

Specialty Induction

ENT Craigavon Area Hospital

Authors: Mr E Reddy/Ms W Clayton Date: February 2023

ENT - CAH

Locations

Craigavon Area Hospital

4South - Inpatients

Blossom Unit - Paediatrics

1 West - Elective Admissions

ENT Outpatients Department, CAH

Surgical ambulatory unit – Hot/Rapid Access and Treatment Room

Outpatients and Audiology Department

South Tyrone Hospital in Dungannon

Outpatients, Audiology and Day Surgery

Banbridge Health and Care Centre

Outpatients and Audiology

Daisy Hill Hospital in Newry

Outpatients, Audiology and Day Surgery (Day Surgery patients are admitted to an Elective Admissions Unit on Level 4)

Monaghan General Hospital

Outpatients, Audiology and Day Surgery

Consultants

Mr Ted McNaboe - Otology, Thyroid surgery and Clinical Director

Mr Peter Leyden – Rhinology

Mr Turlough Farnan – Rhinology – on sabbatical until October 2023

Mr Marian Korda - Thyroid Surgery, Voice Clinic

Mr Ekambar Reddy – Otology

Mr David McCaul - Head and Neck

Mr Ramesh Gurunathan - Head and Neck

Mr Alaa Almanassra – Locum ENT consultant until October 2023

Middle grades:

2 x SpRs (ENT STs)

4.5 Specialty Doctors
Mr Andrew Taggart (paternity leave until Dec 2022)
Mr Conor McKenna
Ms Angela McGreevy (Part-time)
Mr Dominic McKenna
Miss Marisa Cheah (maternity leave until July 2023)
Miss Gemma Hogg (covering Miss Cheah's maternity leave)

3 x SHO (Surgery CTs)

Secretaries: (Location changes Tower Block beside Trust HQ's & from Home) Pamela Hall (Mr. McNaboe), Craigavon Area Hospital e-mail: Pamela.hall@southerntrust.hcsni.net, ext 61861 base on 3 South Heather Wortley (Mr Farnan and Mr Reddy), Craigavon Area Hospital e-mail: heather.wortley@southerntrust.hscni.net ext 61860 based on 3 South Laura Daly (Mr. Gurunathan), Craigavon Area Hospital e-mail: laura.daly@southerntrust.hscni.net, ext. 61864, base outside 3South Louise Browne at present (Mr McCaul), Daisy Hill Hospital e-mail: louise.browne@southerntrust.hscni.net, ext 62129, base 2nd floor, MEC Carrie McConville (Mr Korda), Craigavon Area Hospital e-mail: carrie.mcconville@southerntrust.hscni.net, ext 62128, base 2nd floor, MEC Catherine Burke, (Mr Leyden/Mr Lesay), Craigavon Area Hospital email: catherine.burke@southerntrust.hscni.net ext 61865 base outside 3 South Brenda McCartan (Mr Leyden and Mr McNaboe) Daisy Hill Hospital email: brenda.mccartan@southerntrust.hscni.net telephone: 7721 2309 Louise Browne (Mr Farnan and Mr Reddy) Daisy Hill Hospital e-mail: louise.browne@southerntrust.hscni.net telephone 7721 2309

Head of Service for ENT, Urology, Ophthalmology and Outpatients:

Wendy Clayton – Based on Admin Floor Craigavon Area Hospital (stairs opposite shop at Front Entrance)

email: wendy.clayton@southerntrust.hscni.net Ext: 61597 Mobile: 07920875744

Allocation of supervisors.

Mr Ekambar Reddy- educational supervisor for all doctors in training.

Please contact Mr Reddy at the earliest opportunity to arrange your initial meeting for objective setting and assignment of clinical supervisor.

Type of work.

Oncall is 1:5, non-residential but must be within 20 min from hospital.

Oncall room available in hospital accommodation – key is kept in Secretaries office Estates Tower Block

There are 3 SHOs - routine workload will be distributed evenly between them (ward cover, theatres, OPD) and schedule will be made by Mr C McKenna on a fortnightly basis.

The exact schedule of who is where is available in Pamela and Heather's office

Remember to help each other! If person on call is very busy, do lend a hand with ward jobs, admissions, etc.

Access to Patient Centre, lab results and X-ray, Library, trust e-mail will be provided to you on Induction to Trust or shortly afterwards – you will need this to complete your day to day duties

Dress Code

It goes without saying that standard is to adhere to personal hygiene and wear clean and smart clothes. Remember 'Bare below elbow'.

Admissions and Discharges

Emergency admissions:

SHO covering ward takes emergency calls and will see patients referred to them along with covering the ENT inpatients on wards

GPs need to contact the Duty SHO before referring patients for emergency treatment.

All referrals from other wards must be seen by the SHO who is on duty at the time of receiving the call. If in doubt you need to discuss the case with middle grade (whoever is leading the ward round/is on call).

You are required to write a detailed case history and full examination (pink surgical admission sheet) and do all the required investigations at the time.

You must chase investigations appropriately.

Always inform your senior of any new admissions/ward issues at 9 p.m. and after morning ward round.

Make sure the ward is aware of incoming admission. Many of these patients will be coming through A&E and will have IV access and bloods done.

Radiological investigations are booked online but in case of emergency you will have to speak to the radiographer/radiologist on call.

Paediatric admissions:- Ask Paeds to help if troublesome cannulation (you are allowed to have 1 try). Fluids should be prescribed accordingly and U&E checked in line with Hyponatraemia policy.

Referrals from Daisy Hill Hospital (DHH):- In case of unstable patient (active severe bleeding, airway problem), ring your second on call - they may have to go there rather than transferring patient to Craigavon.

Referrals from GPs for non-urgent treatment can be managed through the outpatients department (Nurse Led Ear Clinic- for wax removal, O/E, etc.)

In case you need immediate help, during normal daytime hours, from your registrar/consultant, contact the person who is currently in hospital (on occasions, person who is oncall with you may be in a different hospital).

ALWAYS inform consultant oncall about patients going to theatre.

When booking patients onto the emergency theatre list ensure that you inform the nurse in charge and the anaesthetist in Emergency theatre and have patient's details entered in theatre book.

Treatment room:

The treatment room is located temporarily in ENT Outpatients, Craigavon Hospital and is usually well stocked. The treatment room will be moving to the new ambulatory unit in main outpatients, CAH (opposite T&O outpatients)

If you notice you are running low on any item let the housekeeper/nurses in the Unit know so this can be restocked. Some instruments can be found in store room next door.

You must put patient's Health and Care number on any instruments/endoscope used and sticker from the pack should be put in patient's notes.

You need to keep the endoscope book and ward attenders book up-to-date and ALWAYS return flexible endoscope to treatment room.

In case of emergency (epistaxis, post-tonsillectomy bleeding, etc.) have one of the nurses to help you in treatment room.

Some medicines are stocked in the cupboard- have a look to see what's there (ear drops, creams, local anaesthetics, etc.) you must ensure that you keep this cupboard closed when not in use and ensure that the treatment room door is always kept closed to prevent members of the public coming in. You must always tidy up the treatment room after use.

ENT Ward Attenders / Discharges – Standard Procedures

- Ward attenders should be recorded in ward attender book (red book kept on ward behind ward clerks). This should include: name/ time to come in/DoB/procedure or brief details of reason for attendance.
- Ward attender notes must be written up and signed with a clear indication of timescale for review.
- All ward attenders are recorded by the Ward Clerks irrespective of whether they need a review or not and must be documented.

- All ward attender reviews are booked by the Ward Clerks, including out of hours attenders, as the Ward Clerks requests the charts and file the ward attender notes.
 They will also contact the patient and advise them of the appointment date and time.
- The junior doctor on call should advise that written referrals must be forwarded from GPs /A&E/Wards via internal mail as this will be required for their Outpatient / Ward Attender episode.
- Should you require an urgent review to be put on while the patient is still on the ward and no Ward Clerk is available you can contact the secretary of the consultant on call. Alternatively, Pamela or Heather will book this for you if available.
- For "out of hours" ward attenders please ensure you leave the documentation for the Ward Clerks for their perusal and record the attendance.
- All post-op complications and re-admissions must also be recorded in the M&M diary for audit purposes. (Normally kept in secretary's office).
- Post op review requirements must be clearly indicated in notes on discharge.
- The electronic discharge system should be used where possible.

Ward work:

Ward rounds start at 8:30 a.m.

All the blood results/investigations should be chased before 17:00. that day. If not available, only then should this work be passed on to the on call SHO.

As far as possible all the reports of the investigations should be available on ward rounds, this helps to avoid unnecessary delays. All discharge summaries should be done in the morning and in electronic format, using the electronic discharge letter in Patient Centre.

The Morbidity & Mortality book must be kept up-to-date (enter patient's details, nature of problem and surgeon if applicable - they should be informed of any postoperative complications). Medical notes can be requested based on M&M book and presentation done in PowerPoint.

Elective admissions and Waiting List Form:

All patients should be pre-assessed. The green booking form (electronic and paper) should be filled and indicate day case/inpatient procedure, urgency, site and consultant - (some of the patients will be for specific consultant to do, others will be pooled and done as soon as a slot is available by any consultant). Results of any necessary investigations should be available in the notes/online, consent form should be checked and signed.

If you are listing patient as a RED FLAG, ideally patient should not leave the clinic without a date and pre-assessment.

Many of our patients are for day procedures. It helps things to run smoothly if the discharge

summary is prepared in advance (on Elective admission ward or in theatres).

Outpatient Department and Correspondence.

Please keep your letters informative but short, concise and clear and legible.

If you require a letter typed immediately, e.g. URGENT/RED FLAG, use a symbol (red exclamation mark) on electronic dictation and speak and follow up with email to the secretaries!

Use electronic discharge, check and sign results (bloods, swabs, X-rays, etc.) and let secretaries know you have done so these will be filed in patient notes

Sometimes inpatients are listed for surgery for later date and the green booking form must be filled

Education:

ENT M&M meetings take place once per month- you must attend where possible and then every third month the General Surgery/Anaesthesia meeting in MEC this is usually followed be ENT meeting. At this meeting the junior doctors will present post-tonsillectomy haemorrhage rate (secretaries/IT department might be able to help you to get total number of tonsillectomies done previous month) and other complications.

Other educational activities are posted in MEC and online

X-ray meeting takes place on 3rd Friday PM of every month

Journal club usually takes place on 1st, 4th, 5th Friday PM

Hospital Intranet provides guidelines and procedures - familiarise yourself with it. Including both below and please note that it is your responsibility to appraise yourselves of both recent and past alerts.

- 1. Safety and Quality Standards Circulars, available at https://www.health-ni.gov.uk/topics/safety-and-quality-standards/safety-and-quality-standards-circulars
- 2. Letters and Urgent Communications, available at https://www.health-ni.gov.uk/publications/letters-and-urgent-communications-2016

Leave

When booking leave (study/annual) this must be approved by Wendy Clayton, Head of Service. This must be done at least 6 weeks in advance. Don't book your course/holiday unless approved. Once approved it is your responsibility to inform the secretaries that you will be on leave.

Swaps are possible, make sure consultant oncall is happy with the swap, inform Wendy Clayton (Head of Service), ward, and secretaries of any changes.

Please ensure you copy in name to be confirmed, ENT Speciality Doctor to all your leave

and swaps who will keep the ENT oncall/leave spreadsheet up to date.