



The Paediatric Handbook

East Surrey Hospital
Surrey and Sussex Healthcare NHS Trust



In association with
Health Education Kent, Surrey and Sussex (HEKSS)
School of Paediatrics

A Guide for Trainees
August 2017

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1. INTRODUCTION:

Welcome to the Paediatric Department. This handbook is written for new paediatric junior doctors in order to familiarise you with the people, place and procedures in preparation for your first day. This Handbook contains all kinds of departmental information, but is especially helpful for those of you on the Paediatric Speciality Training programme. It should be read in conjunction with your specific curriculum (found on your Royal College website) and your Specialty School Handbook. This document is updated regularly to reflect changes that have occurred within the department, if you find any errors or mistakes please inform Dr Dymond, the RCPCH Tutor for paediatrics.

2. SURREY & SUSSEX NHS TRUST:

We are located just south of the M25, off the M23, close to Gatwick Airport. We provide emergency and non-emergency services to the residents of East Surrey, north-east West Sussex, and South Croydon, including the major towns of Crawley, Horsham, Reigate and Redhill.

We provide acute and complex services at East Surrey Hospital in Redhill. We also have several outreach hospitals for a range of outpatient, diagnostic and less complex planned services.

The Post Graduate Education Centre (PGEC) is located in the Trust Headquarters building, at the West entrance of the hospital.

The main paediatric areas are Outwood Children's ward, Child Assessment Unit and the Neonatal Unit or SCBU, all of which are situated on the first floor of East Wing. Paediatric Outpatients is situated in a purpose built unit outside East entrance, opposite the staff car park.

3. KEY PEOPLE IN PAEDIATRICS

The Clinical Lead for Paediatrics is Dr Catherine Greenaway, email:

Catherine.greenaway@sash.nhs.uk Her secretary is Sally Ann Taylor ext. 1759. Absences, rota issues, and health problems affecting your clinical duties, study leave issues, grievances, and any departmental or staffing concerns especially those relating to patient safety need to be brought to her attention. Dr Greenaway investigates all clinical incidents reported on Datix, arranges locums and recruits permanent medical staff; she oversees the department on a day to day basis. She helps and advises the Rota Co-ordinators across all levels of staff.

The Interim RCPCH Tutor is Dr Debbie Pullen, email: Debbie.Pullen@sash.nhs.uk Her secretary is Sarah Dalton ext. 2645.

Training issues e.g. working Less Than Full Time, competency achievements, the education programme, study leave issues, problems with e-portfolio, ARCP's, issues with your educational/clinical supervisors should be brought to the Tutors attention. Dr Pullen advises and aids the SHO rota co-ordinators and runs the Junior Senior monthly meeting.

The PGEC administrator for Paediatrics & for all GP trainees within SASH is Mr Iain Buchanan, ext. 2936. Email: iain.buchanan@sash.nhs.uk . The PGEC staff have admin rights to the various speciality e-portfolio systems, they compile attendance registers and feedback forms for teaching.

Iain organises and minutes both the Paediatric and GP Local Faculty Group (LFG) meetings in which training and education and trainee progress are discussed. LFG meetings are held every Feb, June and November in preparation for GP trainee changeover dates.

Iain manages GPST1 and GPST2 trainee Hospital rotations and the GP ST3 practice placements, he co-ordinates the Yearly GP Timetable and Training Scheme as a whole, as well as organising

education for the greater GP community such as the annual GP safeguarding Level 3 training, Iain works closely with the GP TPD's, the GP Tutor, the Deanery and the GP school to ensure that GP trainees gain the best possible education here at the trust.

The Medical Education Manager is Ms Tina Suttle-Smith, based in the PGEC ext. 6615, email: Tina.Suttle-Smith@sash.nhs.uk. Tina manages everything to do with doctors training and curriculum delivery across the trust for all specialities. Her brief is to ensure that patient safety is maintained whilst balancing training needs with service delivery for our junior doctors.

Tina is the link between us at SASH and external professional bodies such as HEKSS, Speciality Schools, the GMC, and the Royal Colleges.

Any concerns that trainees may have which they feel unable to address within their speciality can be taken to Tina for investigation and action. Examples would include bullying, concerns about consultant behaviours, harassment or discrimination.

Tina is the Academic Registrar for the Local Academic Board and works closely with the Chief of Education Dr Sarah Rafferty, and all the College Tutors who attend the LAB meetings.

4. YOUR PAEDIATRIC SUPERVISOR:

You will be given a consultant as your named Supervisor for Paediatrics. You need to have an Induction meeting within 2 weeks of starting in the post followed by 1-2 further meetings, usually one midterm and one before the placement ends.

If you are with us for a long period e.g. for 12 month posts, you may meet more frequently, as required, to discuss any additional issues or for a particular project e.g. audit/ leadership tasks.

If you are in your last rotation of the year e.g. FY2 final rotation, you may need to have your End of Placement Trainers Report completed shortly after starting in the post due to programme deadlines. We will clearly comply with this however you still need to have a final meeting with your Clinical Supervisor before the actual end of your rotation to give you a more comprehensive summary of your time in paediatrics. Any concerns raised, even at this stage, will be fed back to your respective Training Programme Director and to HEKSS.

5. EDUCATIONAL AND CLINICAL SUPERVISORS

As a paediatric Specialty Trainee (ST) you will be allocated an Educational Supervisor from the paediatric consultant body, to mentor and guide your career decisions, help set a Personal Development Plan (PDP), to hold regular Supervision Meetings and to complete a Trainers Reports at the end of your post. Your Educational Supervisor will have full access to your Kaizen eportfolio account, and can generate new events for you without a ticker request. You will not need a separate named Clinical Supervisor. Having worked with you during your post, your Educational Supervisor can also complete the Clinical Supervisors section of the End of Post Trainers Report.

If you are a GP trainee, your GP Trainer acts as your Educational Supervisor for the whole 12 months, even when you are in hospital placements. Thus you will only be allocated a named Clinical Supervisor from the paediatric consultants. This Supervisor will meet with you regularly for feedback and do your End of Placement Trainers Report. They do not have access to your e-portfolio account and need a ticket request to fill in any formal paperwork.

For Foundation/ Broad Based Trainees/ ED CT3s you will have an Educational Supervisor allocated to you by your speciality so we will give you a named Clinical Supervisor in paediatrics. This

consultant will mentor and guide you, appraise you during your placement and do your End of Placement Trainers Report.

In practice all trainees will work clinically with all different consultants as you rotate across the various areas in paediatrics. You will work closest with the attending consultants in the 3 clinical areas: Outwood ward, SCBU and CAU, so this is the best opportunity for you to present cases and get your assessments done.

6. PAEDIATRIC CONSULTANTS AT SASH

Dr Catherine Greenaway
Clinical Lead for Paediatrics
Interests Respiratory & Allergy, CF,
TB, Neonatal attending consultant



Dr Debbie Pullen
Interim RCPCH Tutor
Interests: Endocrinology
Neonatal attending consultant



Dr Ivor Lewis (part time) Interests: Diabetes
Outpatient sessions only



Dr Bindu Radha
Interests: Fetal Medicine
Neonatal attending consultant



Dr Majeed Jawad
Interests: Cardiology, Respiratory & Allergy.
Chief Examiner for the RCPCH
CAU attending consultant



Dr Abdul Khader:
Lead for Neonatal Intensive Care
Neonatal attending consultant



Dr Kamal Khoobarry
Lead for Paediatric Oncology
Neonatal attending consultant



Dr Neemisha Jain
Interest in Diabetes
A&E liaison and CAU lead
Joint Simulation Lead
CAU attending consultant



Dr Avinash Aravamudhan
Special interest in Diabetes
Neonatal attending consultant



Dr Yekta Dymond (Maternity Leave) RCPCH Tutor
(part time)
Joint Named Doctor for Safeguarding
CAU attending consultant



Dr Katherine (Katie) McGlone (part-time)
Joint Named Doctor for Safeguarding
Rheumatology interest
CAU attending consultant



Dr Karen Ansell
Epilepsy & Neurology interests
Joint Lead for Simulation
CAU attending consultant



Dr Falak Gurreebun (maternity leave)
Interests: Gastroenterology,
Medical Student Co-Ordinator,
CAU attending consultant



Dr Faheem Akhtar
Fixed Term Consultant Paediatrician
Some resident night shifts
CAU attending consultant



Dr Noleen Smith
Fixed Term Consultant Paediatrician
Some resident night shifts
CAU attending consultant

Dr Lola Adenuga (Locum)
Interests: gastroenterology
CAU attending consultant

Dr Silvia Pierini (Locum P/T)
CAU attending consultant

7. COMMUNITY PAEDIATRICS

The community base for West Sussex is the Child Development Centre situated within Crawley Hospital. Our Crawley community ST4 works daytime shifts in Crawley CDC and provides out of hours on-calls at East Surrey Hospital.

Dr Patricia Atkinson is the clinical Lead for Crawley CDC. She is also the Safeguarding Lead for West Sussex community paed. Patricia.atkinson1@nhs.net Her secretary is Clare Wilson Tel 01293 600 300 ext. 3351

The community base for Surrey children is the Community Child Health Centre, Maple House, East Surrey Hospital. Dr Paul Wright is the Clinical lead and Safeguarding Lead.

8. COMMUNITY NURSING TEAMS

Teams of children's community nurses help look after our chronic patients within their home e.g. gastrostomy /tracheostomy patients, complex disabilities, children on chemotherapy, oxygen dependent children, those with life limiting conditions, and diabetics, to name a few conditions.

The Surrey Community nurses are based in St Johns Court in Redhill, the West Sussex Nurses are based in Jumbo Children's Unit, Crawley Hospital. The ward staff have full contact details for all the community children's nurses.

9. SPECIALIST NURSES IN PAEDIATRICS

We have the following specialist children nurses working at East Surrey Hospital, as part of the in house team to deliver best clinical care for our chronic patients: Oncology Nurse, Epilepsy Nurse, Allergy and Asthma nurse, TB and CF nurse, Diabetic nurses, Neonatal Outreach Nurse. We also have 2 dedicated paediatric phlebotomists working on the Child Assessment Unit for paediatric blood tests. Appointments are booked in a diary via CAU.

Blood tests on children can be done in Crawley Hospital main phlebotomy, via a booked appointment system, for children >2yrs old. Families must contact them direct.

10. SAFEGUARDING CHILDREN'S NURSES

Vicky Abbott and Sally Stimpson are our safeguarding children's nurses, based in an office in CAU, ext. 2642, bleep 850. They should be contacted for advice on all safeguarding cases whether on the ward or previously seen and discharged from A&E. They can advise on all kinds of child safeguarding issues e.g. infant of a known substance misuser, Looked After Children, Unexplained injuries presenting acutely. Please seek them out to discuss any issues that are sensitive or difficult to voice with your seniors, e.g. when differences in opinion exist over what could be physical abuse rather than accidental injury. The SG nurses work closely with the Named Doctors for SG children.

Our SG nurses have very close links to Social Services, midwifery teams, Health visitors and A&E and are very experienced in all matters especially Child Protection Plans, Child protection proceedings, Strategy meetings and Case Conferences.

They can signpost you to appropriate referral paperwork, contact and fax numbers for social services, they can make enquiries with schools, HV, or other professionals on your behalf and are very friendly and approachable. There is a digital camera locked in the SG office which is there to take photos of safeguarding cases eg marks or injuries seen during the acute presentation, even if out of hours. Keys to the SG office are held in CAU (Eiffel Tower keyring). Please follow the instructions for identifying whose photos they are and get a photography consent form signed by the parents.

11. WORKING IN PAEDIATRICS

The aims and objectives of your Paediatric placement is to gain the following:

- Knowledge and understanding of disease in children
- Recognise the sick child and neonate
- Compassion and respect for children and their families
- To serve the best interest of the child or young person
- Apply evidence based knowledge to practice

12. YOUR ROLE AS A LEARNER

You are responsible for your own learning and should actively seek to further develop professionally by attending appropriate courses and completing your examinations. You should plan your study leave giving at least 6 weeks' notice of your intentions. Please ensure you have regular meetings with your supervisor, maintain your e-portfolio, keep up to date with assessments as required for your ARCP.

It is your responsibility to request a meeting with your Educational Supervisor In order to complete an End of Placement Trainers Report. This is essential for your Annual Review of Competency Progression (ARCP). ***Please note that the deadline for Paediatric ARCPs is end of July, a time when lots of consultants take Annual Leave and are unavailable.***

13. E-PORTFOLIO

The new Kaizen e-portfolio for paediatrics launched in Jan 2016, combining the previous E-portfolio and Asset. It is your responsibility to maintain an E-portfolio with reflections, learning logs, WPBA's and to upload certificates, CVs, and evidence of your achievements. This is an essential requirement for trainees as it provides an audit of your progress and learning.

E-Portfolio accounts are created for users by the affiliated training body (such as a Royal College) when entering a training programme. Paediatric Trust Doctors e.g. LAS/Service posts can get access to Kaizen E-portfolio by subscribing to the RCPCH as a non-run through trainee.

14. WORK PLACE BASED ASSESSMENTS (WPBA)/SUPERVISED LEARNING EVENTS(SLE)

The RCPCH guide to WPBA's for trainees and the number needed for each stage of training can be found at this link:

<http://www.rcpch.ac.uk/system/files/protected/page/Trainees%20Guide%20to%20assessment%20web.pdf>

Handover, Ward Rounds and the weekly Grand Round are good opportunities to learn and to build on differential diagnoses. Please use the ward round as an opportunity to identify patients for whom you would like a WPBA/ SLE completed.

15. PAEDIATRIC CURRICULUM FOR SPECIALITY TRAINEES:

The full curriculum for paediatric training can be found at:

<http://www.rcpch.ac.uk/system/files/protected/page/April%202015%20General%20Paediatrics%20Curriculum.pdf>

In Paediatrics it is important for you to work with other health care professionals and to attend multi-professional meetings e.g safeguarding strategy meetings with Social Services. This can be as an observer for junior trainees and as active participants for more senior trainees. It is also valuable experience to see Speciality clinics such as the CF clinic or Diabetes clinics in progress as they will have specialist nurses in attendance, with care centred on the patient.

16. REGIONAL STUDY DAYS AND HEKSS SCHOOL OF PAEDIATRICS The website for the KSS School of Paediatrics is <http://www.ksseducation.hee.nhs.uk/specialty/paeds/>

Information on educational opportunities available regionally for ST1-8 paediatric trainees is to be found at <http://www.ksseducation.hee.nhs.uk/specialty/paeds/teaching-learning/>

Please note this website is not well maintained and in fact events are advertised to trainees via a mobile App called Eventbrite which is free and which emails you alerts with courses, which you can just click and book onto.

At East Surrey Hospital we run a Simulation day called Communication and Breaking Bad News for all levels of trainees ST1-8 twice a year. This course involves role playing communication scenes with actors and handling difficult conversations with families. It has been very popular so please book early to avoid disappointment.

17. PAEDIATRIC RUN-THROUGH TRAINING Level 1 (ST1-3) - lasts 2-3 years

Provide basic knowledge of paediatrics and child health, with placements mainly in general paediatrics and neonatal intensive care.

Completion of the full MRCPCH exams will be necessary to progress into the next level of training at ST4 - more about [MRCPCH examinations](#).

Level 2 (ST 4-5) - lasts 2 years

Middle grade training is provided mainly in district general hospitals (DGHs), using existing core training posts and rotations including community paediatrics and neonatology.

There is a greater emphasis on outpatient learning, and an expectation of a higher level of performance in relation to common paediatric conditions, child development and safeguarding.

Level 3 (ST6-8) - lasts 2-3 years

Trainees may choose to stay on in general paediatrics, or apply in competition for one of the 17 accredited sub-specialties via the Paediatric Grid.

Entry to a sub-specialty takes place at ST6 or ST7, depending on the sub-specialty curriculum. Trainees continuing in general paediatrics will be matched to ST 6 - ST8 posts by their local Training Programme Directors (TPDs) in accordance with local availability of training opportunities, trainee requirements and preferences.

18. MRCPCH EXAMINATIONS

Paediatric trainees should aim to sit their MRCPCH written exams in ST1-2 years, such that they can be on track to pass their clinical MRCPCH exams by the end of ST3 year in order to progress in the programme. The training programme is competency based, so if a trainee has not passed full MRCPCH by completion of ST3 then they cannot progress to Level 2 ie ST4 grade. Consideration will be given to allowing a remedial year ST3R if all other competencies have been met.

19. CURRICULUM FOR GPST AND ED DOCTORS

Royal College of GP curriculum: Care of Children and Young People

<http://www.rcgp.org.uk/training-exams/gp-curriculum-overview/online-curriculum/caring-for-the-whole-person/3-04-children-and-young-people.aspx>

Royal College of Emergency Medicine curriculum for paediatrics:

<http://www.rcem.ac.uk/Training-Exams/Curriculum/Curriculum%20from%20August%202015/>

20. CONSULTANT MEETINGS & LOCAL FACULTY GROUP (LFG)

The paediatric consultants meet monthly for a Consultants Meeting on a Tuesday afternoon. They also meet at the thrice yearly LFG meeting to discuss training matters and your satisfactory progress in the post. Any trainees in difficulty will be flagged up at LFG meetings and spoken to by the Clinical Lead/RCPCH Tutor along with their Educational Supervisor in a 3 way meeting. They will also be notified to the Paediatric Training Programme Directors and HEKSS via the College Tutor.

For GP trainees any concerns will be communicated to your GP Trainer & Training Programme Director after discussions locally.

21. TRAINEE REPRESENTATIVES

We would like each group of trainees to elect a Trainee Representative who will gather feedback (usually via email) about issues like the local teaching programme, work intensity, senior support, and give this feedback as a report at the thrice yearly meeting of the Paediatric LFG.

In paediatric we ask for an ST1-3 Rep and ST4-8 Rep. GP trainees have a Rep for each year group, e.g. GPST1, GPST2, GPST3 who feed back to the GP LFG and GP Training Programme Directors (TPD's). Foundation doctors have a Rep for each year who feeds back to the Foundation LFG. All the Reps are invited to meet with the Chief Executive of the Trust regularly to provide their opinions, suggestions, and feedback to board level.

The feedback loop must be closed as relevant information / responses from the Local Faculty Groups needs to go back to the cohort. This is the responsibility of the trainee Reps who should attend the LFG meetings or send a representative in their place if unable to attend eg nights. The LFG minutes will be circulated to the trainees by the College Tutor.

22. THE LOCAL ACADEMIC BOARD

There is a Local Academic Board in each Trust whose responsibility it is to ensure that postgraduate medical trainees receive education and training that meets local, national and professional standards. The LAB undertakes the quality control of postgraduate medical training programmes. It receives reports from all the Local Faculty Groups and is chaired by the Director of Medical Education (DME).

23. LIBRARY

Educational Resources and IT/Computer access is available in the Library on the ground floor of West Wing, next to PGEC. The staff there are happy to give you guidance and teaching on evidence based searched and to source papers and journals for you.

A one month free trial of BMJ OnExamination is available from the library. Athens accounts can be created in the library to allow access to online evidence based information.

The library can also give you membership to Uptodate, a website and mobile App with evidence based medical information available on the go.

24. JUNIOR DOCTORS

Middle Grade rota: a 12 person rota

2 ST4/5 General posts

2 ST4-6 Community posts

2 ST7/8 General posts

2 Advanced Neonatal Nurse Practitioners (ANNP)

5 Clinical Fellows/ Trust Doctors

SHOs: 16 person SHO rota

2 FY2

5 GPST 1-2s

8 Paediatric ST1-3s

1 Emergency Medicine CT3 – works mainly in general paediatrics

2 GP Integrated Paediatric Training (ITP) – work 2 shifts each on CAU from 2-10pm

25. ROTAS

The 16 week SHO rota commenced in Aug 2015 and effectively divides the year into 3x 4 month cycles (8wks general 8wks neonates) starting with the GP trainee rotations.

There is a bridging 'hybrid' rota the week of GP trainee changeover in April, Aug and Dec each year plus another hybrid week over the Paediatric changeover date in September each year.

The august intake of GP/ F2/ ED doctors (8 doctors) all start in general paediatrics for 8 wks and then cross over to the neonatal arm of the rota for their final 8 weeks.

This rota was developed to better support GP trainees who historically found the transition from adult medicine to neonates extremely stressful, and asked to do general Paeds before neonates.

This does mean that the new Paediatric intake of ST1's in Sept each year start in Neonates, but they are well supported by our middle grades and ANNPs and many of them will have done some paediatrics previously eg in FY2 year.

The middle grade rota started in Sept 2015 and introduced a second night registrar to the rota which has been immensely appreciated by staff, patients and trainees as it provides much more support for the junior doctors, a safer environment, and better patient care. Due to national middle grade shortages we do rely on agency locums to staff this rota a fair deal, but we try to be consistent and use the same Locums again and again.

26. LESS THAN FULL TIME TRAINING (LTFT)

This is well supported in our Paediatric department. For more details of your rights and entitlements please see the School of Paediatrics Induction Handbook for KSS Trainees <http://kss.hee.nhs.uk/files/2014/09/Induction-Handbook-2013- Paediatrics>

To apply for LTFT training please speak to HEKSS and ask the RCPCH Tutor Dr Dymond to approve your proposed reduced working hours from a service and educational perspective.

27. STUDY LEAVE

Study leave request forms (available from the PGEC) must be completed and handed in even when attending a course on a day off, or if attending a course which is free. It must include details of course fees and travel/subsistence expenses.

Study leave requests need to go through the rota co-ordinators to ensure the clinical area is staffed at all times and no shortages anticipated. If attending on a day off, please write this on this form. The form should be signed by your named Clinical/ Educational Supervisor or Dr Greenaway or Dr Pullen in their absence.

Study leave will only be granted if there is no conflict in terms of service according to how many other people are away at the time. Preference will be given to essential courses e.g. Advanced Life Support & Regional PLEAT study days. Private S/L is max 5 days before an examination. See terms and conditions on back of S/L request form.

Courses taken on a day off are still eligible for full reimbursement of costs, and a lieu day to compensate your training time, as long as you can evidence that you did indeed attend the course.

S/L cannot normally be taken on a night shift or a long day; unless you swap out of the duty or cover the 5pm onwards part of the long day yourself or swap it out. This means you can take the hours of 9-5 off for S/L which we cover with a Float doctor. You can then claim a day off in lieu of S/L on a day off. In exceptional circumstances the College Tutor or Clinical Lead may give you time off on nights to allow you to attend a vital course or sit an exam. Please approach them directly with your request.

The HEKSS Study Leave Policy is found at:

<http://www.ksseducation.hee.nhs.uk/policies-and-procedures/study-leave-guidance/>

28. ANNUAL LEAVE

Annual Leave is at a rate of 10days A/L per 16 weeks for SHO's and 10 days A/L per 12 weeks for middle grade doctors. You may be entitled to more depending on your grade and seniority. Please consult Medical Staffing and evidence this to your rota co-ordinator so that any remaining leave can be claimed.

29. SICK LEAVE

For absences of two hours or more, you are required to call the consultant covering the clinical area where you are expected for duty to inform them of your absence. If this sickness is overnight or out of hours, you are to call the On-call consultant via switchboard to inform them of your situation.

If you cannot reach them then you should leave them a voicemail and also call the Registrar on call to pass the message on at the change of shift.

It is not acceptable to email your absences as emails are not instantly read and the recipient may be away/ busy/ on annual leave.

It is not acceptable to report your sickness just to a colleague who is working a shift as they have no authority to find cover or to arrange a locum to replace you.

In addition you must call First Care Health to report your absence formally to the trust. The First Care telephone number is 0333 3218053. The Firstcare notification will be processed and forwarded to the Clinical Lead for Paediatrics Dr Greenaway in due course.

30. LOCAL TEACHING PROGRAMME (UPDATED AUG 2016)

DAY	TIME	TOPIC	VENUE
Monday	08.30-09.00	Teaching delivered by consultant	NICU handover room
	13.30-14.00	X-ray meeting with radiologist Dr Vive/ Dr Nadjafi/Dr Patel	Paeds OPD teaching room
Tuesday	13.30 – 14.15	Paediatric grand round (informal presentations by Outwood team)	Paeds OPD lobby area
	14.15-15.00	Trainee Case presentation by SHO & paired teaching by SpR	Paeds OPD teaching room
	Monthly 14.15pm	Safeguarding Peer Review meeting Dr Dymond/Dr McGlone.	Paeds OPD teaching room
	Monthly	Simulation training: Dr Ansell	Sim suite
Wednesday	08.30-09.00	Teaching delivered by registrar	NICU handover room
	12.00-16.00	GP teaching (See GP timetable www.creshgp.co.uk)	PGEC
	4 th wed of month 13.00	Perinatal M&M meeting: Dr Khader and Obstetric team	Burstow corridor teaching room
Thursday	08.30-09.00	Teaching delivered by consultant	NICU handover room
	13.00-14.00	Junior/senior meeting: Dr Pullen	PGEC Lecture Theatre
	Every 2 months 13.00hr (lunch 12.30)	Paediatric Grand Round: case presentation to whole hospital	
Friday	Monthly	Simulation training: Dr Jain	Sim suite

In addition there is a monthly rolling Audit/ Governance afternoon, please see the monthly teaching rota for further details.

31. MONTHLY TEACHING ROTA

The Monthly Teaching Rota is issued by email. Please check your emails and make note of when you may be due to give a departmental presentation. Not every SHO will get a chance to present formally in a 4 month rotation due to capacity and trainee numbers, but you should get involved in discussions around cases at the Grand Round and do Case Based Discussions with your consultant supervisors.

32. TRAINEE CASE PRESENTATIONS

The Tuesday Trainee case presentation should be a 15 mins case presented by the SHO followed by 30 mins teaching by a registrar on the same topic. This should be prepared in advance and you are to work together and review each other's talk to ensure a high quality joint presentation.

For teaching on NICU you need to bring your presentation on a USB stick. You won't be able to open emails. For OPD teaching you can email the presentation to your personal email account and open it from there or use a USB stick. Please note you will not be able to save any changes onto a standard USB stick from any hospital pc due to anti-virus protective software.

33. FEEDBACK FORMS & REGISTERS

Feedback forms, if you want to use them to add to your portfolio, and blank registers are kept in a Black Teaching File in NICU and in 2 Teaching files in Paediatric OPD, one behind ward clerks desk, another in the Teaching room.

Feedback forms can be handed out to the audience by the speakers and collected again at the end along with a signed register. Completed papers can be left in the teaching file for collection. Ultimately these are processed by the PGEC staff to provide attendance records for individuals.

34. OUTPATIENT CLINIC TIMETABLE:

EAST SURREY HOSPITAL CLINICS

Monday morning Drs Pullen, Khader, Ansell (epilepsy/neurology), McGlone wkly
Dr Cliff dermatology wk 4, allergy nurse wk3
Dr Jawad cardiac wk 1&3

Monday afternoon Diabetes clinic
Dr Jawad echo clinic 2nd and 4th weeks
Dr Lewis Diabetes clinic wk 2&4
Epilepsy clinic Dr Wright wk 2&4
Dr Aravamudhan general monthly

Tuesday morning Drs Jain, Pullen, Gurreebun, Jawad wkly
Dr Radha Baby clinic, Allergy nurse

Tuesday afternoon NO CLINICS- Grand Rounds

Wednesday morning Dr Jawad cardiac wk 1&3, Ansell wkly
Orthopaedic clinic monthly
Dr Greenaway and Dr Sharif allergy wkly
Dr Khader (High risk Neonatal) wkly
Dr Radha wkly

Wednesday afternoon Dr Khoobarry wkly
Rapid Access clinic wkly
Allergy nurse, registrar clinic wkly

<u>Thursday morning</u>	Visiting Sub-specialist most weeks Dr McGlone wkly
<u>Thursday afternoon</u>	Dr Dymond General wkly Paediatric surgery wkly
<u>Friday morning</u>	Dr Greenaway CF clinic <i>monthly</i> Nurse allergy 1 st and 3 rd weeks
<u>Friday afternoon</u>	Dr Dymond (Pierini) 1 st and 4 th wks Registrar clinic, Dr Adenuga (gastro) wkly

CRAWLEY HOSPITAL CLINICS

<u>Mon morning</u>	ENT
<u>Mon afternoon</u>	ENT Ophthalmology
<u>Tues morning</u>	Ophthalmology Dr Aravamudhan general
<u>Tues afternoon</u>	Ophthalmology
<u>Wed morning</u>	Dr Ivor Lewis Diabetic clinic wk1,3,5
<u>Wed afternoon</u>	Dr Ivor Lewis General clinic wkly ENT clinic Mr Khemani
<u>Thurs morning</u>	DrsGreenaway Resp/Allergy, Khoobarry , Diabetes wk 2&4 Paediatric surgery 1 st week
<u>Thurs afternoon</u>	DrsGurreebun Gastro, allergy nurse wkly Dr Ivor Lewis rapid Access clinic wkly Paediatric surgery 1 st week
<u>Friday morning</u>	Drs Pullen, Khader, Ansell Epilepsy wkly
<u>Friday afternoon</u>	Dr Aravamudhan Baby clinic Dr Radha

35. SPECIALIST VISITING CLINICS

The following specialists visit our trust for joint clinic in paediatrics:

Cardiac:	Dr Nitha Naqvi, Royal Brompton Hospital Prof. Qureshi, Evelina Children's Hospital
Epilepsy:	Dr Wright, Community paediatrics
Genetics:	Dr Meriel McEntagart, St George's Hospital
Respiratory:	Dr Ian Balfour-Lynn, Royal Brompton Hospital
Endocrine:	Dr Assunta Albanese, St George's Hospital
Neurology:	Dr Penny Fallon, St George's Hospital
Surgery:	Mr Alexander, Mr Narayanswamy, Mr Khalidasan, BSUH
Orthopaedic Surgery:	Miss Yael Gelfer, St George's Hospital
Gastroenterology:	Dr Sally Mitton, St George's Hospital
Rheumatology:	Dr Wilinon, Evelina Children's Hospital

Please speak to POPD reception staff to find out exact dates if you are interested in attending a particular speciality clinic.

36. PAEDIATRIC SECRETARIES:

The majority of consultant and secretarial offices for paediatrics are located in the WACH Portacabins, a short ramp on the right off the main corridor, Ground floor, East Wing, This has swipe card access only.

Sally-Anne Taylor ext. 1759 (Drs Majeed Jawad & Catherine Greenaway)

Ele Reed ext. 6769 (Drs Ivor Lewis, Avinash Aravamudhan, Neemisha Jain, Karen Ansell)

Jean Buckley ext. 6971 (Drs Katie McGlone, Kamal Khoobarry, Abdul Khader)

Sarah Dalton ext. 2645 (Drs Yekta Dymond, Bindu Radha, Silvia Pierini, Debbie Pullen,)

Janet Trice ext 1760 (Dr Falak Gurreebun, Lola Adenuga, Noleen Smith, Faheem Akhtar)

37. USEFUL TELEPHONE NUMBERS:

Extensions:

Outwood ward:	ext. 6415/6416
Neonatal Unit:	ext. 1765/6816
Child Assessment Unit:	ext. 2878/2879
Paediatric OPD:	ext. 2866/2867
Safeguarding nurses:	ext 2642 bleep 850
Paediatric pharmacist:	bleep 847

Bleep numbers:

CAU Reg on call	bleep 680
CAU SHO on call	bleep 681
CAU consultant on call	bleep 807
Outwood Reg	bleep 434
Outwood SHO	bleep 678
NNU Reg on call	bleep 787
NNU SHO on call	bleep 724
Postnates SHO (9-5)	bleep 768
NNU consultant on call (9-5)	bleep 495