/Kuet have a WR on a Monday am.

None of the other consultants have designated times for WRs, but will come and see patients as needed. Make sure the consultants know when one of their patients has been admitted, and liaise with them to arrange review on the ward.

Discharge Summaries [DCS]

These are the responsibility of the SHOs and are now completed on ICE immediately on discharge. As team leaders on the ward, please make sure the SHOs know this, and help them out where necessary. A copy should be emailed/ printed off and sent to the relevant consultant's secretary please.

Day Case Unit

Rheumatology nurse base ext 11957
Biologic Clinical Nurse Specialists: Pauline Mark and Liz Byrne bleep 2375 or 13087 (office)

The Day Case Unit is situated within the Rheumatology out-patients department. It has 3 chairs, and is used for patients who require IV therapies, blood transfusions, joint injections etc. on a day case basis.

If you need to arrange admission to the Day Case Unit, contact Tracy Fox by email Tracy.Fox @sth.nhs.uk or phone 13235.

Rheumatology On-Call

You will be on-call for Rheumatology 9am-5pm, 1-2 days per week (see timetable) and 1:5 weekends 9am – 5pm.

You will receive calls from GPs, other specialties requesting advice and ward consults (both RHH and NGH), our team of clinical nurse specialists, & our secretaries with queries about existing out-patients. If someone calls from NGH requesting a ward review, they should be directed to the consultant on call for NGH. It's best to give the caller the NGH secretaries' number 66954 for on-going help.

Make sure switchboard have a copy of the most recent on-call rota. **One of our current registrars has taken the role of giving switchboard a monthly updated Rheumatology Cons/ SpR rota, reflecting any swaps made since the rota was originally submitted to switch. It would be very helpful if this could be continued please. This is achieved by email to OncallRotaSwitchboard@sth.nhs.uk , copying in Kate Hardy (Dr Dunkley/Tattersall sec) and Dr Maxwell (clinical lead).**

Given the nature of the specialty, not every patient who is referred on the on-call will need seeing the same day. This will be most true for out-patients. If clinically appropriate, book them in to see you/ your on-call consultant the same or following week. Liaise with the on-call consultant to find out what they like you to do. Typically, you may need to add patients to one of your existing OPD lists. To create extra clinic appointments e-mail RheumatologyClericalRequests@sth.nhs.uk. The clerks will set up the slot and contact the patient if necessary. If an appointment needs to be made for the same day or early the next day it's worth speaking directly with one of the clerks to confirm that the mail has been picked up. If someone needs admitting, follow the instructions under Inpatients section. We do not admit after 5pm or routinely at weekends as there is no staffing to cover this. Advise admission through A&E/ Acute Medicine at these times. We also do not accept critically unwell patients – but please use your judgement. If it is a patient with solely/ predominantly a Rheumatological problem, and/or who is well-known to us, especially complex multi-system patients – you should liaise with the on-call Consultant about whether admission to us/ RHH critical care unit is most appropriate. If not, it may still be necessary for you to go and review the patient in A&E.

In the majority of cases it will be appropriate to see ward consults the same/ next day.

There is one consultant on call for RHH and one for NGH, except on Thursdays when one consultant covers both sites. These consultants on call change on a daily basis, except at weekends when one consultant covers both days. Liaise with your on-call consultant at the start of the day. When will they review ward consults with you? When will they review/discuss new patients seen in ROP? How do they like to be contacted (for most of us this will be e-mail or mobile, but bear in mind most mobiles don't work properly if at all in ROP itself!). *Please have a low threshold for discussing with the Consultant.*

*** A Copy of the Current Cons/ SpR on-call rota is pinned to the noticeboard in the secs and clerks offices***

Meet the Rheumatology Team

Clinic Nursing Team

The nurses and support workers are based in ROP. They check blood pressure, weight and urine before the patients are seen in clinic. They will then take any bloods that you may have requested or administer IM steroid injections after you have seen the patients.

Angela Furniss	Sister	11957
Jim Higginson	Staff Nurse	
Fiona Nield	Care Support Worker	
Rachel Redfern	Care Support Worker	
Amy Fretwell	Care Support Worker	

Clinical Nurse Specialists

The Rheumatology Department has an experienced team of Nurses working in General Rheumatology, Lupus and Connective Tissue Disease and Biological Therapy.

The Nursing Team work closely together and they have their own caseload of patients.

Patients are able to access specialised advice concerning their health and wellbeing through the Telephone Advice Line Service 0114 271 3806. Messages left by patients, families and health care professionals are answered within 24-48 hours.

General Rheumatology

Debbie Fellows & Nikki Newell – available via ROP

Debbie is based at RHH and has clinics most days. Nikki is based 2 days at the Northern General Hospital and 3 days at The Royal Hallamshire Hospital. Both see newly diagnosed patients, as well as offering advice and support to patients and their families who are living with their long term Rheumatological condition. Nikki is our only nurse trained in intra-articular injection – she performs knee and shoulder injections. Both are nurse prescribers. If you have any queries about "shared care" ask Nikki or Debbie.

Lupus and Connective Tissue Disease

Jayne McDermott

T: 0114 271 1627 (x11627) F: 0114 271 13532

Office: 2 Claremont Place, Room CP2303

Jayne's role is to support patients, relatives and Drs Akil, Carter, Hughes, Kilding and Kuet in the SLE/ Connective Tissue Service. She maintains an advice line for patients in these services. She also gives support to the national advice lines for Lupus UK and the Scleroderma Society.

Jayne has 4 independent nurse clinics per week. Tues/ Wed/ Thurs mornings are the CTD clinics. Jayne also gives nursing expertise to the combined specialty clinics listed in previous sections.

Biological Therapy

Liz Byrne

Pauline Mark

Emma Blanksby

Liz, Emma & Pauline run the CNS Biologic Service. They run independent nurse clinics daily, looking after our huge cohort of patient on biologic therapy (all diagnoses). Liz & Pauline are also nurse prescribers. They will screen patients according to NICE and local criteria, counsel patients on the drugs, & organise prescription, delivery and subsequent administration of treatment on the day case unit/ patient training for self-injectables.

All of our nurses have enormous experience in Rheumatology & the treatments we use. They have helped train many of the current consultants!!! Please ask them for advice, and please be available for them when they need you.

Young Person and Adolescent Rheumatology

Maria Forsyth

0114 271 1944 or via ROP

Office: 2 Claremont Place

Maria works with Dr Tattersall & Dr Dunkley supporting the young person and adolescent rheumatology service part of the week, and the general rheumatology CNS service for the rest of the week.

Physiotherapy and Occupational Therapy

The Rheumatology therapy team is based within the Therapy Services department on B floor at RHH and within the Therapy Services Out Patient department at NGH. However, the provision of physiotherapy at NGH is limited as most of the therapists are based at RHH.

RHH contact details

Reception ext no 13090

Therapy Office ext no 12752

NGH contact details

Reception ext no 15799

Therapy staff base ext 14857

Therapy Team

Physiotherapy

- Zoë Cox – Clinical Specialist Physiotherapist (RHH) & ESP (Spondyloarthritis)
- Steve Brown – Specialist Physiotherapist (NGH)

Occupational Therapy (RHH only)

- Dervil Dockrell – Clinical Specialist Occupational Therapist
- Sarah Wilson – Specialist Occupational Therapist
- Jude Bramhill – Specialist Occupational Therapist

Role of Rheumatology Physiotherapists

The physiotherapist's (PT) role in the management of patients with Rheumatic disease is to work in partnership with the patient to enable them to achieve and maintain optimal function and

independence. For many patients this will involve taking an active role in family, work and social lives.
Physiotherapists in Rheumatology will carry out detailed patient assessments to:

- identify how a patient's condition affects them physically and to what degree an individual's function is affected including mobility, posture etc.
- examine the musculoskeletal system to get a baseline of a patient's current status
- consider other body systems i.e. neurology, cardiovascular
- any special equipment requirements such as walking aids, modified footwear, splint requirements
- the patient's current self-management and coping strategies
- the need for physiotherapeutic interventions

The PT discusses assessment findings with the patient and, in conjunction with them, devises a goal orientated treatment plan. This may include pain management with the use of ice, heat, electrotherapy and hydrotherapy. The patient can then progress on to other treatment approaches including: range of movement and muscle strengthening exercises, improving mobility, and posture re-education.

The PT may provide education on their condition for the patient and guides them on self-management of their condition long term. This then enables the patient to modify their exercise programme according to their disease activity. Education of family and carers is also an important part of the PTs role.

Patients' ability to perform functional activities, such as gait, transfers, stairs sport/work related activity are also assessed. Liaison with other members of the multidisciplinary team is often an important part of ensuring the best outcome for the patient. By setting realistic goals and working together with the patient, the PT aims to promote independence and enable the patient to reach their optimum potential at home, work and in social activities.

Role of Rheumatology Occupational Therapists

The Occupational Therapists (OT) role is to help people who have difficulty with their everyday work, home or leisure activities because of their rheumatological condition. Occupational Therapists in Rheumatology will aim to improve/maintain a person's ability to carry out daily life tasks. These tasks can be in:

- self-care (self-care & domestic)
- leisure
- productivity (work - paid or unpaid, study)

In order to improve/maintain these abilities an occupational therapist evaluates, together with the client, the specific occupations or activities a person carries out and works closely with them to help adapt:

- the occupation or activity
- the person
- and/ or the environment

This can include:

- Joint protection techniques
- Splinting to support joints while working or resting
- Tools and equipment to help with everyday tasks
- Exercises to improve hand and wrist mobility
- Advice on planning and pacing to reduce fatigue
- Help and advice on driving and mobility problems
- Relaxation techniques

Within the whole treatment process the occupational therapist liaises and negotiates not only with the client, but also with the multi-disciplinary team, which will include both primary and secondary care where appropriate.

Referral to Physiotherapy and Occupational Therapy

Referral forms are kept in the clinic rooms within Rheumatology Out Patients at RHH and NGH. Please complete the forms legibly! The criteria for urgent referrals are on the reverse of the form. All referrals are screened by the rheumatology therapy team.

Paediatric and Adolescent Rheumatology (PAR) in Sheffield

Paediatric and Adolescent rheumatology is an essential component of adult rheumatology registrar training. All StRs are expected to have level 3 safeguarding training which can be arranged through safeguardingchildrentraining@sheffield.gov.uk or www.safeguardingsheffieldchildren.org.uk. This training should be completed in the first attachment at the central Sheffield Teaching Hospitals (STH). If there are any child protection queries, please contact the child protection lead for STH, Dr Karen Selby Karen.selby@sth.nhs.uk.

Sheffield has a unique, seamless adolescent service running across the Sheffield Children's hospital (SCH) and STH with an established transitional programme. Children up to the age of 16 are seen in Sheffield Children's hospital (SCH) and new referrals of adolescents and young adults (AYA) from 16 up are seen at STH. Each StR will do at least a 6 month attachment to PAR, but if this is a special interest, please discuss with the TPD to enable more experience.

Paediatric rheumatology

The paediatric team comprises

Consultants

- Dr Dan Hawley (daniel.hawley@sch.nhs.uk)
- Dr Anne-Marie McMahon (anne-marie.mcmahon@sch.nhs.uk)
- Dr Ruud Verstegen (ruud.verstegen@sch.nhs.uk)
- Dr Rachel Tattersall (1 day per week)

Nurses

- Jenny Edgerton
- Helen Lee
- Sam Bull
- Francesca Welch

Physiotherapists

- Sam Leach
- Oli Ward
- Matt Denton

Occupational Therapist

- Catherine Dunbar

Support Worker

- Shirley Armstrong

Secretary

- Tracy Rew

Pharmacist

- Clare Nash

Psychologist

- Rachel Calvert

Key weekly events:

- Clinics run Monday mornings, Tuesday and Wednesday afternoons and Friday Mornings
- Entonox joint injection lists run weekly
- General anaesthetic joint injection lists run weeks 1 and 2
- The paediatric team meeting is 9.30-11.30 on Wednesday mornings 9am-11am

The best way to contact the team is to email the generic nursing email address rheum.nurses@sch.nhs.uk or one of the consultants via Tracy Rew tracy.rew@sch.nhs.uk.

You are welcome to attend clinics/joint injection lists/team meetings at times other than during your dedicated attachment block, but *please email ahead* to check this is OK with the team.

Adolescent Rheumatology

Rachel Tattersall and Lisa Dunkley lead the transition service for young people transferring from the Children's Hospital and for newly presenting young adults with rheumatic disease aged 16-25. The service is supported by Maria Forsyth, clinical nurse specialist. Lisa Dunkley also leads the transition uveitis service.

The adolescent and young adult at STH clinic runs twice weekly on Monday afternoons and Thursday mornings (from Oct 2016 this Thursday clinic will be run from the Graves Centre). Entonox inhaled anaesthesia is available in clinic and intra-articular injections are routinely carried out in this clinic (where for some forms of juvenile arthritis they are the sole treatment) which is an excellent opportunity to gain experience in small joint injections and to train in entonox use.

The adolescent clinic at SCH runs on a Wednesday afternoon and a number of other joint clinics for subspeciality transition such as CTD are also run in SCH. We are keen for trainees to attend these clinics (by arrangement as they often become crowded) to gain specialist experience.

Adolescence is a developmental stage distinct from childhood and adulthood and it is worth familiarising yourself with E-learning for health (http://www.e-lfh.org.uk/projects/adolescent-health/). This is an excellent set of on-line learning modules about generic adolescent health issues. It can be accessed either through STH learning and development dept (PALMS) or by registering direct on the site using your GMC number.

Clinic attendance can be arranged via the paediatric rheumatology secretary Tracy Rew on tracy.rew@sch.nhs.uk

Specialised Medicine Managerial Structure

Rheumatology sits in the directorate of Muskuloskeletal medicine alongside orthopaedics, pain, plastics and physiotherapy.

Each Directorate is led by a Clinical Director who is appointed by the Chief Executive for a three year period subject to annual review. The current clinical director for MSK is Simon Buckley (orthopaedics), and he is supported by a clinical lead for each sub-directorate. Dr James Maxwell is the current clinical lead for Rheumatology.

The care group manager is Vickie Leckie and the nurse director is Cath Bailey. Vickie is supported by a service manager Lisa Thompson-Fox. Cath Bailey is supported by Matron Lib Jones and her nursing team.

The Rheumatology sub-directorate management meetings consist of the Executive which runs monthly on a Thursday afternoon, and the Sub-directorate meetings which run on the 1st Thursday afternoon of the month. Access to the management team is via a consultant colleague, James Maxwell, attendance at the sub-directorate meetings or direct reporting to Lisa Thompson-Fox.

You require management experience throughout your training. Not only is it an ARCP/ PYA requirement, it will genuinely be invaluable for your future life as a consultant. Please do come to the meetings. As an StR team, it would be helpful if one of you is always present to represent training/ ward-based issues.

Useful intranet site for HR related policies:

http://nww.sth.nhs.uk/NHS/HumanResources/

Trust Induction:

http://www.sth.nhs.uk/about-us

Departmental Information Site (being developed):

http://sharepoint.sth.nhs.uk/Dept/Rheumatology/SitePages/Home.aspx

This will include all leave, on-call rota, teaching commitments, individual weekly timetables (including consultants) and will also signpost clinical information.

Research

The Sheffield Rheumatology department provides excellent opportunities for trainees to be involved in research, with a diverse range of projects and research strands available. All trainees on the programme are encouraged to participate with dedicated time made available within their timetable throughout the training rotation.

There are also considerable research opportunities within the clinical department including NIHR portfolio studies in the fields of Rheumatoid Arthritis, Spondyloarthropathy, Connective Tissue Disease and Vasculitis. Dr Rachel Tattersall leads on qualitative research with recent projects investigating patient views on transition in adolescent Rheumatology. Dr Simon Till has recently been appointed to an academic post in Hallam University and alongside the creation of a National Centre for Sports and Exercise Medicine in Sheffield, this provides exciting opportunities for research within this field. Please discuss research interests early with your ES.

Medical Students

Phase 3b Attachment

We have Phase 3b students attached to Rheumatology for a fortnight each, in groups of 6-10 students. Their term runs from the end of January through to May (with a short Easter break), and again from mid-August to early December. Dr Grant is responsible for the day-to-day running of the attachment.

The students follow a timetable that provides seminars, the “virtual ward round” at Sam Fox House, NGH, Dr Grant’s teaching clinic and access to multiple OPD sessions (singly or in pairs). This timetable is updated every 2 weeks & uploaded to Minerva by Andrew Atterbury (Andrew.Atterbury@sth.nhs.uk or 52621). Minerva is the web-based student information portal for medical students and staff. It contains huge amounts of information about teaching/ medical education/ timetables/ UG curriculum/ your teaching commitments. If you don’t already have it, please contact Ash Self (a.self@sheffield.ac.uk) to organise access to Minerva.

We expect all our SpRs to take an active role in Medical Student teaching. All SpRs will give a fortnightly seminar as part of the Phase 3b attachment. “Seminar” really means small group teaching – by far the best approach is to use clinical cases to illustrate key points. A straight lecture on powerpoint is not usually well received. Andy Atterbury holds the master list of seminar topics covered – liaise with your colleagues to pick the most appropriate topic not already covered. Please feel free to swap topics amongst yourselves to prevent boredom!

One of our SpRs conducts the "Introduction Session" for students on the first Monday. The purpose of this is to welcome the students, make it clear that we are a specialty deeply committed to teaching, and signpost the students to what is expected of them during the 2 weeks.

There is a separate "crib sheet" for the SpR conducting the student intro, however it may be helpful to talk this through with Dr Grant in advance. The key points are:

- Signpost the students to all the documentation/ paperwork/ handbook/ timetables available on Minerva. Some of them will have looked already; some won't
- All they need to know is in the handbook!
- They should attend a minimum of 2 Dr and 1 nurse-led clinics (at times of school holidays/ annual conferences this may prove difficult and we accept that).We ask them to complete an attendance sheet (on Minerva)
- Ask the students to divide up the clinics on the timetable in that introductory session so that each clinic has 1-2 named students attached to it, and we don't get all 10 students deciding to turn up to the same clinic
- Explain that we deliberately do NOT include every clinic on the student timetable; the clinicians need some "business" clinics where they can see large numbers of patients without interruption. Teaching done properly takes time. Nonetheless, if students are struggling to get to enough clinics eg during BSR week, let them know that they can turn up "en spec" to ROP/ NGH and ask other consultants whether they may sit in clinic – but they must be prepared in those circumstances to be politely turned away
- They should spend "free time" on DCU/ wards speaking to our patients
- We require all of them to submit an emailed "Extended Case History" about a patient they have seen outside of a regular clinic. The point is to get them to spend significant time with one patient exploring their history in full, and then doing some research about one aspect of the case (side of A4, referenced). Full guidance is given to the students in their handbook. Email to Dr Grant William.grant@sth.nhs.uk on or before the final Friday of the attachment. The commonest mistakes are lack of detail in HPC, mis-spelt or wrong dose of drugs, lack of any management plan from students (ok we've got the diagnosis or the history and examination but what are you [the student imagining themselves as an admitting FY1] going to DO about it!), or lack of references in essay section at end. We aim to return these marked, by email, within a fortnight.
- Attendance at the "Virtual Ward Round" first Thursday, 9.15am, Sam Fox house, NGH – is mandatory. They will be performing GALS screens/ Hand examinations on real patients – so ask them to revise these and look at the ARUK videos either online or on the DVD tucked inside the back cover of the ARUK Medical Student Handbook that you will give to them at this introductory session (ask Jim Higginson for new supplies as needed, bearing in mind they take weeks to arrive; they are kept in your registrar's office)
- Attendance at one teaching clinic is mandatory. Friday morning ROP – must be prompt at 9am. Will finish 11.30-12pm. Maximum 4 students per week. If total group of students exceeds 8, please let Dr Grant know. The students will spend time in pairs, in a room on their own, taking a history from a new patient. The second pair will see a FU patient with the consultant. They will then swap. We will work through differential diagnosis and management plan together.

- We ask them to submit all paperwork to Judy (Dr Grant's sec) on the final Friday; this includes their attendance sheet, the formal medical school evaluation that is completed about them, and their feedback forms on the attachment.

All of our SpRs/ SHOs work with Dr Grant to mark the student cases. If you are new to the department, we will give you previous marked examples so that you can follow our standard marking template. Remember this is formative feedback for the individual students. Dr Grant will email you the student cases for marking at the end of each attachment (typically 2-3 students at a time). Mark them by "track changes" or adding "comments"; give a summary of good points and areas for improvement at the end. "Sign it", date it. Err on the side of being strict. These are students 6-18 months away from graduation. Email directly back to the student but copy Dr Grant into this email. Email Dr Grant separately to let her know if any students were particularly high or low quality and why. Over the years we have identified struggling students in this way. We have also identified probity issues – if you suspect this flag it up immediately to Dr Grant.

Other Teaching Commitments

Foundation Clinical Skills Course June every year Sam Fox House (NGH)

[Small group teaching on shoulder examination; all SpRs take part]

Phase 2 Lectures March LT1 Medical School

[you may be asked to deliver one or two of these]

CMT Connective Tissue Disease Seminars twice yearly, half day R Floor

[Dr Akil/ Dr Kilding/Dr Kuet may ask for your help delivering some of this]

*** Use these opportunities above to get one of the consultants to complete a teaching observation for your ePortfolio ***

A few Clinical Links……

There are lots of useful clinical protocols on the intranet and S drive, both for Rheumatology and for other specialties. Have a look under "Intranet Site Index" as a good place to start.

We are in the process of collating all Rheumatology specific clinical protocols in one place:

http://sharepoint.sth.nhs.uk/Dept/Rheumatology/SitePages/Home.aspx

This is work in progress, so if you become aware of a protocol that isn't on Sharepoint – please upload it, or let Lisa Thompson-Fox know, and they will be able to help.

Currently the DMARD guidelines and shared-care protocols are all on there.

Examples of other departmental protocols include:

- Early Arthritis Pathway
- AS Pathway
- iv cyclophosphamide
- Iloprost infusions
- Pulmonary Function Testing (in patients on MTX/ LEF)
- Temporal Artery Biopsy pathway
- Sequential biologic protocol in RA

There are also regional pathways eg

- RTX in ANCA vasculitides
- Biologics in Behcet's Disease

Another link that you may find useful, for metabolic bone issues and Vit D supplementation:

http://www.sth.nhs.uk/metabolic-bone/information-for-healthcare-professionals

Joint Injections

See Injection handbook in the generic South Yorkshire Rheumatology Rotation induction book, or S drive – Rheumatology Teaching Resources. There are additional injections available on http://www.yorksandhumberdeanery.nhs.uk/medicine/rheumatology/wne_yorks_and_n_lincs/

(Word document on the right hand side of the webpage)

Biologic Prescriptions

Routine outpatient TNFi prescriptions are completed by the consultants. Infusions are given on DCU. Currently prescriptions for these are usually completed by the consultants and/ or CNS team, but equally they may occasionally come to you. There is a new document "at a glance" summarising all the biologic medicines available on SharePoint and S drive/Rheumatology/ Rheumatology database.

.

Phone Numbers/ Contact Details

Consultant	Secretary		Clinic Clerks (no longer consultant specific)	
Dr Akil	Sue Cooper	11932	Angela Taylor	All 13917
Dr Kuet	Lisa Sayles	11943	James Barratt	
Dr Dunkley/ Tattersall	Kate Hardy	11936	Helen Cowley	
Dr Carter/Dr Till	Glenda Bailey	11939	Helen Dennis	
Dr Kilding	Kathryn Newton	11933	Matt Bamford	
Dr Kazmi/EAC	Hannah Cattell	11939	Stacey Helliwell	
Dr Maxwell	Cheryl Taylor	11938	Debbie Howard	
Dr Grant	Judy Naylor	11843	Clare Andrews	
			Hannah Ali	

Rheumatology Front Reception 11934

Rheumatology Helpline (for patients) (27)13806

Rheumatology Appointments line (for patients) (27)11947

Rheumatology Prescription Line 11950

Phlebotomy/ blood room 11957

Clinic Rooms 1195(number of room) eg ROP Room 1 = 11951

Lisa Thompson-Fox, Service Manager

Lyndsay Harpham, Supervisor 61395

James Barrett, Clinic co-ordinator

Lisa Mellor, Data quality co-ordinator

Rheumatology Fax **0114 271 1844**

RheumatologyClericalRequests@sth.nhs.uk **Use this email to request changes to existing appointments/create new appointments. As above, if you need an appointment for the same/next day it would be worth having a chat with one of the clerks to check that the mail has been picked up.**

To bleep:

*8 prompt Bleep (4 digits beginning with a 2) Extension Handset down

To call an extension from outside the hospital:

Numbers beginning with 1 0114 27 (extension) eg Kate Hardy 0114 271 1936

Numbers beginning with 6	0114 22 (extension) eg Angela Taylor 014 226 1396

Appendix A

Ward P2 Rheumatology Referral Form
SPECIALISED MEDICINE

TEL:61150 **FAX: TBC** Date of Referral:	PATIENT ID LABEL

Referred By**:** **(PRINT NAME)**

Consultant**:** **(PRINT NAME)**

Proposed Date of Admission: Patient Contact No:

Length of stay …….. Days/Nights **(delete as appropriate)**

Does the patient need transport: YES/NO.

Is the patient self caring or do they have minimal dependency? YES/NO (enter details below)

Referral accepted by:……..

INVESTIGATION/PROCEDURE REQUIRED **	THIS SECTION TO BE COMPLETED BY THE WARD CLERK	
	Tick and date when completed	
	DATE FOR ADMISSION CONFIRMED	

	CONFIRMATION LETTER SENT	
	MEDICAL RECORDS ACQUIRED	
	TRANSPORT BOOKED	
	PROCEDURES BOOKED	DATE & TIME

(delete as appropriate)

IS THE PATIENT MRSA YES/NO

IS THE PATIENT DIABETIC? YES/NO

IS THE PATIENT ON WARFARIN YES/NO

IF YES WHEN DO THEY NEED TO STOP IT?

……..……...

BLOODS/URINE/OTHER SAMPLES REQUIRED

All investigations require a SIGNED request card to be attached/faxed with this form.

ALL FIELDS WITHIN THIS FORM MUST BE COMPLETED. UNCOMPLETED OR ILLEGIBLE REFERRALS WILL BE RETURNED TO THE REFERRING CONSULTANTS SECRETARY