

SpR Induction pack

Rheumatology

The Rotherham NHS Foundation Trust

Moorgate Road, S60 3UD

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Welcome

This document is an induction to the Rheumatology SpR role. The electronic copy is available from the rheumatology consultants or one of the Rheumatology secretaries. If you have any suggestions to improve this document please discuss with the clinical supervisor in rheumatology.

The clinical supervisor in Rheumatology is currently Dr Fiona Fawthrop. Her email address is fiona.fawthrop@rothgen.nhs.uk. She will be your contact regarding e-portfolio and the rheumatology post.

Your clinical supervisor for acute medicine will be Dr Shaun Nakesh. His email address is shaun.nakesh@rothgen.nhs.uk. He will be your contact for your medicine e-portfolio and your work on the Acute Medical Unit (AMU).

You will have a Trust Induction covering infection control, fire safety, blood transfusion, pharmacy standards, PACS, handover procedures, PREVENT, Meditech training etc. You will receive log ins for PACS, ICE and Meditech.

Details of the Trust Induction will be sent to you by Emma Humphries / HR. Ms Humphries is the HR advisor for the surgical division of which the department of rheumatology is a member.

Please read this induction pack and use it for reference during your placement.

The Job - timetable

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Dr Kumari clinic 9am to 1pm (medical OP)	Dr Fawthrop Clinic 9am to 1pm (medical OP)	AMU Start 9am	FU clinic variable 1 or 2 weeks out of 4 (rotation between consultants)	Dr Smith Clinic 9am to 1pm (medical OP)
Lunchtime	Grand round 1 to 2pm Lecture theatre post graduate				
PM	Research (if post grad meeting Thursday pm) Or admin / ward referrals	Admin/ Ward referrals/ Monthly clinical governance/ Bi monthly clinical effectiveness	AMU Finish 5pm	Rheumatology Postgraduate meeting Or Research afternoon	Admin / Ward referrals/ ?Undergraduate teaching (please liaise with Dr Smith)

Post description

You will carry bleep 101 on your rheumatology days but not when you cover AMU. The bleep will be handed to you by your supervisor when you start.

In rheumatology you will work closely with the consultants in rheumatology clinic. You may be contacted by staff on the day case unit (Planned Admissions unit – PIU/A7) if they have a clinical problem that cannot be sorted by the specialist nurse.

We do not have dedicated inpatient beds. We do have admitting rights on ward A7, but usually the bed manager will dictate where a patient should go as they have an overview of the needs of all the specialties. We do not admit patients directly from the GP instead we would suggest that they are admitted via AMU.

It is your responsibility to ensure that you have a 20 minute break each day and finish on time. Please do not be tempted to miss lunch!

In terms of management structure we are within the surgical division alongside trauma and orthopaedics, general and specialist surgery, and orthotics.

The Rheumatology Team

Consultants:

Dr Fiona Fawthrop – special interest in paediatric rheumatology (ext 5171, bleep 555) works Mon, Tues, Thurs 3 weeks per month / Tues, Wed and Thurs the remaining week.

Dr Gillian Smith – special interest seronegative and crystal arthropathies (ext 5176) works Tues-Friday.

Dr Rakesh Kumari (ext 7581, bleep 553) works Mon – Fri

Nurse Specialists:

Sister Sue Elsey - clinic ext 5953, office ext 4739, bleep 079. Works mon, tues, thurs, fri.

Vacant post – to be advertised shortly

Secretaries:

There is a team of secretaries working for all of the consultants. They are based on D level (corridor leading to PGME as are the consultants). Extension 4275 and 7156. Our current staff are:

Melanie Richardson - secretary (based in Dr Fawthrop's office)

Susan Brammer - secretary (based in Dr Kumari's office)

Diane Marshall – typist (based in Dr Smith's office)

F2 (shared with GUM and Acute Medicine)

Please note that the F2 works in rheumatology (on call will affect this) on a Monday, Wednesday morning and all day Friday only).

They are with us for 4 months at a time and rotate between ourselves, general practise and paediatrics.

Bleep 906

Rheumatology Physiotherapist:

David Thornhill

Extension: 4407

Rheumatology Occupational therapist:

Lesley Williams

Extension: 7135

Planned Investigation Unit / A6:

April Brockbank - Deputy Ward Manager (every day running of unit)

Andrew Lyons - Ward Manager

Extension: 4208

General Manager for rheumatology:

Ben Vasey

Dec phone: 8358

Clinical Director for the Surgical Division:

Jeff Garner (general surgeon) – interim appointment

Rheumatology SpR duties:**Elective admissions**

This is now very rare. The consultant will discuss this with you directly in order to make the arrangements.

Acute admissions

The rheumatology team have 'admitting rights' to ward A7 (Haematology/Specialist medical ward). We do not encourage direct admission from GPs and will usually advise that the patient is admitted via AMU under the on call medical team. If in doubt, please speak with the relevant consultant. If in doubt ask. If you do need to admit someone please contact the on call team on AMU via switchboard (dial 0) and ask them to bleep the medical SpR on call).

Ward round

There is not a set ward round as having inpatients is not common. If there is an inpatient you should see them daily (excluding the day on which you work on AMU) and report their progress to the consultant. You should **anticipate discharge and prepare TTOs and discharge letters** in advance. If the F2 is available they should be encouraged and guided to do this.

Referrals to other consultants

This will usually be done only with the consultant's agreement. It is Trust policy not to refer a patient to another clinician for any problem unrelated to their admission. It should be taken in person to the consultant's office by yourself (or F2 if available) and NOT placed in internal mail.

Telephone calls from GPs

Rheumatology does not generally accept medical emergency cases. If you receive a call regarding admission please take down the details and advise that you will discuss the case with the consultant and ring the GP back.

Discharge Summaries

You should ask the F2 (if available) or complete a Meditech discharge letter yourself when a patient is discharged. You (or preferably the F2 with your guidance) should also **dictate a discharge summary letter (as per the proforma for letters on Meditech)**. Dictation should be completed on the day of discharge and given to the secretaries to complete urgently for fax to the GP. If you are not working on a rheumatology day when discharge happens it is helpful to have pre dictated the letter. If you have failed to do this it should be done ASAP the following day. The consultant responsible for the patient will want to be asked if they wish to check the summary before it is sent out.

Day Case (ext 4208)

Most rheumatology day case activity happens on a Monday. It takes place on PIU (Planned Investigation Unit)/A6 – next door to A7. The specialist nurses are responsible for the initial assessment of patients having treatment but they may bleep you for advice. Please note it is simply a treatment appointment and not an opportunity for the patient to sort long standing problems.

The specialist nurse will prescribe the biologics (except cyclophosphamide which must be prescribed by a SpR or consultant). If they are on leave they will liaise with yourself/F2 in order to write the prescriptions. Examples of all prescriptions are kept on the day case unit. The specialist nurse / consultant will go through this with you after you start in the unit. Prescriptions are usually written on the Friday afternoon for the following week. Please

note that the three consultants have an agreed protocol for Cyclophosphamide which is kept on A6/PIU.

Outpatient clinics

These will be held in the medical outpatients department. When you first start you will be expected to discuss all patients with the consultant – this will form part of your education/training. We will offer you further guidance as to how we run our clinics, what our specialist nurses do and what services can be offered in house. Please don't refer to another specialist outside of RFT unless this is agreed with the consultant.

AMU

You will liaise with Dr Nakesh, director for acute medical care, about your work on the unit.

Teaching and Training

You should attend teaching as detailed on the timetable whenever possible. You can also take the opportunity to assist in teaching medical students. Generally there are 2 medical students rotating in rheumatology/orthopaedics/cardiology for 2 weeks at a time. Please ensure that you manage your e-portfolio effectively and look for ways of completing your assessments throughout the year.

Your educational plans / aims for the year will be discussed with your clinical tutor (Dr Fiona Fawthrop) at the beginning of your attachment in RFT.

Annual Leave/Study Leave

Annual leave / study leave should be arranged via the Trust medical form. This can be found on the Trust Intranet. Please ensure that you get this signed off (**minimum notice 6 weeks**) promptly by your clinical tutor so that clinics can be cancelled without moving patients. Your leave will then be added to the departmental leave calendar. It is compulsory to attend the SpR study days arranged by the Deanery.

Sick Leave

As per the Trust absence policy you should telephone the following people if you are unwell:

1. The rheumatology secretaries (01709424275); ask that they pass on the message to consultants. You can always reach the consultants at home/mobile phone via the main switchboard on 01709 820000.
2. Emma Humphries , Senior Medical Workforce Advisor (01709424506)

For further details on Managing Attendance Policy please contact Nicola Hellewell in Human Resources.

Appendix

1. Rheumatology Infusion Quick Guide
2. Letter layout for Meditech

1.

Rheumatology Infusion Prescription Quick Guide

Infliximab

Prescribed on: infliximab prescription sheet
Pre medications: Chlorpheniramine 4mg PO 1 hour prior to infliximab
Paracetamol 1g PO 1 hour prior to infliximab
Dose: 3mg/kg or 5mg/kg – check for individual patient
For reaction: Chlorpheniramine 10mg IV STAT
Hydrocortisone 100mg IV STAT

Rituximab

Prescribed on: Normal cardex
Pre medications: Methylprednisolone 100mg IV 1 hour prior to rituximab
Paracetamol 1g PO 1 hour prior to rituximab
Chlorpheniramine 4mg PO 1 hour prior to rituximab
Dose: 1000mg in 500ml 0.9% normal saline infused as per protocol
For reaction: Nothing to prescribe

Tocilizumab

Prescribed on: Tocilizumab drug card
Pre medications: None
Dose: 8mg/kg (maximum dose 800mg)
Given in 100ml of 0.9% saline over 1 hour
For reaction: Nothing to prescribe

Abatacept

Prescribed on: Abatacept cardex
Pre medications: Hydrocortisone 100mg IV 30 mins before abatacept
Chlorpheniramine 10mg IV 30 mins before abatacept
Paracetamol 1g PO 30 minutes before abatacept
Dose: <60kg patient = 500mg
60-100kg patient = 750mg
>100kg patient = 1000mg
Given in 100ml 0.9% saline over 30 minutes
For reaction: Nothing to prescribe

2.

Clinic letter format

The below headings should be used when dictating a clinic letter.

Consultant:

Active diagnosis:

Past medical history/problems:

Medication as listed by patient:

Adverse drug reactions:

Medication started:

Medication stopped:

Investigations:

Summary of visit:

Management plan:

How to prescribe Intratect (IV immunoglobulins)

There is one patient who has 6 weekly IVIG. It is given over 2 consecutive days. Please refer to the example prescription included on the following page.

You need to do:

- normal cardex with pre-medications
 - paracetamol 1g 1 hour prior to infusion PO
 - chlorphenamine 4mg 1 hour prior to infusion PO
 - methylprednisolone 100mg IV 1 hour prior to infusion
- ICP – integrated care pathway (blood transfusion prescription)
 - Prescribe 7 units of the same thing as below

Date	
Component:	Intratect
Route	IV
Rate	see variable
Transfusion related medication	0.7ml/kg/hour
Route	IV
Dose	5 grams
Prescribed by	

