**Salford Royal Hospital NHS Foundation Trust**

**GPSTP Stroke Medicine Post Description**

**Job Title:** ST 1 and ST2

**Speciality:** Stroke Medicine – Adult

**Duration of Post:** 6 months as part of the GP Specialist training programme

**Base:** Salford Royal Hospital

**Responsible to:** Consultant Physicians

**Working Hours:** 48 hours

**On-call:** As part of the stroke team with relevant banding

The comprehensive stroke centre (CHC) at Salford Royal NHS Foundation Trust (SRFT) is tertiary stroke centre in Greater Manchester, achieving an ‘A’ score on the Sentinel Stroke National Audit Programme. It covers all aspects of stroke medicine including hyperacute services (thrombolysis, thrombectomy etc), TIA clinics and stroke rehabilitation. It sits within the neuroscience centre of SRFT and is supported by neurology, neurosurgery, neuro high dependency and neuroradiology. As part of the University Teaching Hospital, it holds a strong track record in providing excellent patient care, as well as high rates of trainee and staff satisfaction. Supporting the clinical team in providing outstanding stroke services, there are well established and innovative research and Quality Improvement (QI) teams, with rich and active portfolios as well as national awards.  
  
Trainees within the stroke unit will have the opportunity to work as part of a dynamic team, which benefits from a wealth of consultant expertise, with backgrounds from acute medicine, geriatrics and neurology. They will have the chance to care for and follow patients throughout the stroke journey, from acute admission with thrombolysis and thrombectomy services, to stroke rehabilitation and secondary prevention, outpatient and TIA clinics. Despite being a highly specialised stroke centre, the cohort of patients coming into the service, are of all adult ages and backgrounds, and often present with multiple other comorbidities, co-current pathologies and stroke mimics. This gives the trainees a wide exposure to most of adult medicine.   
  
Importantly, being a specialty which promotes and relies on holistic approach to patient care, trainees in stroke medicine will have the opportunity to attend the regular multidisciplinary team (MDT) meetings with the physiotherapists, occupational therapists, speech and language therapists, orthoptists, social workers, psychologists etc. All aspects of management of post stroke disability are discussed during these meetings (mobility, cognition, bowel care, feeding, mood etc), including longterm planning for patients. Regular MDT meetings are also held with the neurovascular team and neurointerventional radiology, which are of excellent educational value. A departmental teaching programme also runs on a weekly basis.   
  
By attending outpatient and TIA clinics, trainees will also get a chance to be updated on the latest national guidelines for vascular secondary prevention (secondary investigations and treatment).  
  
**Duties of the post:**  
  
Trainees are expected to be part of the stroke team and depending on the shift, their clinical duties and responsibilities will vary and will be outlined and explained during the trainee’s local induction to the department. In general terms, as part of the on call stroke team, the trainees will be assisting with the acute take including assessing and admitting acutely unwell patients, as well as covering the wards clinical needs out of hours. As part of the ward teams, the trainees will be an integral part of supporting the team on the ward rounds and ensuring patient safety and good functioning of the ward, similar to what would be expected in general medical posts.

As a guide, trainees are responsible to the Consultants and the Trust for:

* The initial management and ongoing care of patients arriving or being referred to the Department through whichever pathway. It is expected that such work will be carried out to the highest clinical standards at all times and in accordance with  
  accepted good medical practice and the various clinical policies of the department and trust.
* Providing medical cover to the emergency floor and arranging admissions to the wards from this department.
* Attending out patient clinics when requested and consulting under supervision.
* Attending ward rounds and undertaking any necessary tasks as directed by the consultant or SpR.
* Arranging for the follow-up of patients they treat - including  
  the follow-up of any investigations performed and the taking of appropriate  
  action in accordance with the results of these.
* Transmission of relevant clinical information on patients to other medical, technical and nursing staff either within the Department, within the hospital or at any other hospital and to primary care regarding patients under care or those referred to other places for further treatment or follow-up.
* Interviewing relatives of patients as required and requesting permission for autopsy when necessary.
* To contact personally laboratory technicians and radiographers on-call when they are required in cases of emergency.
* To answer, without unreasonable delay, any requests for assistance from the casualty officer if he wishes to refer a patient for opinion.
* Notify GP's, by telephone, of any death.
* Notification of deaths to HM Coroner as determined by prior discussion with consultant.
* Notification to Infection Control of notifiable or infectious diseases.
* Supervision of nursing staff in matters relating to the treatment of patients.
* Maintenance of adequate and proper records on patients for both clinical and  
  audit purposes (including data input into the computer system) and for the  
  furnishing of letters, reports and other documentation as required for medical,  
  legal and statutory purposes.
* Instruction of nursing staff, FY1, FY2 and, from time to time, medical students under training within the Department
* At weekends and Bank Holidays every medical patient in the hospital must be seen, and the notes written in.
* A face-to-face handover of care must take place at every change of shifts, with communication of details about all problem patients.
* Discharge and clinic summaries are to be completed.

## Clinical Governance

Trainees are expected to complete the Educational Agreement, undertake trust, local induction and mandatory training, as well as attend morbidity and mortality and clinical governance meetings.They are to familiarise themselves with local and national guidelines and practise in accordance with them. In accordance with the Educational Contract, trainees are also expected to take part in audit or a Quality Improvement Project.

**Teaching**

Medical students from Manchester University are attached to the unit. The post holder is encouraged to teach them informally, and give them opportunities to clerk patients and present their histories. Post holders are also encouraged to participate in the formal teaching programme of the department (departmental teaching is held weekly) by delivering a teaching session to the rest of the team.

**Educational content:**

The post holder will have a named clinical supervisor who is accountable for clinical supervision but also the overall educational experience of the job.

The post holder will also attend the fortnightly educational meetings organised by the General Practice Primary Care Medical Educator.

The post holder will be encouraged to expand their knowledge on internal medicine and cerebrovascular disease by various educational methods including self directed learning, tutorials, random case analysis, project work, audit, case studies, computer based learning and clinical practice.

The post holder will be entitled to study leave in accordance with national and local guidelines.

The post holder should record progress in their e-portfolio.

**The Appraisal and Educational Assessment:**

Trainees will be appraised at the beginning of their job, at an agreed mid-point and at the end of the job to provide educational feedback and suggest ways forward.

Educational Assessment will be based on the GP core curriculum.

At the end of the post, the clinical supervisor will complete the supervisors report in the trainee’s e-portfolio. The trainee will be asked and encouraged to provide feedback on the training post.

**Educational Aspects of the Post**

**Purpose of the post:**

General practitioners must:

* Be able to work effectively in teams and coordinate care
* Be able to prioritise problems and establish a differential diagnosis
* Make the patient’s safety a priority
* Consider the appropriateness of interventions according to patients’ wishes, the severity of the illness and
* any chronic or co-morbid diseases
* Be able to make mental state assessments and ensure patient safety
* Accept responsibility for action, at the same time recognising any need for involvement of more experienced
* personnel
* Keep their resuscitation skills up to date – this would normally involve a yearly certified resuscitation course
* Act calmly in emergency situations and follow agreed protocols.

This post will provide GP StRs with experience and training to help them develop these skills and knowledge base.

The learning objectives are based on the new General Practice curriculum where clear learning outcomes are stated. The areas covered are from the RCGP curriculum statement 3.05: Care of Older Adults, curriculum statement 3.03: Care of Acutely Ill People, curriculum statement 3.12: Cardiovascular Problems, curriculum statement 3.13: Digestive health, curriculum statement 3.17: care of people with Metabolic problems, curriculum statement 3.18: care of people with Neurological problems and curriculum statement 3.19: Respiratory health.

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| **Areas of curriculum to be covered** | **Where this may be achieved during the post** |
| Be competent in assessing patients presenting with the symptoms outlined below including:   * Assessing the patient’s clinical safety/stability: ABC principles * Logically and systematically gathering information * Generating an appropriate differential diagnosis * Appropriately choosing investigations * Using the information gathered and investigation results to test the differential diagnoses and to decide on the most likely diagnosis * Chest pain * Palpitations and arrythmias * Dyspnoea * Shock * Ankle swelling * Limb ischaemia * Wheeze * Cough * Abnormal sputum production * Haemoptysis * Stridor * Dyspepsia and dysphagia * GI bleeding * Jaundice * Diarrhoea * Anorexia and weight loss * Collapse * Convulsions or fits * Reduced level of consciousness * Acute Confusion * Headache * Acute neurological loss or abnormality * Gait problems * Hypothermia * Vertigo and dizziness * Movement disorders * Hyperglycaemia * Lipid abnormalities * Tiredness, malaise | Working on the Hyperacute and Acute Stroke Units  Participating in stroke on call  Attendance at stroke clinics  Attendance at regional GP and local departmental teaching |