

CARDIOLOGY FACULTY HANDBOOK

A GUIDE FOR POSTGRADUATE DOCTORS IN
SURREY & SUSSEX HEALTHCARE NHS TRUST



Health Education Kent Surrey & Sussex (HEKSS)

Dear Doctor in Training

A very warm welcome to our Cardiology firm. There is a lot to learn on this job and we hope you will enjoy it and make the most of your time here.

The Job

As a member of the cardiology team, you will look after all of the patients on Holmwood ward, CCU and the angio suite. You will facilitate and contribute to each of the cardiology ward rounds, and ensure that ward jobs are carried out in a timely manner. When ward duties permit, there are also opportunities to attend clinics (this is compulsory for CMTs), the catheter lab and to perform elective cardioversions.

The job is well supported and you should never feel alone in managing patients or difficult situations. You can either speak to senior nurses who have wealth of experience, talk to SPRs or Dr.Alex Chen or the Consultant of the week. All cardiologists are very approachable.

Below is an outline of the team, the day to day job structure, the responsibilities of each member of the team, available clinics and an outline of how to organise the most common procedures and investigations.

A day in the life of cardiology

	SHO1	SHO2	SHO3	SHO4
8	PTWR	Holmwood WR (1st half)	CCU WR	Angiography
9				
10	Holmwood WR (2nd half)	Ward work	Ward work	
11				
12	Teaching	Teaching	Teaching	Teaching
13				

Afternoon sessions				
14	Clinic	Holmwood ward	Angio/CCU	Early finish at 2pm
15				
16				
17				
18				

The Cardiology junior team has the capacity to service all areas given their current staffing. This is a general timetable but there is flexibility depending on the numbers of juniors available. All juniors must leave at their designated time and should not overstay. If you have to stay on the ward longer for pending works, please speak to Dr.Gandhi.

The Team

Medical Consultants

Dr.N.M.Gandhi

Lead Clinician for Cardiology

Sp.Interest: Arrhythmias, Heart Failure, Devices

Dr James Sneddon

Sp.Interest: Coronary intervention Pacing, Gen, Cardiology Audit, M&M meetings

Dr Richard Allen

Sp.Interest: Coronary Intervention, EQ, MINAP, BCIS data MSC Chair

Dr Shrilla Banerjee

Sp.Interest: Coronary Intervention & Heart Disease in Pregnancy, Education & Teaching

Dr Rashid Iqbal

Sp.Interest: Coronary Intervention, Cathlab Director

Dr Ansuman Saha

Sp.Interest: Echo, TOE, CT angio, Cardiac MRI (Imaging Services)

Dr Cheuk Chan

Sp. Interest: Devices, Cardiac MRI

Dr Maciej Marcinak

Sp.Interest: Coronary Intervention, PA teching

Ward Staff

Service manager: Karen Marshall

Matron: Keith Middleton

Ward Managers:

Holmwood, CCU- Nadine Marcinkowski

Angio ward: Caroline Pollard and Michala Shah

Chief Physiologist: Rachel Danvers

Lead specialist nurse: Jacqui Head

Speciality Physician:

Dr Alex Chen

Sp. Interest: Pacing, Heart Failure, CCU

Job Pattern:

We have 3 wards which you will be involved with, as well as cardiology post-take rounds which occur daily. Holmwood is the main ward with 28 patients, CCU has 8 patients and is usually run by Dr Alex Chen unless he is away and then it is between the registrars and consultants. The angio suite has 14 beds. There are 3 ward rounds which require a junior doctor every morning **starting at 8am**– Holmwood, Post take on AMU, and CCU.

Daily: -

8:00 to 10:00 Ward round on CCU

One junior will need to cover CCU - ideally the same person all week as this greatly improves continuity and speed as these patients are often complex, ill or they change daily. This junior will then need to complete all the jobs and chase anything outstanding on CCU. There is a 1-page clerking proforma for patients having procedures, who need to stay in overnight. They will also need a drug chart and do their TTO's at the same time, as they should be up and out of bed ready to go home by 8am. When CCU jobs are complete, that person should first go to the Angio Suite to see if there are any jobs there and after that help the team on Holmwood ward.

8:00 to 9.30 Consultant Cardiologist Post Take ward round

One junior must be on AMU at 8am to start the PTWR with the cardiologist. This consultant will often have a clinic or angio list so it is not okay to be late. Jackie Head will usually (but not always) have prepared the list and stuck it to the nurses desk in AMU with any updated troponin/D-Dimer results. The ward round will generate a list of patients that need to be transferred to CCU and/or Holmwood ward and who need urgent/semi-urgent angiograms - the junior on the round must communicate this information to the ward sisters in CCU/Holmwood and the lab (There is an updated list on the pin board to add to daily). It is also helpful to give the Holmwood sister a list of patients that have been seen and whose care should be taken over by the cardiology team so they can ensure the bed managers are aware of these patients. The junior doing this round is responsible for getting the forms/requests done, again, Jackie will be very helpful if she is there and will request echos, ETT and 24 hour ECGs. She will also book patients in for their angios. For patients who are on AMU, it is our job to request the cardiology specific tests that a patient needs. After the ward round, the AMU team take care of chasing results TTO's and the patients. They only come under the care of Cardiology when they come into Holmwood, CCU or Angio Day Ward. After completing the PTWR and any urgent jobs this junior should go to the Angio Suite to complete any outstanding jobs there - usually a few TTOs.

Holmwood daily timetable

Holmwood has a consultant of the week from Friday to Thursday. This consultant also covers in-patient referrals from other specialities during routine hours. In addition this consultant also covers referrals done by the VM project. There will be a daily meeting at 8 AM in Holmwood attended by consultant, nursing staff, juniors, physiotherapist and pharmacist.

There should be at least two juniors covering Holmwood ward at any one time (occasionally this includes the Post take junior, when multiple people are on call or leave). Leave should therefore be arranged to ensure that enough juniors are available.

Monday

8:00 to approximately 12:00 Consultant ward round on Holmwood

At least one junior but ideally two plus physician associate. If possible, only one junior needed per bay, but should know patients and complete tasks of patients in those bays.

These juniors then continue to complete and chase jobs, check bloods and ensure bloods are ordered for the following day.

Tuesday

8:00 - 12:00 Registrar/Junior ward round on Holmwood

All the patients need to be seen and jobs need to be done. Ideally a registrar will see all the patients but sometimes this isn't possible - so SHOs or F1s will see them. Ensure anything important or unclear is escalated, and discussed in the morning with the Consultant on the ward.

Wednesday

8:00 to 12:00 (or later) Consultant ward round on Holmwood

Same as Monday.

Thursday

8:00 - 12:00 Registrar/Junior ward round on Holmwood

Same as Tuesday.

Friday

8:00 to 14:00 Consultant ward round on Holmwood

This is the busiest day of the week. The consultant changes on a Friday so needs to be introduced to all the patients on the ward, so the ward round takes longer. It is very helpful to review the notes on a Thursday and try to make a summary for the more complex patients. If possible, only one junior needed per bay, but should know patients and complete tasks of patients in those bays. After the round, all the weekend jobs and bloods need to be handed over on PTS/EDS. If something is really urgent then also let the sister in charge know and it will go onto the nurses handover as well. Please remember to prescribe to warfarin doses.

Angiography Suite (0800 onwards) – 14 beds – Medical and Cardiology consultants

The angio suite beds are designed to be used for patients being prepared for an outpatient procedure (eg cardioversion, angiography, PCI, device insertion), however in bed crises, these bays are used for non-cardiac patients.

One junior should be allocated to cover the angio suite at any one time. Their job is to see all of the medical patients (including cardiology patients). A medical consultant will do a ward round of medical patients (not cardiology) three times per week, with a board round discussion on the remaining two days. The cardiologist who is in the lab on the day should see the inpatient cardiology patients. If there are any problems with angio suite patients, escalate to the cardio SpR or the appropriate consultant.

In a life-threatening emergency you will be expected to help with assessment and resuscitation of surgical/orthopaedic patients on angio suite, however, the day to day ward rounds and jobs for these patients are the responsibility of the relevant teams. Direct the nurses to bleep these teams, and if they are not being seen, this can be escalated to the bed manager.

Transfers and Referral

We usually refer patients to St Georges, The Brompton, Harefield, Barts, and increasingly St Thomas'.

St Georges' Hospital

All patients referred here for cardiology/ cardiothoracics input will need an electronic transfer request completed (includes electrophysiology/TAVI/cardiothoracics). This request acts as a transfer letter. It takes about 30 mins.

Inpatient hospital transfer website (in favourites)

Username: eastsurrey Password: Eastsurrey18

Electronic transfer to St George's Hospital –

- Internet explorer-> Google
- Type St Georges/cardiac interhospital transfer
- Click on PDF (IHT SLCASN)
- Go to Page 11
- Click on URL for South London
- Click on next link
- Click on referring hospital
- User: east surrey
- P/W EastsurreyIP

Harefield (Mr Julian Gaer), Barts (Mr John Yap) and Brighton (Mr Jonathan Hyde)

Write a formal referral letter as a word document, with results of all investigations and remind the consultant what they had offered to do for the patient. This letter is emailed to the Consultant. Type the first few letters of their names into Holmwood ward's email, to prompt it to find their email address.

All imaging should be sent across via the Image Exchange Portal (IEP) - Hafiza is the radiographer in the cath lab and she can arrange this for you. If she isn't available call the PACS office (by saying "PACS office" into the phone) and they will send the pictures. Out of hours this can be done by calling the on call radiographer on bleep 600.

Procedures and Specialist Cardiac Investigations/ Interventions

Echo - Complete a green form and put the consultant cardiologists name on it. You can sign it if they have asked for it.

24 hour tapes and exercise tolerance tests - complete the white triplicate "cardiac investigations" form.

TOE - Discuss with Dr Saha. He has a list on Tuesday and Friday mornings in the room next to the cath lab. Procedures are booked by writing the patient's name in the black angio book in the angio suite. If patients need a GA for whatever reason, this will need to be booked with theatres - in the first instance speak to the CEPOD registrar on bleep 930. If you are struggling to find a slot that Dr Saha is available, then speak to Shirley Robson on 6046 who is the anaesthetic coordinator - she may be able to find an anaesthetist and anaesthetic room for the 30 minutes it takes to do a TOE.

Angiograms - If requested by a consultant then just write them in the black angio book and put the requesting consultant's name down. Make sure you know a little bit of detail about them (troponins, eGFR and other comorbidities). Only put them in when they are ready/fit for the procedure. It is really helpful if you cut and paste the report into the discharge summary. We use Solus to document all angiogram/angioplasty findings, though images are seen via Cerner. Solus is a webpage (check favourites) with username "solususer" and password "soluss." Occasionally these login details fail. In this instance speak to Jackie Head, who is a system admin and can reset the login details.

Things to remember for all PCI patients

- All patients that have PCI need dual antiplatelets for a duration specified by their consultant (generally 6 months for elective case, 12 months for NSTEMI and STEMI patients, absolute minimum is usually 3 months).
- Secondary prevention medications – Ramipril, Bisoprolol and Atorvastatin
- Cardiac rehabilitation – advice on driving, exercise, diet, work etc.

Pacemakers - As with angiograms. All patients will get a post procedure PPM check and you will need to request a chest x-ray including "post PPM" on the request so that they do AP and lateral films. Generally patients have antibiotics peri-procedure. Only put them in when they are ready/fit for the procedure.

Things to remember for all paced patients

- Need appropriate peri-procedure antibiotic
- Patients will need a CXR >4 hours post procedure to check lead position and exclude pneumothorax. PA and lateral only for dual chamber devices. PA for single lead devices.
- A pacing check is performed on all patients to ensure the device is working appropriately
- A routine 6 week follow up pacing check will automatically be arranged (you don't have to organise this).

Cardioversion - Urgent inpatient cardioversion is generally done by the general medical SpR on-call (or anyone else who is qualified). You will need to arrange a slot in CEPOD by completing a CEPOD booking form and speaking to the anaesthetic on call SpR/SHO on bleep 930. Elective cardioversion is organised by Jackie Head and takes place on a Friday morning in the angio suite. A junior should always try to go and make sure you get a DOPS!

Cardiac MRI - These are usually done at Bart's or St Thomas' hospital. For Bart's there is a cMRI referral form in the doctor's office which is scanned in and emailed to the cardiac MRI department (type "cardiac" into the Holmwood email and it will predict the email address for you – otherwise it is written on the form). St Thomas' hospital requires a referral letter to be emailed to their consultant – the secretaries have the email address. Bart's is more commonly used. Reports are emailed to the secretaries the day after the scan, though often the MRI department needs chasing – go via their hospital operator.

CT Coronary Angiogram - Discuss with Dr Saha or Dr Ahmed (Radiologist) as only these are the consultants which perform and report this procedure. If they are happy to perform the scan, request it on Cerner. There is usually one list a week on Tuesday.

Carotid dopplers – requested on Cerner

Lung function tests – ask the lung physiologists in the Holmwood corridor just before entering the main hospital corridor.

To get angio reports:

Username soluser
Password solus

Transfers and Referrals

Every Friday morning (usually around 09.30-1000) there is a Joint Cardiothoracic/Cardiology meeting (JCC) in the cath lab. A consultant cardiothoracic surgeon from St Georges, Harefield, Barts or Brighton visits each week (the cardiology secretaries can advise on which consultant is visiting on each week) to discuss the potential surgical candidates with the cardiologists. Usually the consultant cardiologists present outpatients first, before inpatients are discussed. The juniors on the team are often asked to present these patients to the cardiothoracic surgeon, so it is vital that all of the inpatients that are deemed to need surgical intervention are identified before the meeting. This is done by being aware of the angio report/echo report/consultant plans for each patient. If a patient needs discussion at JCC, let the secretaries know earlier in the week, and they will draw up a list for the surgeon. Patients are often added on the day as well however. The surgeons review the angio images during the discussion and decide on whether they are potential surgical candidates or not. If they are surgical candidates, the surgeon usually goes on a ward round, and speaks to the patients. At JCC, find out whether the patient is for inpatient or outpatient transfer. Outpatient transfer patients are discharged with optimised medication, and will attend an outpatient assessment clinic with the surgeons (arranged by them). Inpatient transfers need formal referral, and should have Doppler USS carotids & lung function tests arranged.

Occasionally, patients need same day transfer (eg if a large vegetation is found causing endocarditis, or there is critical coronary disease). The consultant cardiologist normally speaks with a surgeon directly, but the formal referral letter/electronic transfer still needs completion.

Clinics

All CMTs need to attend outpatient clinics twice per week. Clinics going on almost every day. Majority of clinics are in Chipstead area. Parking in Crawley is limited. Previous SHOs have found a space on site and leave a note in their windscreen saying they are an SHO at Dr Sneddon's clinic. There are on street parking spaces about 5 mins walk behind the hospital (beware the charged zone on all roads immediately next to the hospital) which are not charged though. The clinic is a fantastic learning experience and is highly recommended. Please also make sure that your **clinic letters are dictated on the same day as you do the clinic and authorized within 1 week.** You must **make sure you have a dictate.it login before the start date.** If no one will be available to cover clinics without leaving the ward short, then clinics will need to be cancelled – this needs 6 weeks notice at least.

Monday AM Dr.Marciniak's clinic
PM Dr.Gandhi's clinic
Dr.Saha's clinic
Dr Marciniak's clinic

Tuesday AM Dr Allen's clinic
Dr,Banerjee clinic
PM Dr.Chan's clinic

Wednesday AM Dr Banerjee's clinic
Dr.Iqbal's clinic
Dr.Gandhi's clinic
Dr.Allen's clinic at Crawley
PM Dr Saha's Clinic

Thursday PM Dr Sneddon's Clinic at Crawley

Friday AM Cardioversion list in the angio suite.
PM – Dr Chan's clinic

Rota and Leave

There **must** always be four juniors on the wards at any one time. Remember that nights and lieu days will reduce numbers, so when booking leave ensure that there will be adequate staff on the ward. The cardiology job is busy and well staffed but coordination is required so four is the absolute bare minimum staffing to cover the work.

SPR usually manages the rota. **Any on-call swaps, annual leave, study leave will go through SPR and consultant to avoid the ward being left short. Please arrange your annual leave dates well in advance and certainly within the first two weeks of starting the job.** If you leave it to the end, then you may lose the opportunity to take it and we want to avoid that problem. Annual leave will be given in preference to study leave. Exams e.g. MRCP are

also given priority. There will be little opportunity to take days off to study at home, so please bear this in mind.

Teaching programme

An excellent teaching programme has recently been established, with the consultant of the week presenting a topic at lunchtime on Wednesday. These are usually sponsored by a drug rep, so there is often a free lunch. On Thursday midday, there is usually complex cases discussion and you are encouraged to attend. This is followed by Grand round which also offers free lunch and teaching on Thursdays.