INDUCTION BOOKLET FOR PAEDIATRIC TRAINEES

WOMEN AND CHILD HEALTH DEPARTMENT

FORTH VALLEY ROYAL HOSPITAL

August 2022

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Welcome to Forth Valley NHS Trust

During the next few months you will be in a variety of settings and caring for a wide range of patients.

This presents you with the opportunity to acquire new knowledge and practical skills.

This booklet contains information regarding where you will be working, along with some additional information we think you will find helpful.

We hope you enjoy your time with us.

Staff Team - Children's Ward and Neonatal Unit

In accordance with current RCPCH standards our department operates a "Consultant of the Week" system for both the children's ward and neonatal unit. All patients should be admitted under the name of the "Consultant of the Week" (except in a few exceptional circumstances after discussion with the consultant). This consultant is responsible for the care of the children on the ward during their week and will oversee any necessary follow up thereafter unless he/she decides that a colleague would be most appropriate to follow up the patient.

The Children's Ward Consultant carries a WiFi phone (67692) during the day.

The Neonatal Consultant carries pager 2108 during the day.

There is an on-call consultant rota (covering both general paediatrics and neonatal unit) for out of hours cover (from 5pm). The rota is available on the ward / in NNU / v drive and the on-call consultant can be reached by telephone via the hospital switchboard.

Most of our paediatric consultants cover both general / acute paediatrics and neonates - many also have subspecialty paediatric interests. Our child health team also consists of Associate Specialist doctors, Specialty Doctors, Advanced Neonatal Nurse Practitioners, and a team of Community / Specialist Children's nurses.

Consultant	**Special Interest**
Dr Ghassan Al Hourani	Gastroenterology
Dr Kristyna Bohmova	Child Protection, Allergy, Cystic Fibrosis
Dr Michael Colvin	Neuro-developmental
Dr Rosemary Grattan	Epilepsy
Dr Laura Lenkkeri	Complex respiratory
Dr Sheena Logan	Renal, Gastroenterology

Dr David Lynn	Rheumatology
Dr Helen McPherson	Epilepsy
Dr Rose Ann Meehan	Neurodisability
Dr Sacha Moonsammy	Neurodevelopmental paediatrics
Dr Dominic O'Reilly	Neonatology, Respiratory
Dr David Watson	Allergy, Renal
Dr Sam Welham	Neurodisability, Hearing Impairment
Dr Sabine Grosser	Endocrine, Diabetes
Dr Jamie Wood	Cardiology

Associate Specialists

Dr George Nagiub	Diabetes, Respiratory & Cystic Fibrosis

Specialty Doctors

Dr Gordon Yip	General paediatrics and neonates
Dr Mohamed Mansor	Trisomy 21 / child development / school health
Dr Iona Hogg	Child protection / child development / school health
Dr Helen Taylor	Community Paediatrics

ANNP

Cathy Brown

APNP

Emma Inch

Community / Specialist Nurses

Collette Fotheringham	Team Leader
Claire Meikle	Gastroenterology
Christine Black	Cystic fibrosis
Caroline Gibson	Epilepsy
Rachel O'Reilly	Complex Respiratory, including home O2
Nicola Hamilton	Rheumatology, Renal
Jane Hayes	Continence
Julie Lucas	Diabetes, Endocrine
Mandy Kinghorn	Diabetes
Annemarie King	Complex needs
Laura McLeod	Paediatric Community Staff Nurse
Fran Stewart	Paediatric Community Staff Nurse
Gillian McEwan	Paediatric Community Support Worker

Senior nursing staff

Deborah Colvin	PAU / Children's ward manager
Pamela Connolly	NNU Ward Manager
Leanne Fairclough	Children's Ward Sister
Alison MacDonald	Children's Ward Sister

Paediatric Psychologist

Joanne Crockett

Other useful contacts

Dr Stephen Feltbower	Consultant emergency medicine and paediatric EM
Dr Laura Muir	Consultant emergency medicine and paediatric EM
Dr Jennifer Gillen	Consultant ophthalmologist
Mr Ravinder Harar	ENT and audiology
Mr Jon Newton	ENT
Mr Ben Murray	Consultant orthopaedic surgeon
Rhona Scott	Senior Paediatric Pharmacist
Ms Jennifer Szuster	Paediatric dentist
Kay Devlin	Dietician
Anne Farmer	Dietician (diabetes)

Visiting Tertiary Specialists

Mr O'Toole	Paediatric urologist (Glasgow)
Miss Stevens	Paediatric urologist (Glasgow)
Miss Lee	Paediatric urologist (Glasgow)
Dr Smith	Paediatric cardiologist (Glasgow)
Dr Whiteford	Paediatric Geneticist (Glasgow)
Dr Gardner-Medwin	Paediatric Rheumatologist (Glasgow)
Dr Ramage	Paediatric Nephrologist (Glasgow)
Dr Barclay & Dr Taylor	Paediatric gastroenterologist (Glasgow)
Dr Cunningham and Dr Fall	Lothian CF Team

FY / GPST / CDF General Duties and Responsibilities

Children's ward

- Expected to be at the SBAR hand over and safety brief every morning at 9am.
- Responsible for updating the children's ward SBAR handover sheet before shift changes.
- Responsible for clerking in any referral to the children' ward during ward shift and helping colleagues when they are busy
- Responsible for ensuring medicines reconciliation is performed in all patients admitted to children's ward.
- Responsible for ensuring ongoing evaluation, review and management of the patients in the ward including surgical patients.
- Document all relevant information in TrakCare for all patients, including response to PEWS alerts (see Scottish Patient Safety Programme below)
- Should maintain close communication with the registrar and inform them of any concerns
- Carry out any investigations (under supervision if required)
- Ensure that any results for investigations are seen and acted on where appropriate
- Results should be checked daily and actions recorded.
- Any abnormal results or any results that cannot be interpreted by the FY/GPST must be reviewed by the registrar on the ward and/or the consultant.
- It is the FY/GPST/CDF reviewing the results who is responsible for ensuring the results are checked and appropriately acted upon and action noted in TrakCare
- A diary should be kept of outstanding results from acute referrals or ward discharges and checked and acted upon on a daily basis
- All e-ward discharge letters should be completed before the patient leaves the ward
- Ensure accurate follow up arrangement is noted on IDL as agreed with the Consultant of the Week.
- Ensuring prescriptions are written up and entered on HePMA in time for Pharmacists to check and dispense for discharge
- Teaching of medical students is an integral part of the post
- The night FY/GPST/CDF is responsible for ensuring the children's ward handover is updated for the morning handover

FY/GPST Postnatal Ward Duties / NNU

- Carry out newborn examination checks –routine from 6 hours of age onwards. All routine newborn screening examinations should be carried out before 72h of age.
- Review any baby where nursing staff have raised concerns – ensuring all details of the clinical assessment and management plan are clearly documented on Badger
- Review infants in Transitional Care and on PN ward receiving medical treatment and document in Badger notes
- Complete Badger newborn examination record on Badger
- Ensure all transfers from the NNU to PNW have appropriate Badger discharge letter
- Carry out bilirubin levels (transcutaneous and serum) and plot on Badger(PNW) or appropriate chart (NNU)
- Discuss any problems with the NNU registrar or ANNP and use as basis for learning
- Attend deliveries in labour suite when requested (see guideline)
- While on the NNU attend the daily ward round with the ANNP/ST/Consultant
- Complete OrderComms requests and carry out morning bloods in the neonatal unit (please liaise with nursing staff as they will often take the bloods if asked and they are able to do so)
- Assist with procedures and tasks arising from the neonatal ward round – ensuring results / further actins etc are documented on Badger
- Referral for screening / investigations as per neonatal pathways e.g. immunisation for HepB, BCG immunisation, hip scan or renal scan
- Complete Badger daily summary on NNU with correct diagnosis and medication and complete details of admissions, and NNU bundles for SPSP

OBJECTIVES

As an initial FY2 post in Paediatrics there will be several basic objectives that should be met for these doctors.

These are:

- To gain adequate experience and expertise in the evaluation and management of children with common self-limiting conditions.
- To recognise and rapidly assess the acutely sick child and initiate appropriate investigations and management.
- To be competent in the skills of basic Paediatric and Neonatal resuscitation.
- To be competent in routine neonatal examination of healthy newborn babies and to recognise common problems.
- To manage common chronic conditions such as asthma and to be able to initiate treatment.
- To be able to manage common conditions using available guidelines.
- To be aware of the complications associated with prematurity
- The FY2's should be competent at routine developmental examination and be able to detect developmental abnormalities.
- To support the learning of self, colleagues and medical undergraduates through participation in formal and informal teaching activities.
- To communicate effectively with colleagues as described in "Good Medical Practice" including written notes and information shared with Primary Care.

At the end of the 4 month period the Paediatric FY2 will have gained sufficient experience to be able to deal with common Paediatric problems which present to the general practitioner and also to be aware of more chronic conditions which require more specialist care. He/she will be able to deal with common problems associated with prematurity and so be able to highlight the long-term problems which premature babies may have and the impact of premature birth and NNU admission on the parents and family unit.

GPSTs are expected to have gained more general clinical experience and to use their time in paediatrics to add expertise as for FY2s but also to apply their learning to the Primary care context. They should consider the relevance of their learning to their work in General Practice, prepare cases for discussion with their trainer and take particular note of presentations and learning points that will impact on their future work in Primary Care. At the more senior stages of GP training there are opportunities to take a more senior role in the assessment and management of sick children as preparation for independent paediatric practice in the community and in Out of Hours centres.

Middle grade ST Duties and Responsibilities

The middle grade doctors / ANNP / Specialty doctors will provide cover for the children's ward / assessment unit or the neonatal unit from 9am-9pm. From 9pm a single middle grade doctor will cover both paediatrics and neonates.

Our middle grade doctors vary in their previous experience and it is helpful to clarify your individual level or confidence and expectations of others at the start of your post. You have consultant support and supervision available at all times and are welcome to seek help whenever you need it but it helps to reflect on your learning needs in relation to clinical experience and management skills as well as theoretical knowledge and technical competence. There are opportunities to develop management skills in relation to organising teaching programmes, grand rounds , X ray meeting and audit presentations.

Children's ward

- The ST is the person who will provide day-to-day and week-to-week continuity for patients in the ward.
- The ST will be expected to be at the SBAR hand over and Safety Brief every morning at 9am
- The ST will attend / participate in the daily ward round with consultant supervision and ensure agreed action plans are followed.
- The ST is responsible for ensuring that TrakCare clinical notes and information on TrakCare is kept up to date.
- The ST will be responsible for ensuring that the GPST/FY/CDF doctors are fulfilling their duties and responsibilities
- The ST is responsible for accepting all referrals for admission, for a child to be seen but not necessarily needing admission and for advice
- The ST will arrange appointments for the rapid access clinic when required in line with local guidelines
- The ST is responsible for ensuring the nursing staff are aware of all admissions
- The ST is responsible for the emergency treatment of acutely unwell children and for ensuring the consultant is aware of such children under their care
- The ST is responsible for the review and management of patients seen by an FY/GPST/CDF
- The ST will ensure that the results are documented on Trak and discharge letters done in a timely fashion either doing this themselves or supervising the junior doctors
- Teaching of students and junior medical staff is an integral part of the post
- The ST is responsible to the attending consultant for all aspects of ward management
- The ST is responsible for helping to cover the neonatal unit, labour ward and postnatal ward after 5pm

Neonatal unit

The middle grade doctor should be familiar with local FV / West of Scotland Neonatal MCN clinical guidelines.

- The ST will be expected to be at the SBAR hand over and Safety Brief every morning at 9am and to ensure a thorough SBAR handover is given at the end of the shift.
- The night ST is responsible for ensuring the neonatal handover is updated for the morning handover
- The ST will attend / participate in daily NICU ward rounds under consultant supervision – and will ensure agreed action plans are followed.
- The ST should ensure that BADGER is kept up to date for all infants in NNU. All details of clinical assessments, management plans, results / actions etc should be clearly documented on Badger. Badger alone is used as our neonatal inpatient clinical record and therefore it is essential that each baby has contemporaneous notes documented through each day.
- The ST will be expected to ensure daily medical SCBU ward and transitional care rounds are undertaken
- The ST/ANNP is responsible to the attending consultant for all aspects of neonatal management
- The ST/ANNP will support the FY/GPST/CDF in neonatal resuscitation when required
- The ST/ANNP will review any babies that are of concern on the postnatal ward and must discuss daily all babies being reviewed by paediatricians to update management plans and ensure appropriate follow up when indicated. The consultant for the week should be informed at Handover of babies being reviewed / with any concerns so that any further action required can be agreed.
- The ST/ANNP will ensure that any TPN is requested by 12 noon
- The ST/ANNP will ensure that results are checked & recorded and discharge letters are done in a timely fashion
- Teaching of students and junior medical staff is an integral part of the post
- Discussion with antenatal women who have at risk pregnancies should be shared with the consultant and ANNP.

Objectives

Each trainee's individual objectives will be dependent on their stage of training.

The curriculum and competencies for each level of training is outlined by the Royal College of Paediatrics and Child Health and you should familiarise yourself with this. You should use this as the basis for your meetings with your local educational and clinical supervisors.

Children's Ward

The children's ward will accept children up until their 16th birthday. Some patients with complex health needs may still be under the care of a paediatrician although they are over 16 years of age and they should be discussed with the attending consultant or nursing staff if admission is required.

All children will be referred to the ward ST trainee.

Referrals may be from:

- GP's
- GP out of hours
- Accident and Emergency
- Ambulatory unit
- Children's community nurse or community midwife
- Open access (folder on the ward with patient details and also on v drive)
- Consultant referral

Please ensure nursing staff are aware of all expected admissions.

A formal SBAR handover will take place every morning at 9am. There is a joint ward and ambulatory unit "huddle" at 3pm daily (which should last no more than 10 minutes) to review patient plans and ward capacity issues. A medical handover will take place at around 4.30pm following which the on call consultant will review any high dependency children and receive a handover of children on the ward. The overnight on call consultant takes over from 5pm.

The handover sheet should be updated by the FY2 / GPST / CDF.

The Children's Ward is involved in the Scottish Patient Safety Programme for Paediatrics . This includes workstreams for PEWS – Paediatric Early Warning Signs , medicines management, critical care and infection control. All of these require frequent review and cycles of change for improvement and all doctors are expected to participate and support these activities.

Neonatal Unit

The neonatal unit is a Level 2 neonatal unit. Any anticipated deliveries <28wks (or "high risk" babies based on antenatal events / findings) should, if at all possible, be discussed with the Perinatal Advisory Service (PAS). The obstetric and paediatric consultants should be involved in this. When appropriate and possible, an in-utero transfer to an appropriate alternative neonatal unit will be arranged following PAS discussion.

NNU has 20 cots - 5 ICU, 2 HDU (to be used flexibly) and 13 SCBU. The nurse in charge will advise on cot spaces depending on skill mix and workload. The labour ward will inform the neonatal unit of any high risk deliveries.

There are 4 transitional care cots on ward 8 (postnatal ward) for infants meeting our criteria for transitional care (34+0 weeks onwards, > 1.6kg ....etc)

If preterm delivery is planned, try to ensure parents are seen before delivery to discuss likely neonatal care and to answer any questions. This would usually be carried out by the consultant or the senior paediatric trainee. Women and their partners who are likely to deliver early, should, wherever possible, be offered the opportunity to visit the unit prior to delivery.

The consultant should be informed of expected deliveries less than 32 weeks gestation. The consultant on call expects to attend all deliveries at less than 28 weeks gestation or if major problems are anticipated (or for preterm multiple births). If a delivery at less than 25 weeks gestation is threatening the consultant on call will discuss the plan for delivery care with the consultant obstetrician and parents and agree the approach to resuscitation before delivery if possible.

A neonatal nurse will attend high-risk deliveries with the paediatrician and ensure that essential equipment is to hand. Our ANNPs have advanced skills and can lead resuscitation of the newborn. In FVRH babies are transferred to the NNU on the resuscitaire or the Lifestart platform.

As far as possible resuscitation should take place in the delivery room or in theatre. If the baby has to be moved out of the room parents must be offered an explanation and informed of progress as soon as possible.

There are guidelines for common neonatal conditions and routines in NNU or the Postnatal Ward and a local neonatal drug formulary but if in doubt, please ask. Many agreed neonatal MCN clinical guidelines are available via the intranet or by following the link to the West of Scotland MCN guidelines on all NNU desktop computers.

Babies may return to FVRH after a period of care in a tertiary NICU when Badger notes are updated or started and previous Badger records merged.

A daily national teleconference call is held at 12.30 to record the bed state of all neonatal units in Scotland and to share plans for transfer to and from the NNUs. A senior neonatal nurse coordinates the NNU staffing and nursing allocation and should be involved in any discussion about admissions, transfers or additional issues relating to neonatal care in Forth Valley.

There are neonatal outreach nursing visits offered to specific infants that can be requested when indicated. Infants at high risk of neuro-developmental problems should be followed up in our multidisciplinary neonatal neuro-developmental follow up clinic (this clinic has specific inclusion criteria). Other infants requiring follow up should be allocated to their named consultant's clinic unless other arrangements are made by the Neonatal Consultant at the time of discharge. Infants meeting the criteria for passive immunisation against RSV the following winter (infants with immunodeficiency, CHD, home oxygen, prematurity with CLD) should be identified and recorded at the time of discharge from the neonatal unit.

Postnatal Ward

All doctors must be competent in the examination of the newborn, recognise deviations from normal and be able to explain their findings to parents. This includes scrutiny of maternal notes to identify any recorded risk factors such as need for BCG, Hep B vaccination, hip scan etc. The mother should also be asked if there are any concerns based on family history or current worries about her baby. There is an "Unborn Baby" folder in NNU which has details of any infants with known antenatal issues that may require neonatal assessment, at birth or in follow up – this should be referred to as necessary.

FY2s and GPSTs should ensure they examine adequate numbers of newborn infants to be competent and confident in knowing the range of normal and how to recognise and manage common problems or to seek help when needed.

FVRH follows the UNICEF Baby Friendly Hospital approach that promotes and supports breast feeding for all newborn infants. You should familiarise yourself with the 10 steps to successful breast feeding and the requirements of the Baby friendly Initiative. You will be offered teaching about supporting breast feeding as part of the education programme

Midwives on ward 7/8 perform the majority of baby checks at weekends. If they find any abnormalities or are concerned about any baby, they will call the FY2, ANNP or Middle grade.

There are pathways for specific follow up investigations and additional screening for identified risks that require action at discharge - DDH, murmurs, fetal hydronephrosis, HepB etc. These risks may be highlighted in the mother's record but should be checked again at newborn examination.

Any baby being seen by the paediatrician beyond routine newborn examination should have case notes opened if they require medical follow up and the Badger summary should be filed in the case notes at discharge. The Badger discharge letter to the GP should contain details of clinical findings, management and any follow up arrangements. All babies requiring medical care on ward 8 should be included in the neonatal handover each morning.

Routine investigations may also be required on ward 8, such as SBR (serum bilirubin) blood group, full blood count, etc. These are performed by the FY2 /GPST

Infection Control

Infection control guidelines are available on the intranet:

http://www.nhsforthvalley.com/CE/CE_Guidance.asp?topic=Infection%20Control

You should familiarise yourself with these policies.

When examining or handling infants in the NNU (especially infants in incubators who are ventilated or have peripheral / central lines) gloves and aprons should be routinely worn (after appropriate hand washing / gelling). There are also guidelines specific to the aseptic technique within the NNU and are available on the intranet.

IT in FVRH

Everyone is registered for the FVRH acute site server called LITANA

Your password for Litana gives you access to the NHS Forth Valley intranet with lots of links to useful sites as well as Google for the internet generally. On the NHSFV front page there is a link to the IT support desk for any help you need re passwords, access etc.

Your induction IT training will emphasise the importance of data protection and patient confidentiality so we all must adhere to the rules and there is an oversight on this called Fair Warning that detects any deviation from the rules

Each department has a site on LITANA called the "v drive" where departmental folders are stored and your Department manager should explain the system used for departmental staff. This varies from one unit to another so it is important to find out about it at an early stage.

You may also have a personal drive on LITANA (o drive) where you store you own work and is accessible only through your password or by IT for security. You should use this for any patient identifiable data and your own working documents, learning materials, work related correspondence etc.

The C: drive on each PC is open to any user, is not confidential and must not hold patient identifiable files. Always save to either your o drive or the appropriate folder in the departmental v drive.

You must not use unencrypted USB sticks on the server as they will not work and will crash your work access. Send any files to your own e mail and download at home if needed.

TrakCare, Badger, EDMS, eForms, ECS, SCI store, PACS and HEPMA

- The children's ward and neonatal unit use electronic patient information systems (TrakCare and Badger)
- Immediate discharge documents are generated using these electronic systems.
- Documentation using TrakCare (children's ward) & Badger (neonates) after reviewing patients is important
- eForm allows direct electronic communication to GP (with letter visible to all on Clinical Portal)
- You will also have access to Clinical Portal / EDMS (for viewing recent clinic letters) and ECS (to allow medicine reconciliation)
- SCI store is used for accessing laboratory results and PACS for X-rays
- HEPMA is electronic prescribing within the trust
- Training in the use of the systems (and passwords) will be provided within the first week of the post.

Discharge Letters

- Tier 1 & tier 2 trainees are **all** responsible for completing ward discharge letters.

- All discharge letters should be completed at discharge using TrakCare for paediatric ward, Badger for NNU and infants discharged from the postnatal ward.

Dictation

- Electronic dictation ("G2 dictation") is used in FVRH.
  If you are not familiar with this, training will be organised
- You will need to be registered and obtain a username and password.

Consultant Attendance in the Neonatal Unit

- Consultants should be present for preterm deliveries less than 28 weeks gestation
  - It is the consultant, ANNP or senior trainee's responsibility to inform the parents of the potential risks and complications of preterm delivery
  - Depending on the clinical situation this may require a consultant being resident in the hospital
- Consultants should be in attendance for twin deliveries <32 weeks gestation and whenever staffing levels require more pairs of hands
- All high risk deliveries should be discussed with a consultant
- PAS calls should involve the consultant for the neonatal week
- Consultants should be informed of all ITU admissions
- Should be present for any emergency transfer
- Attend any neonatal emergency if requested
- Support nursing and medical staff if there is an unmanageable workload

Consultant Attendance in the Paediatric Ward

- The consultant on hot week / on call should be informed of any HDU admission and attend if requested i.e.
  - Asthmatic on iv therapy
  - Diabetic ketoacidosis
  - Status epilepticus
  - Sepsis
  - Any child of concern to medical or nursing staff
  - Consultants should review any child requiring an anaesthetic critical care opinion but this should not delay any treatment.
- The consultant should be informed of any transfer to another hospital and be present for any emergency transfer
- Attend A+E when requested
- Support nursing and medical staff if there is an unmanageable workload
  - It is important to consider the impact of frequent staffing changes and skills mix on managing the workload.

Attendance at paediatric clinics

We would like to encourage you all to take the opportunity to attend our paediatric clinics when other clinical commitments allow.

The tables below indicate when general paediatric and sub-speciality clinics are scheduled. We hope that you will find this helpful.

If you are interested in attending one of these clinics on any particular date, then please confirm with one of our out-patient administrative team that the clinic is going ahead (many clinics do not run every week and others are rearranged or cancelled because of leave / other reasons).

If possible, to avoid disappointment, please make arrangements to attend in advance as some clinics may not be able to accommodate more than one "extra" person. Once you have confirmed the clinic date then please liaise with the responsible consultant either directly or via their secretary.

Forth Valley General Paediatric Clinics

		Monday	Tuesday	Wednesday	Thursday	Friday
SCH	**am**	Dr Bohmova	Dr Lynn Dr Grattan			
	pm		Dr McPherson			
FVRH	**am**	Dr Lynn Dr Watson Dr Naguib	Dr Watson Dr O'Reilly	Dr Nagiub Dr Grattan Dr Grosser	Dr Lenkkeri	Dr Meehan
	pm			Dr Bohmova Dr McPherson	Dr Lynn	

NHS Forth Valley Paediatric Sub-Specialty Clinics

The table below indicates when / where Forth Valley paediatric sub-speciality clinics are scheduled:

Sub-speciality	Clinic schedule details	Site / Hospital	Responsible Consultant
Respiratory	Thursday morning (alternate weeks)	SCH	Dr Bohmova & Dr Naguib
	Complex respiratory Tuesday afternoon (alternate weeks)	FVRH	Dr Lenkerri
Cystic Fibrosis	Thursday morning (alternate weeks)	Alternates between SCH and FVRH	Dr Bohmova & Dr Naguib
	Joint MCN clinics Thursday all day (every 3 months*)	FVRH	
Epilepsy	Tuesday morning and Wednesday am	SCH + FVRH	Dr Grattan
Neonatal neurodevelopment follow up	Monday morning	FVRH	Dr Lenkerri / Dr O'Reilly
Gastroenterology	Joint MCN clinics Wednesday all day (every 2 months*)	FVRH	Dr Al-Hourani
	Tuesday am	FVRH / CCH (alternating weeks)	
	Wednesday morning (weekly)	FVRH	
	Wednesday afternoon (weekly)	SCH	
	Hepatology / Coeliac / General GI Thursday morning (weekly)	FVRH	

Diabetes	Wednesday afternoon (alternate weeks)	FVRH	Dr Chen & Dr Naguib
	Wednesday afternoon (alternate weeks)	SCH	
	Pump clinic Thursday afternoon (alternate weeks)	FVRH	
	Pump clinic Thursday afternoon (alternate weeks)	SCH	
Endocrine	Tuesday morning (weekly)	SCH	Dr Chen
	Monday morning (every fortnight)	FVRH	
Cardiology	Monday afternoon (monthly*)	FVRH	Dr Shahin
Enuresis & Encopresis	Tuesday morning (alternate weeks)	FVRH	Dr Shahin
	Thursday afternoon (alternate weeks)	SCH	
	Friday morning (monthly)	SCH	
Rheumatology	Joint MCN clinic Monday afternoon (monthly)	FVRH	Dr Lynn

Renal	Tuesday morning Local clinic – monthly Joint MCN clinic - 3 monthly	FVRH	Dr Watson
Developmental paediatrics	Tuesday afternoon (every fortnight)	FVRH	Dr Colvin
	Wednesday afternoon (4th Wed in month)	SCH	
	Wednesday afternoon (3rd Wed in month)	Camelon	
	Thursday morning (every fortnight)	Camelon	
Paediatric orthopaedics	Friday mornings (not every week)	FVRH	Mr Murray

Further information regarding out-patient clinics by the specialty doctors and associate specialists is outlined in the community child health training programme. Proposed dates for future MCN clinics can be obtained from secretaries or out-patient administrative staff.

Education and Training

IT facilities are available in the children's ward, neonatal unit and in the library.

There is a teaching programme within the department and it aims to cover many of the learning objectives for the ST curriculum. There is specific teaching aimed at either FY / GPST trainees or paediatric trainees although everyone is encouraged to attend when possible. During the foundation year / GPST teaching the senior paediatric trainee covering the acute service will be expected to carry the page to allow bleep free teaching. During the sessions for ST trainees the consultant on a hot week will carry the page.

It is essential that Foundation Year trainees attend the hospital based teaching programme.

It is your responsibility to hand over the page to a colleague or the consultant and if there are difficulties then this should be raised with Dr Grattan / Dr Watson.

There are a variety of teaching opportunities available to you within Forth Valley Royal Hospital. There are videoconferencing facilities (in NNU office) available to link into regional teaching at RHC, Glasgow and Ninewells Hospitals. Multidisciplinary teaching is encouraged at all sessions. Departmental teaching sessions are usually held in the Teaching Room in the children's Ward.

All trainees are expected to actively participate in the teaching programme. There will be opportunities to improve your presentation skills and develop new teaching styles during your placement. A record of attendance at teaching will be kept. One of the paediatric ST trainees will be asked to coordinate the programme and will circulate by e-mail the details of the teaching sessions each week.

Monday	Tuesday	Wednesday	Thursday	Friday
	Departmental teaching 13.00-14.00pm (trainee involvement in presentations) Neonatal / Paediatric simulation	Hospital FY2 teaching 12.30-13.30		1300 – 1400 Weekly departmental multidisciplinary CME

Ward and neonatal unit forums monthly

Perinatal M&M 6 monthly (Friday afternoon)

Paediatric CRG meeting	3rd Friday of each month
Perinatal CRG meeting	monthly - 0830h on Thursdays
PICU retrieval meeting	twice yearly

We have 2 or 3 undergraduate medical students from Edinburgh on a regular attachment in Forth Valley and occasional elective or SSM students form Dundee or elsewhere. They all really appreciate teaching by all grades of doctor so please share your knowledge and skills with them as part of their and your paediatric learning. Your experience as teacher is well regarded in your portfolio and CV.

Audit / Research

The paediatric department is involved in a wide variety of audit activities both locally and nationally. If there is a particular area that you are interested in then discuss this with your educational/clinical supervisor at your initial meeting. All trainees will be encouraged to participate in audit activity during the placement.

Further information regarding opportunities can be sought from Dr Grattan who is keeping a record of departmental audits including projects that we would like to be done.

All audits should be registered with Leslie Simpson in the Department of Clinical Effectiveness (Leslie.Simpson@fvah.scot.nhs.uk)

Useful links for further information on audit:

http://www.cgsupport.nhs.uk/Resources/Clinical_Audit/1@Introduction_and_Contents.asp

http://www.nhsforthvalley.com/clineff/index.html

There is research opportunity available within the department and if you are interested in this area then please discuss this with your educational supervisor who can provide you with further information.

College Tutors (Dr D Watson & Dr R Grattan)

The RCPCH College Tutor is responsible for the postgraduate medical education in each Trust/Board.

College Tutor responsibilities include:

Coordinate and ensure high quality of post-graduate paediatric education / training locally

Ensure access to Deanery based formal learning opportunities, and reliable access to IT / internet learning

Ensure appropriate balance between training and service

Encourage participation in audit / teaching sessions and attendance at relevant external meetings

Ensure trainees have an allocated Educational Supervisor (ES) and the ES is supported appropriately in their role

Provide pastoral support where necessary if confidential help required from someone other than ES.

If you experience any difficulties in these areas whilst working in paediatrics in NHS FV then please do not hesitate to approach Dr Watson or Dr Grattan. If there are significant training issues you may also wish to approach your own Training Programme Director.

Educational / clinical supervisor

Each trainee will have a local clinical +/- educational supervisor for the duration of the post (some trainees will already have an existing educational supervisor). It is your responsibility to contact your supervisor to arrange an initial meeting within the first few weeks of starting the post. At this meeting a personal development plan should be developed and recorded on e-portfolio. An appraisal mid-way through the placement to monitor progress and an end of placement meeting should also take place. If you are here for longer than 6 months then you may wish to organise a further meeting in addition to those recommended. Your supervisor has a responsibility to oversee both your clinical and educational progression through the post so please contact them if you encounter any problems

It is your responsibility to ensure that your e-portfolio is kept up to date and will be checked at regular intervals by your supervisor. If you are having any difficulties using e-portfolio then please contact your supervisor who will try and solve the problem or will be able to point you in the direction of someone who can help!

Try to identify relevant experience for your e portfolio and request “tickets” at the time as it can be difficult for the observer to complete the forms retrospectively if not anticipated.

Rota

There are 8 FY/GP trainees, 2 CDFs and 8 middle grade doctor posts. A specialty doctor also contributes to the rota, as well as 1 ANP and 2 ANNPs. The rota is compliant with the New Deal for Junior Doctors Hours and the European Working Time Directive (EWTD).

Work pattern / Rest Periods / Monitoring

You will be working a full shift system which is both New Deal and EWTD compliant. It is mandatory that you adhere to the hours of work and take appropriate breaks and rests.

You are entitled to a 30 minute break for every 4 ½ hours worked (ie 9am-5pm is one break). This must start before 5 hours of continuous work. This may mean you should take your break at a different time from colleagues and you should let the nurse in charge know when you are on break time to try to avoid unnecessary interruptions..

It is part of your contract of employment that you comply with the monitoring exercise for hours of work when you are requested to do so.

Study leave / Annual leave forms

All study leave and annual leave forms can be collected from Rachel Angus-Felton. Leave needs to be approved by Dr Wood / Dr Watson (Rota Managers). Study leave forms also need to be approved by your educational supervisor. Study leave will only be granted as per national agreements.

FY2 taster weeks can often be accommodated during the paediatric post but must be planned in good time (following the appropriate process) and they should also be planned for weeks in the rota without night shifts or “long days”.

Unplanned leave / Sick Leave

At earliest opportunity, **phone the Women & Children’s unit page holder** (page number 1111) via the switchboard (01324 566000). The page holder will then inform the consultant on call, the unit administrator, and any others required. (If you are able, then please also call Rachael Angus-Felton after 0830h.) **Please call to update on a daily basis thereafter**.

As a courtesy to your colleagues and the duty consultant you may then wish to inform them of your absence. However this does not substitute for the above notification.

Parental Leave

The necessary request form and process can be accessed via NHS Forth Valley Intranet. Parental leave will only be approved if workload allows. This leave will be recorded on your record and will be considered in your cumulative leave from paediatric experience.

Other useful information

Guidelines

Paediatric guidelines in Forth Valley are currently being updated and are available from a number of sources at present. A limited number of paediatric guidelines can be found on the intranet under "clinical guidelines".

For most general paediatric conditions we refer to the regional RHC Glasgow Paediatric Guidelines: www.clinicalguidelines.scot.nhs.uk/nhsggc-guidelines.

Other guidelines are available by accessing the relevant MCN (managed clinical networks) websites where many regional / national clinical guidelines can be found.

Neonatal guidelines are accessed via the Scottish Perinatal Network website (www.perinatalnetwork.scot/guidance/neonatal-guidance/local-regional-neonatal-guidelines) where the West of Scotland Neonatal MCN Guidelines are located

A few physical folders in the children's ward contain a variety of guidelines such as asthma management, diabetes, seizures etc. The neonatal unit and post-natal wards also have folders with up to date guidelines (most are developed and reviewed as part of the West of Scotland Neonatal MCN). All desktop computers in the NNU have a direct link to the West of Scotland neonatal MCN guidelines.

Useful website addresses:

http://www.clinicalguidelines.scot.nhs.uk/

http://www.picuretrieval.co.uk

http://www.nice.org.uk

http://www.bts.org

http://www.bapm.org

www.ilae-epilepsy.org

www.bpna.org.uk

http://www.child-neuro.org.uk

www.sign.ac.uk/events/epilespy.html

Transfer of neonates / children to other hospitals

A neonate / child may require transfer to a regional unit for a number of different reasons. The consultant on-call should always be aware of an inter-hospital transfer and should always be in attendance if the baby / child is unwell. A neonatal transfer can be requested by calling the Perinatal Advisory Service.

A transfer letter should be available when the transport team arrives. The Badger discharge letter should be used for neonatal transfers. The letter for Children's Ward transfers should be done on TrakCare as a transfer discharge letter. **Do not** save transfer letters on the c drive on any computer as this is not confidential enough for data protection.

Transfer of children from Accident and Emergency and the Children's Ward

The majority of children will be transferred to either Royal Hospital for Children, Glasgow or Edinburgh Sick Kids. Which hospital the child is transferred to may depend on a number of factors such as presenting complaint and bed availability.

As a guide:

PICU	-	regional advice line (SCOTSTAR)
Respiratory (except CF)	-	Glasgow
Cystic Fibrosis	-	Edinburgh
Renal	-	Glasgow
Gastroenterology	-	Glasgow
Infectious disease / imm	-	Glasgow
Neurology	-	Glasgow
Head Injury / Neurosurgery	-	Glasgow
Burns / Scalds	-	Glasgow

All patients should be discussed with the on-call consultant prior to referral.

Referral and admission arrangements for children and young persons < 16 years of age between the Emergency Department and the Paediatric In-patient team

1. **All patients arriving in ED should have a documented CEWS**. No patient with a CEWS of 4 or more, irrespective of the nature of their arrival, should leave the department without being reviewed by a doctor within 15 minutes.

2. All paediatric patients requiring important time critical treatments should be admitted to the Emergency Department. .GP and GPOOH referrals to paediatrics remain the responsibility of the paediatric staff to whom they have been referred but Emergency Medicine staff will assist.

    a. Paediatric registrar should notify the Emergency Department nurse coordinator on 66137 of patient's details. The ED nurse coordinator should page 1635 when patient arrives with a CEWS.
    b. Unless paediatric staff are dealing with critically unwell children elsewhere they should attend automatically.

3. GP and GP Out-Of-Hours referrals to Paediatrics should be discussed with on-call paediatric registrar (page 1635). Ward nurses will be informed of the impending admission by paediatric registrar and children should be admitted direct to the Children's ward unless requiring important time critical treatments.

4. Emergency Medicine referrals to Paediatrics Emergency Department medical staff should contact the paediatric registrar (page 1635) if paediatric patients seen at the Emergency Department require admission for inpatient treatment. Paediatric Registrar will accept a referral and identify a bed at children ward or the PAU as deemed appropriate liasing with nurses.

5. Surgical patients (ENT, Ortho, General Surgery, Opthalmology etc), under 16 years of age, should be referred to the relevant surgical specialty by ED staff. If requiring admission to the Children's ward the surgical staff should inform the paediatric registrar (page 1635). If a significant delay to surgical specialty assessment in the ED is likely, consideration should be given to arranging direct admission to the Children's Ward from the ED, once appropriate emergency Ix / Rx has been completed (eg XRs and backslab for fractured limb requiring MUA) AND the surgical team has been notified. The surgical team can then review the patient on the Children's Ward.

6. Nursing staff communication. Emergency Nursing staff will not routinely phone the Paediatric Nursing staff but will transfer the child to either the Paediatric Ward or Paediatric Assessment Unit as agreed with the Paediatric registrar.

a) If Emergency Nursing staff are not providing a nurse escort they will arrange a porter only transfer and do an SBAR telephone handover to the Paediatric Ward Nursing Staff.

b) If Emergency Nursing staff are providing a nurse escort a face to face SBAR nursing handover will be done on the Paediatric unit.

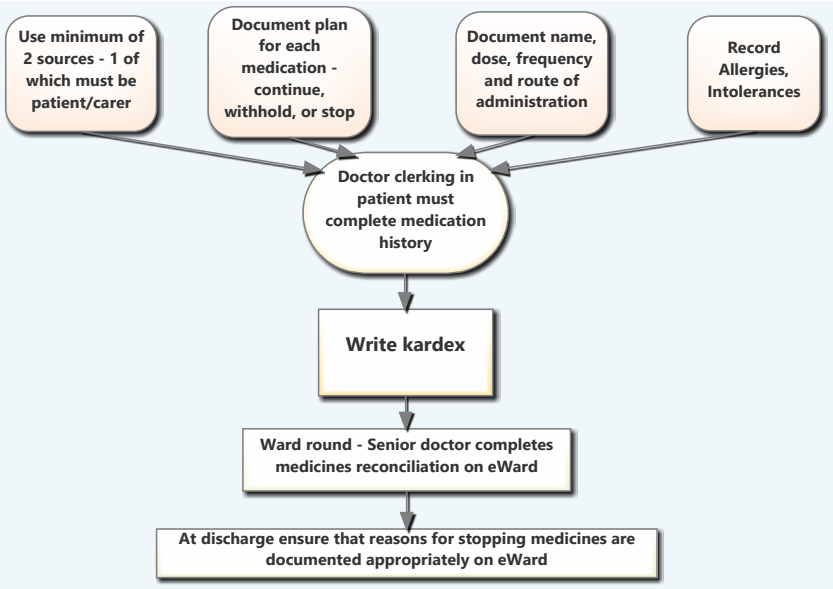
Agreed as fit for purpose by Steve Feltbower and David Lynn at Paeds Ward forum on 19/09/2016

SEVEN QUESTIONS FOR CHILDREN'S WARD ROUND NHS FORTH VALLEY

Questions to Consider for Children's Ward round	Issues to be considered daily for every patient
1) Diagnosis	✓ Main admission diagnosis ✓ Additional diagnoses to be added to discharge summary where necessary ✓ Investigations requested, sent, results recorded ✓ Contact ongoing consultant re admission ✓ Refer to another consultant if needed. Ensure they are contacted before doing this.
2) Responsible consultant	✓ Correct consultant recorded on eWARD. Consultant of the week for all admissions except elective admissions (surgery as well as paediatric elective admissions), and emergency surgical admissions.
3) Medicines reconciliation	✓ Medication reviewed appropriately (Meds Rec Checklist) ✓ Medication changes ✓ Correct documentation of medication changes on eWARD ✓ Review possible drug interactions
4) Alerts	✓ Allergies ✓ Child Protection Concerns addressed ✓ Social and education concerns addressed ✓ Parenting concerns addressed ✓ Mental health concerns addressed ✓ Is there social work involvement?
5) Management plan	✓ Document assessment of patient accurately ✓ Consider – growth, nutrition, fluid intake, oral health ✓ Consider bowel and bladder function, pain control ✓ Growth Chart in use and accurately plotted – update pre-existing chart if already in use ✓ Make a formal management plan and ensure it is clear and well documented ✓ Discontinue parenteral treatment, remove cannula if appropriate, complete PVC bundle ✓ Ensure discharge plan is in place ✓ Discuss and agree plans with patient and carers
6) Follow up arrangements	✓ Ensure follow up plan is clearly documented and arranged
7) Clinical Summary	✓ Ensure summary is updated on eWARD in summary of observations

Patient name:_____ CHI:_____

Children's Ward Medicines Reconciliation



History Obtained by:……. Grade:…….. Date:……..……

ECS Permission obtained by:…… Date:……..

Patient/Carer	POD	GP	ECS	Comm. Pharm	Other	Drug Name and route/ dose/ frequency (please include source of product if unusual)	Continue	Withhold	Stop	Comments / Reason for change	Kardex

Sign below when Medicines reconciliation complete (on ward round):

Print Name _____Signed:_____

Designation Date:

Child Protection

Child Protection is the responsibility of all health care professionals. The term Child Protection is a general term given to the efforts of individuals, families, communities and professional agencies to care for children and to keep them safe throughout their childhood. Now incorporated into GIRFEC which has a major Primary Care and community component

There are Child Protection guidelines available on the intranet (http://intranet.fv.scot.nhs.uk/home/Depts/cp/CP_Guidelines.asp). You should familiarise yourself with these. Page 23 shows the pathway if abuse is suspected within the hospital.

Type of Abuse

Abuse of children can take many forms. It is normally classified into the following sub-headings:

- Physical
- Sexual
- Non-organic Failure to Thrive
- Emotional
- Neglect
- Fictitious Induced Illness

Roles and Responsibilities

Any doctor who has direct or indirect contact with a child should be able to identify the signs and symptoms of possible abusive situations. There will be Child Protection training given early on in your attachment. The following steps should then be taken.

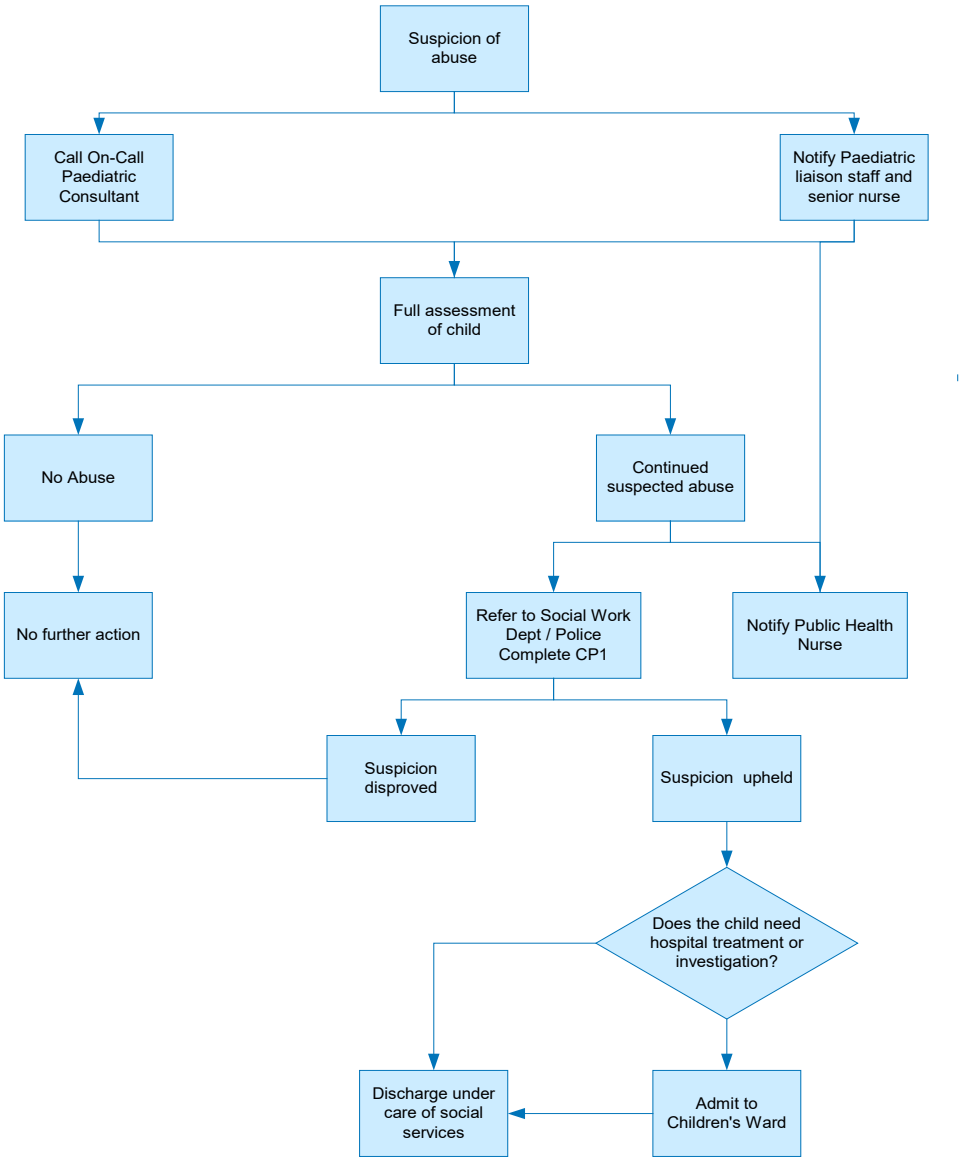
- Assess the situation – if the child is in immediate danger consult a senior member of staff, the medical condition should be assessed and stabilised. If there is no immediate danger ensure the child is kept safe.
- Check to see if the child is on the Child Protection Register. Senior Nurses in charge of the ward can do this.
- Consult – always consult a senior member of staff to make them aware of your concerns. They will advise you what to do next.
- Make a Plan - In consultation with senior colleagues make a plan of intervention.
- Act – Once decisions are made take appropriate action.
- Record – with senior colleagues review the situation to forward plan and ensure the child's safety. Contact all other relevant agencies, eg Social Work, Police, GP, Health Visitor, Community Child Protection Team.

If abuse is suspected Social Work should always be involved to instigate a Child Protection Investigation. If the child/young person has made an allegation the specialist police team (called the Family Protection Unit) will also be involved.

All child protection referrals will be via the family protection unit and will be dealt with by the consultant on call or covering the ambulatory service. An initial discussion will take place and an

MRD completed (medical referral discussion). If an examination is required then this will either be a joint examination with the forensic medical examiner or a comprehensive health assessment. Although these are primarily carried out by a consultant you are encouraged to observe and participate in these examinations whenever possible. Following the examination you will be encouraged to write a report which will be co-signed by the supervising consultant.

Where there is suspicion of abuse in hospital ...



ONE SHOULD NEVER HESITATE TO SEEK ADVICE AND SHARE CONCERNS WITH APPROPRIATE COLLEAGUES.
THIS MAY INCLUDE:

- CHILD PROTECTION ADVISORS OR LINE MANAGER
- CONSULTANT PAEDIATRICIAN ON-CALL
- DUTY SOCIAL WORKER

Reporting Clinical Incidents & Learning from Excellence

REPORTING INCIDENTS

NHS Forth Valley staff are encouraged to report all actual or potential adverse events through the "**Safeguard (IR1)" system -** accessible via the **intranet homepage**. A MoSES form or M+M form can also be found under useful forms

Only your 'Windows' login details are required (those you use to access a PC) – you do not need any additional username or password.

Links to guidance notes are available on the Safeguard login screen to assist with the process.

Be open and honest when something goes wrong. Remember that you will be supported and treated consistently and fairly, with confidentiality maintained where appropriate.

LEARNING FROM INCIDENTS

All clinicians face situations where they feel that things could have been done better, and it is important to learn from these situations. Discuss any incidents with your clinical supervisor and seek views from the rest of the team. Reflect on what went wrong and write a short commentary (SBAR format) in your e-portfolio - describe where you think things could have been done differently to produce a better outcome.

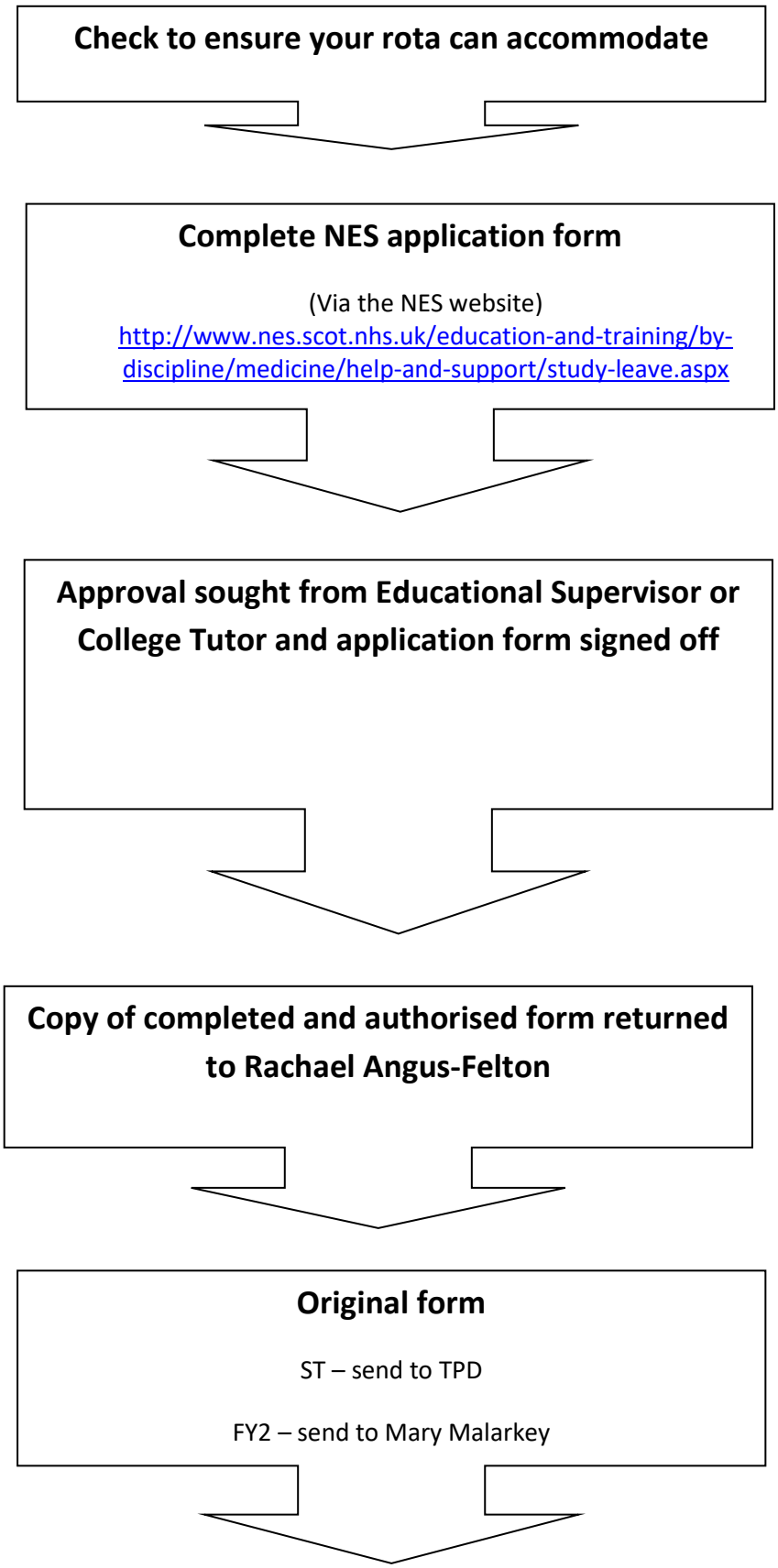
When reporting adverse events, a**lways request feedback** through the designated section on the form. This feedback will be given by the most appropriate person, with a resolution (where possible) to any concerns raised. This allows lessons to be learnt from the incident by you and your team.

Your clinical leads and managers are encouraged to share the learning and outcomes of adverse events with the team, looking for specific themes and trends to learn from them. This is done in a variety of ways e.g. individually, in unit M & M meetings or through written reports.

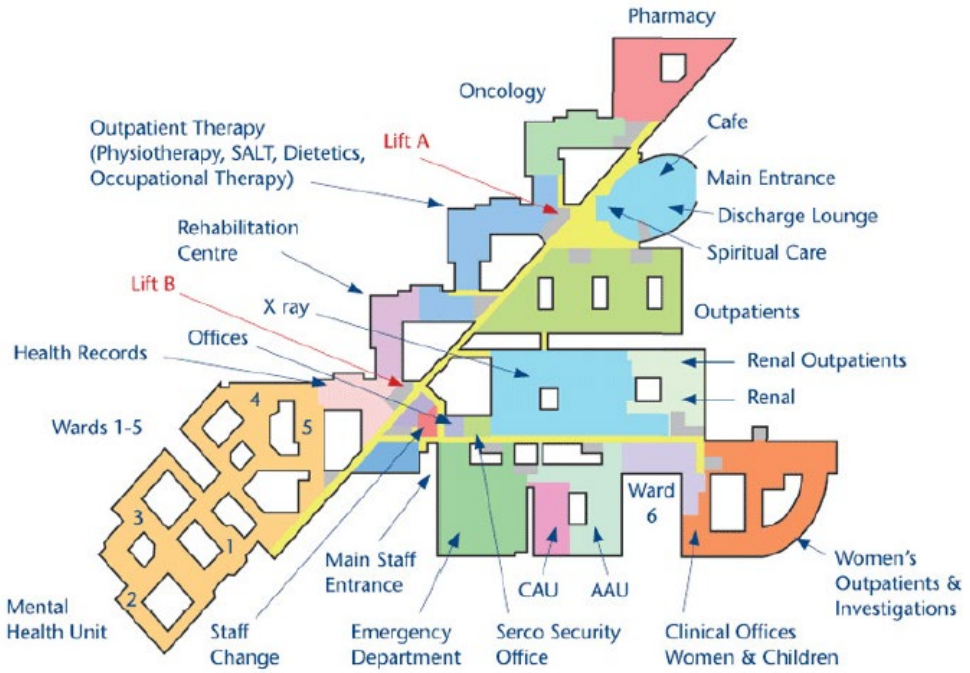
LEARNING FROM EXCELLENCE

As a department (and hospital) we are also keen to celebrate the many positive and excellent things team members do on a regular basis. We are encouraging everyone to complete "excellence reports" to acknowledge these contributions and to allow us as a team to reflect on and learn from good practice. To complete an "excellence report" please follow the "Safeguard (IR1)" link on the intranet homepage as above, but then click on "excellence reporting" in the green box on the left hand side of the screen. The form is very short and simple and can be completed very quickly.

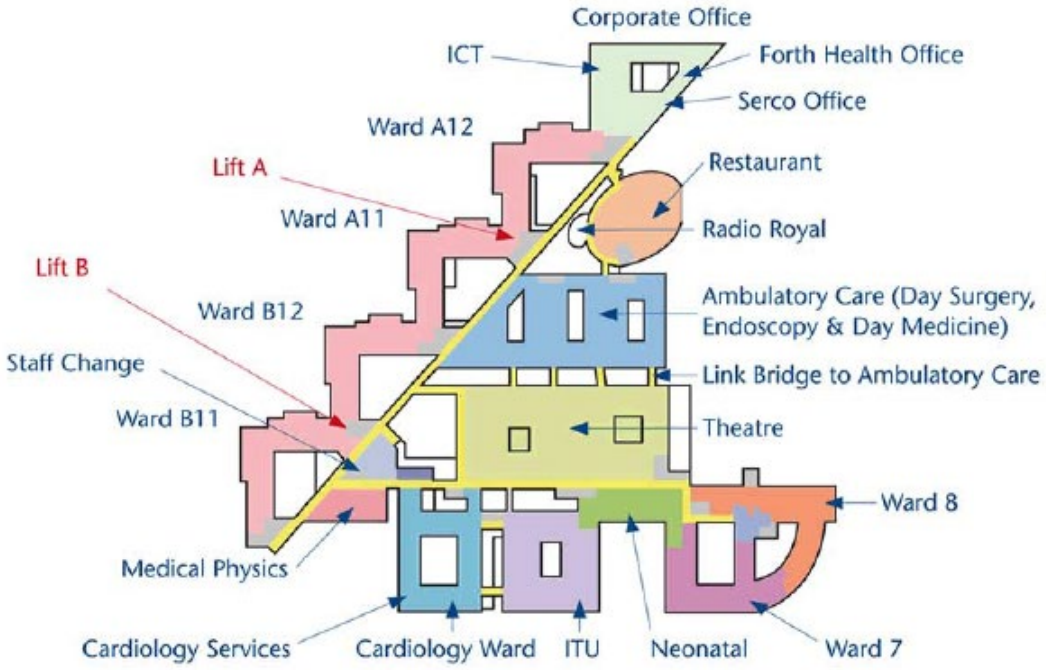
Process for Applying for Study Leave



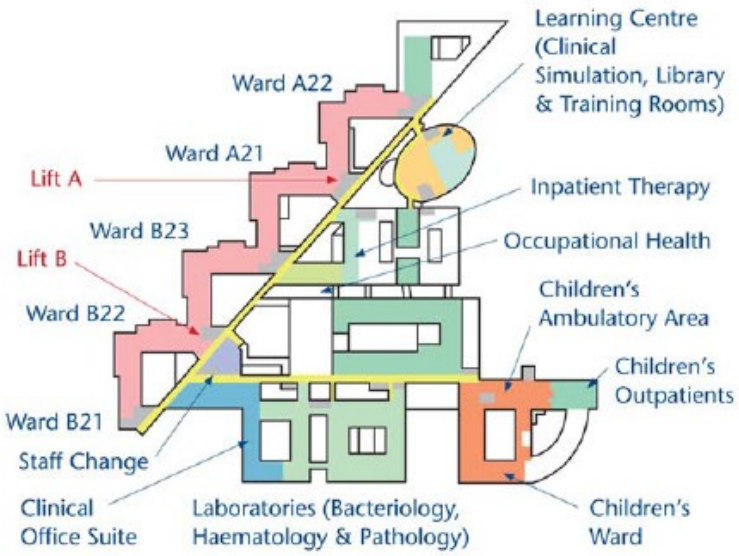
Ground Floor



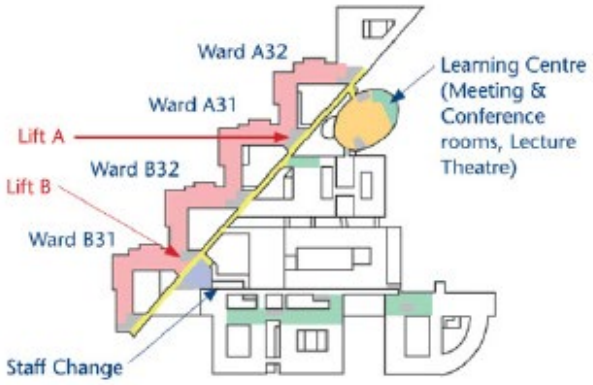
First Floor



Second Floor



Third Floor



Hospital Facilities

M&S Simply Food

Located on the ground floor, near the main entrance. Open to all staff, patients and visitors.

Monday – Friday: 6.30am – 8.30pm
Saturday: 8am – 8pm
Sunday: 10am – 6pm

Restaurant

Located on the first floor at the main entrance. Open to all staff, patients and visitors.

7am – 8pm 7 days a week

Starbucks

Located at the main entrance. Open to all staff, patients and visitors.

Monday to Friday – 8am – 8pm
Saturday to Sunday – 10am – 8pm

Stock Shop

Located on the ground floor, next to WHSmith.

Monday to Friday – 9am – 6pm
Saturday – 11am – 5.30pm

WHSmith

Located at the main entrance. Open to all staff, patients and visitors.

Monday to Friday – 7am – 8.pm
Saturday and Sunday – 10am – 4pm

RVS Cafe

The RVS have a cafe at the Mental Health Unit, which is open to all staff, patients and visitors.

Monday to Friday – 8am – 5pm
Saturday and Sunday – 10am – 4pm

WHSmith Cafe

Located on the ground floor of the Woman and Children's Unit. Open to all staff, patients and visitors.

Monday to Friday – 8am – 6pm
Saturday and Sunday – 10am – 4pm

NHSFV Doctors in training "Bunkhouse"

There is a bungalow close to the hospital that is available for use by trainees (day and night) for post work sleeping. It is recognised that many trainees travel a long way to work and this facility is available to allow trainees to rest after long day shifts or night shifts in order to avoid potential accidents that could be caused by driving home when tired.

Keys to access the bungalow / bedrooms will be held at FVRH security.

Trainees can book a room up to 24 hours ahead but at least 1 room is kept for short notice use so that a trainee in need coming off a long day shift or a challenging night shift, can access a place to rest at very short notice.

One room is prioritised for paediatric trainees travelling daily from Dundee. If the paediatric room is not booked it will be made available to all other trainees.

To make a room reservation please call Mary Malarkey or Catriona Greig in the Learning Centre.
marymalarkey@nhs.net 01324 566797 / 07899 063312 catriona.greig@nhs.net

Use of the "Bungalow" and the booking process will be kept under review by the FVRH Trainee Forum.

There are "house rules" in the sign out sheet at security. This bungalow is adjoining the new Forensic assessment unit which will be treating vulnerable people, often out of hours. **There will have to be a zero tolerance rule for any inappropriate behaviour in our bungalow.**

If you need a bed and the bungalow is fully booked please tell your supervising consultant as other rooms can be allocated in an urgent situation.

FORTH VALLEY DIT's "BUNKHOUSE"

No 5

The Bungalows

Stirling Road

Larbert

FK5 4SD

In signing for the key you are agreeing to the following house rules:

1) You will return the key immediately after use to Security at FVRH
2) NO alcohol/loud music/smoking/parties/inappropriate behaviour
3) Spare sheets are kept in each room so you must please make up your own bed and remove the sheets to linen basket after sleeping
4) Please report any maintenance issues to Mary Malarkey:
5) You must wash and clean your own dishes please
6) Laundry facilities are available if you wish to use them
7) Please sign in and out of the bungalow
8) Please read handbook which is kept in the bungalow this covers both Fire and Health Safety regulations.