

**Salford Royal**

Salford Royal NHS Foundation Trust manages both community and acute hospital services in Salford. This integration has allowed the systematic adoption of clinical pathways and governance for patients in the community and in hospital. Salford Royal Hospital is a large acute hospital and a university teaching hospital. There is an active quality improvement department and recent successes have seen the hospital awarded the Dr Foster “best acute trust of the north” for high standards of care and low mortality rates.

**Job Title**

GPST Training Placement – Emergency Assessment Unit

**Speciality**

Acute Medicine

**Duration of Post**

6 months

**Base**

Emergency Assessment Unit

**Responsible to**

Consultant Acute Physicians

**Working Hours, on-call & duties of the post**

GP trainees will be allocated to either a zone or to clerking. There are 4 zones on EAU each with approximately 12 patient beds in them. A named consultant will see all patients in the zone with a trainee every morning (consultant ward round). In the afternoon trainees will continue to look after these patients and address any further medical issues in liaison with in-reach teams, pharmacy, nursing staff, relatives and tertiary support services (radiology and pathology). When clerking trainees will be allocated a patient who has just been admitted via a GP or ED by one of the EAU consultants – and once they have finished seeing the patient they will discuss their suggested diagnosis and management plan with a consultant. The working day starts at 08.30 with handover and finishes after the 04.30 handover.

Trainees can be on-call for acute admissions between 5pm – 9pm weekdays & 9am – 9 pm weekends. During these times there is support from Consultants on the unit until 8pm (including weekends). At night 9pm – 9am senior support is provided by the on-site medical registrar.

Trainees can also be on call for ward cover at these times. The trainees provide medical cover for in-patients during this time. They are supported by a medical registrar primarily – but there is always a consultant physician on-call who can be contacted.

**Study Leave, Annual Leave and Monitoring Sickness**

We have a rota co-ordinator who manages trainees requests for annual leave, study leave and monitors sickness. Trainees are expected to attend mandatory teaching half day per week and this is accounted for in the rota. Clinical supervisors are involved with any concerns regarding absence from work.

**Clinical Experience and Consultant Supervision**

The Emergency Assessment Unit is a 55 bedded unit which sees a turnover of approximately 14,000 patients per year. The majority of these emergency admissions come under the care of medicine. The Consultant Acute Physicians spend 138 hours per week and 16 hours at the weekend on the unit in direct clinical activity (60 hours of ward rounds and 84 hours directly seeing acute admissions).

This makes this unit an educationally rich environment in terms of clinical experience and consultant support and teaching.

In addition to this the unit has developed a zone dedicated to the care of acutely unwell older adults. This is in recognition of the increased multi-disciplinary needs of ageing patients with complex co-morbidity. In this zone every day there is a multi-disciplinary team huddle led by an Acute Physician, a hospital based geriatrician and a community based geriatrician. Also present are community and hospital based social care teams, occupational therapy, physiotherapy and pharmacy teams. The assessments of these individual professionals is discussed together to formulate individual patient plans.

Also, the unit recognises the need for early specialist input for certain groups of patients so operates an “in-reach” system where consultants from gastroenterology, respiratory, cardiology and neurology do a round each day seeing patients with acute problems. This allows trainees to learn the specialist management of acute presentations.

**Specific Educational Activity**

Each trainee on the unit is provided with a clinical supervisor – consultants who have all attended an approved supervision course. The clinical supervisor guides the trainee on how to achieve their learning objectives in their placement and meets with the trainee regularly to complete their e-portfolio and review trainee reflections.

There is a weekly 1 hour radiology meeting led by a Consultant Radiologist & Acute Physicians where trainees and medical students are encouraged to bring interesting radiology (usually chest x-rays and often CT scans) to review – and a clinical discussion follows.

There is also a weekly 1 hour education meeting where trainees and consultants present and discuss interesting research articles or guidelines or other topics of interest.

**Mapping to GP Curriculum**

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| **Domain – GP Curriculum** | **Work-Based Learning in Secondary Care – GP Curriculum** | **Availability on EAU** |
| Patient Safety and Quality | 1. Learning about differences between primary and secondary care will help the speciality trainee gain a broader understanding of the principles and practice of clinical governance and how to maximise benefit for patients. There should be opportunities to undertake clinical audit and critical event analysis with hospital colleagues2. Root Cause Analysis is the standard risk tool used in secondary care and familiarity with its application can best be observed in this setting. Speciality trainees should be able to describe the particular role of risk managers in acute trusts and this is best appreciated while in this environment3. The primary/secondary care interface is especially vulnerable to patient safety incidents. Observing and understanding how different systems and processes influence this can be appreciated during a secondary care-based experience | Monthly Clinical Governance Meeting – reviewing root cause analyses & risk managementOpportunities for Audit / Quality Improvement Ageing and complex medicine zone – many improvement projects around primary / secondary interface – opportunities for trainees to observe & be involved with projectsSafer Clinical Systems – on-going EAU project studying prescribing errors at primary / secondary interface – opportunities for trainees to observe & be involved with projects |
| GP in the Wider Professional Environment | Many of the intended learning outcomes can be addressed in the secondary care environment, where there are ample opportunities to participate and lead teams, to bring about change and healthcare improvement and participate in staff development. Understanding the journey of your patients from primary care through secondary care settings is invaluable in determining which aspects of the service are working well and which might need to be developed | Audit and Quality Improvement projects available for trainees:* Ageing and Complex Medicine
* Safer Clinical Systems – prescribing
* Readmissions
* Ambulatory Care Pathways
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| Enhancing Professional Knowledge | Examining the evidence base, learning, teaching and academic research | Weekly 1 hour education session on EAU – journal club / guidelinesOpportunities for academic research & publication |
| Acute Care | Recognise signs of illnesses and conditions that require urgent interventionWork effectively in teams and co-ordinate carePrioritise problems and co-ordinate carePrioritise problems and establish a differential diagnosisMake the patient’s safety a priorityConsider the appropriateness of investigations according to the patient’s wishes, the severity of the illness and any chronic or co-morbid illnessesBe able to make mental state assessments and ensure the safety of othersAccept responsibility for your actions, at the same time recognising any need for involving more experienced personnelKeep your resuscitation skills up-to-dateAct calmly in an emergency and follow agreed protocolsKnow the processes and arrangements for delivering urgent and unscheduled care in your communityBe aware of how the management of patients with continuing conditions affects the need to give urgent and unscheduled care | The EAU environment is the ideal place to see concentrated groups of acutely unwell adults and obtain these clinical competencies |
| Older Care | The UK has an increasingly ageing populationThe care of older people will make up a higher proportion of your workload as a GPCo-morbidity, difficulties in communicating, the problems of poly-pharmacy and the need for additional support for the increasingly dependent patients in general practice are important issues in the care of older peopleThe epidemiology of problems presenting in primary care is different in older people. Many cancers are more prevalent in the elderly population and may be of insidious onsetGPs working together with other members of the primary healthcare team have an important role to play in the delivery of improvements in the care of older people | EAU (particularly Ageing and Complex medicine zone) offers the opportunity to learn how to manage complex co-morbidity, interacting with professional teams, experiencing interagency work and working closely with the voluntary sector. It also develops skills in end-of-life care and advance directives |
| Cardiovascular Health | Cardiovascular problems are an important cause of morbidity and mortalityAs a general practitioner you should be competent in the management of cardiovascular emergencies in primary careAccurate diagnosis of symptoms that may potentially be caused by cardiovascular disease is a key competence for general practice | The acute setting is the ideal place to learn about immediate management of ACS, MI, stroke & aortic aneurysms.There is daily cardiology in-reach |
| Digestive Health | As a GP you have a central role in the diagnosis and management of digestive problems in primary careDyspepsia and gastro-oesophageal reflux disease (GORD) are common conditions affecting 28% of the population | 75% of admissions with chest pain to EAU are caused by gastro-oesophageal reflux disease. Patients with acute liver disease and alcohol abuse are managed on EAUPatients with acute GI bleeds; diarrhoea and vomiting are also managed on EAUThere is daily gastroenterology in-reachThere is daily in-reach from the alcohol specialist team |
| Respiratory Health | When dealing with respiratory patients there are key skills you need as a general practitioner to interpret investigations, identify co-morbidity and effectively manage resources | “Shortness of breath” is a very common presentation particularly caused by COPD and respiratory tract infections which are managed on EAUThere is daily in-reach by the CAST team – specialist nurses who organise early discharge and on-going support at home for patients with COPD and pneumoniaThere is daily in-reach by the respiratory consultants |
| Care of Patients with Neurological Problems | The management of epilepsy in primary care is a key competence for general practiceAll general practitioners (GPs) should be competent in the management of neurological emergenciesMany neurological conditions can be managed in primary care. When making referrals, you need to be aware that there is a shortage ofneurologists in the UK | Neurological emergencies are managed on EAUThere is daily neurology in-reach |
| Miscellaneous* End of Life Care
* Care of people with Mental Health problems
* Care of people with metabolic problems
* Care of people with musculoskeletal problems
* Care of people with skin problems
 |  | Patients requiring care in all these areas are admitted to EAU and there are teams who will review patients on the unit once they are referred to them:* Acute Oncology
* Palliative Care
* Mental Health Liaison Team
* Metabolic Medicine team
* Rheumatology
* Dermatology

Patients are also admitted to EAU from these specialist clinics under the care of the medics if there are no in-patient beds available in these specialist areas. |