EDUCATION AND TRAINING INFORMATION

INDEX

Section 1

INTRODUCTION

The PG Tutor for The Rotherham
NHS Foundation Trust is:

Dr Alison Cooper

The RCPCH Tutor for Children &
Young People's Health Service is

Dr S Suri

Hi!

Welcome to Children & Young People's Health Service, The Rotherham NHS Foundation Trust.

This is your **Education and Training folder** for your paediatric placement.

Please note that arranging appraisal meetings and assessments is your responsibility. We are here to provide you with all the support you need to fulfil your training needs.

If you have any queries regarding your training, your first port of call is your clinical supervisor. If there are unresolved issues please contact the RCPCH Tutor and/or the PGME Tutor

Enjoy working with children and families and enjoy learning Paediatrics!

Yours sincerely

All Consultants in C&YPHS

SECTION 2

APPRAISAL / ASSESSMENT & EDUCATIONAL SUPERVISION PROCESS

SUPERVISION, APPRAISAL AND ASSESSMENT

- ## What is Supervision?
  Supervision is a process by which a Consultant oversees the training and appraisal of a trainee.
  Clinical work is overseen by all Consultants but supervision is carried out by an allocated consultant.

- ## How are Educational Supervision and Clinical Supervision different?
  Educational Supervision is carried out by a "regional" education supervisor allocated for the entire duration of the training rotation.
  Clinical supervision is carried out by a "local" clinical supervisor allocated for the specific training post in the rotation.
  During your child health post in Rotherham, you will be allocated a Clinical Supervisor.

- ## What is Appraisal?
  Appraisal is a largely confidential process in which your progress is reviewed by your supervisor.
  The main objective of appraisal is to enable your Personal Learning Plan with the setting of learning objectives.

- ## What is Assessment?
  Assessment is a formal process carried out under the auspices of the postgraduate learning dean. It is informed by training reports providing feedback on three broad areas: personal attributes, interpersonal skills and clinical skills.

EDUCATIONAL AGREEMENT

Name of Trainee……………………………………

Name of Clinical Supervisor……………………………

During your post, you will be expected to:

1. Attend all teaching/training sessions when on duty
2. Arrange appraisal meetings with your clinical supervisor
3. Formulate a Personal Learning Plan (with educational objectives) with your clinical supervisor
4. Take part in an audit project
5. Do regular presentations as rostered
6. Communicate and work in a team effectively
7. Seek help early in clinical situations as required

The C&YPHS department will provide the following:

1. An induction programme
2. Allocation to a clinical supervisor
3. Regular appraisal meetings
4. Reasonable study leave requests
5. Regular teaching/training sessions
6. Educational resources (internet, library, books)
7. Mentoring and personal support

Trainee   Sign……………………………………   Date……………

Clinical Supervisor   Sign……………………………………   Date……………

YOUR APPRAISAL & ASSESSMENTS

APPRAISAL MEETINGS
(Meetings with your Clinical Supervisor)

For 6 month posts, a 3 meeting appraisal programme should take place (proportionate reduction for 4 month posts)
Appraisal meetings should be initiated by the trainee and mutually agreed between the trainee and their Clinical Supervisor.

Educational Agreement
An Educational agreement should be signed at the initial meeting, and a date set for the mid-post meeting.

Initial Meeting (duration 30 minutes)

- **When?**
  This should take place within TWO working weeks of starting the post.

- **Why?**
  The aim of this meeting is to get to know your Clinical Supervisor, formulate a Personal Learning Plan and agree educational objectives for the post.
  This should be recorded onto your e-portfolio

Mid-Post Meeting (duration 45 minutes)

- **When?**
  This should take place approximately half way through the post.

- **Why?**
  This is an important meeting as it will probably be the first time you receive formal feedback on your progress in the post.

  The aim of the meeting is to discuss:

  1. Learning objectives
  2. Multi -source feedback (PAT)
  3. Workplace based assessments
  4. Clinical documents (discharge summaries and clinic letters)
  5. Audits and presentations
  6. Absences and health
  7. Career advice

- **What to bring?**
  Example of one clinic letter and one child protection report (StR4-8)
  Example of one discharge summary and one admission clerking (StR1-3)

End of Post Meeting (duration 30 minutes)

- **When?**
  This meeting should take place within TWO weeks of the end of the post.

- **Why?**
  The aim of this meeting is to discuss the educational objectives and to what extent they have been achieved.
  Areas of good performance will be fed back to you and discussions will take place around areas of improvement and development.

An action plan will be identified for the next post.
Your Clinical Supervisor will need to complete an end-of-post clinical supervisor's report based on your appraisal and assessment.

End of Post Reports

StR 1-8   The end of post review must be completed with your clinical supervisor for the current post.
The annual trainer's report is completed by the regional educational supervisor who may not be the same person as your clinical supervisor.

StR VTS   StR VTS must have a clinical supervisor's report (CSR) completed by their clinical supervisor.

MID-POST ASSESSMENT CHECKLIST

Your clinical supervisor should discuss these issues with you at mid-post assessment

1.   Learning objectives

2.   Workplace based assessments

3.   Clinic letters (StR 4-8)

4.   Discharge summaries (StR 1-3 / StR (VTS))

5.   Documentation in the notes

6.   PAT and Self – PAT forms

7.   Audit projects

8.   Presentations

9.   Portfolio update

10.   Opportunity for reward and recognition

11.   Informal feedback from colleagues

12.   Other relevant issues

FEEDBACK ON
EDUCATIONAL EXPERIENCE

FEEDBACK
(How you will know how you are doing)

We have a system of multi-source feedback (PAT forms).

The way this works is that somewhere in the middle of your job, Peer Assessment Tool (PAT) forms will be sent out to 12 assessors. This will contain questions that map to the GMC Good Medical Practice guidelines. The assessors will be chosen by us for administrative convenience (rather than our lack of confidence in your abilities to choose assessors!). The assessors will be a mixed bunch. Consultants, your colleagues and senior sisters – people who you work with.

You will also be asked to fill out a self-PAT form so we know how you rate yourself (see later in this section). The forms will be collated by administrative staff and sent to your Clinical Supervisor for discussion at your mid-post appraisal.

We will also feedback on your performance using the workplace assessment tools

There will be opportunity for informal feedback in your post as and when the need and the opportunity arises. Your Clinical Supervisor is chosen on the basis of your rota so that you can work closely with them.

Self-Peer Assessment Tool (Self-PAT)

GUIDELINES FOR TRAINEES

The attached self-PAT(self Peer Assessment Tool) form is for you to assess yourself against the same criteria that your assessors will be assessing you (PAT from) as part of multi source feedback (360^0).

This form when completed by you will be sent to your Clinical supervisor who will discuss it with you in the context of your training and the PAT forms received from various assessors. (The PAT forms and guidelines for assessors are attached for your information).

You can ask to see the PAT forms if you wish to do so but please note that the identity of the assessors will remain anonymous.

Please try and reflect on your practice to identify areas where you are doing well and those you hope to improve.

Please use the "U/C" (unable to comment) box for items that you have not had a chance to experience though this should be the exception rather than the rule.

This form should take no longer than 10 minutes to fill .

Please return completed forms to Faye Marshall, Assistant Service Manager, Child Health as soon as possible.

Good luck with assessing yourself!

Self Peer Assessment Tool (Self-PAT)

The Rotherham NHS
NHS Foundation Trust

Your Name

How do you rate yourself in your:	Poor	Below Average	Average	Good	Excellent	U/C*
Good Clinical Care						
1 Ability to diagnose patient problems						
2 Ability to formulate appropriate management plans (short term)						
3 Ability to formulate appropriate management plans (long term)						
4 Ability to respond to psychosocial aspects of illness						
5 Appropriate utilisation of resources e.g. ordering investigations						
Maintaining Good Medical Practice						
6 Ability to manage time effectively/prioritise						
7 Technical skills (appropriate to current practice)						
Teaching and Training, Appraising and Assessing						
8 Willingness and effectiveness when teaching/training colleagues						
Relationship with Patients						
9 Communication with patients						
10 Communication with carers and/or family						
11 Respect for patients and their right to confidentiality						
Working with Colleagues						
12 Verbal communication with colleagues						
13 Written communication with colleagues						
14 Ability to recognise and value the contribution of others						
15 Accessibility/Reliability						
16 *Overall, how do you compare yourself to a doctor at your level of training*						

Do you have any concerns about your health or sickness absence?

Yes ☐   No ☐

If "Yes" please state your concerns:

………

………

………

………

Anything going especially well?	Please describe any area that you think you should particularly focus on for development:

Your signature …………………………………….…….…..   Date …………………………

Peer Assessment Tool (PAT)

GUIDELINES FOR ASSESSORS

You have been sent this multi-source feedback tool (360^0) to assess the trainee named on this form.

The form should take no longer than 10 minutes to fill.

The form is confidential and your ratings and comments are anonymised to the trainee.

This form has been sent to various assessors (not trainee selected) and will be collated by the Child Health administrative staff to be sent to the trainee's Clinical supervisor.

The Clinical supervisor will go through all the forms and summarise the feedback to the trainee, which will be documented in the trainee's portfolio. Please note that trainees can ask to see completed feedback forms under the Freedom of Information Act 2005.

Please comment on the trainee's performance giving examples, in addition to completing the questionnaire so that the feedback can be used for professional development. Please be constructive in your comments.

Comparison should be made with a doctor at that grade in Child Health.

If you have not assessed the trainee in a particular item please tick the U/C (unable to comment) box.

The trainee will be asked to complete a similar form (self-PAT), which has the same format as the form above.

Please return the form to Faye Marshall, Assistant Service Manager, Child Health, as soon as possible.

Good luck with assessing !

The Rotherham **NHS**
NHS Foundation Trust

Peer Assessment Tool (PAT)

Doctor's Name

How do you rate this doctor:	Poor	Below Average	Average	Good	Excellent	U/C*
Good Clinical Care						
1 Ability to diagnose patient problems						
2 Ability to formulate appropriate management plans (short term)						
3 Ability to formulate appropriate management plans (long term)						
4 Ability to respond to psychosocial aspects of illness						
5 Appropriate utilisation of resources e.g. ordering investigations						
Maintaining Good Medical Practice						
6 Ability to manage time effectively/prioritise						
7 Technical skills (appropriate to current practice)						
Teaching and Training, Appraising and Assessing						
8 Willingness and effectiveness when teaching/training colleagues						
Relationship with Patients						
9 Communication with patients						
10 Communication with carers and/or family						
11 Respect for patients and their right to confidentiality						
Working with colleagues						
12 Verbal communication with colleagues						
13 Written communication with colleagues						
14 Ability to recognise and value the contribution of others						
15 Accessibility/Reliability						
16 *Overall, how do you rate this doctor?*						

Do you have any concerns about this doctor's health or sickness absence?

Yes ❒   No ❒

If "Yes" please state your concerns:

………

………

………

………

Do you have any concerns about this doctor's honesty and integrity?

Yes ❒   No ❒

If "Yes" please state your concerns:

………

………

………

………

Anything especially good?	*Please describe any behaviour that has raised concerns or should be a particular focus for development:*

Which environment have you primarily observed the doctor in?
(Please choose one answer only)

Inpatients ❒
Outpatients ❒
Both In and Outpatients ❒
Community Speciality ❒
Other (Please specify) ❒

Your position:

Consultant ❒
Nurse ❒
StR 1-3 ❒
StR 4-8 ❒
Allied Health Professional ❒
Other (Please specify) ❒

Length of working relationship: _____months

MID POST ASSESSMENT FORMS (PAT)

1. Assessors should try and complete the boxes in free text that request information about:

a) anything especially good
b) focus for development

In addition to ticking the boxes

2. When assessors rate "below average" or "poor" or "excellent" they should cite specific examples.

3. In order to make the process less unwieldy for individual assessors, I propose that each doctor has the following set of assessors, preferably those who have worked with the trainee according to the rota:

1. 3 Consultants (not trainees' Clinical supervisor)
2. 3 StR 1-3
3. 3 StR 4-8
4. 2 Ward Sisters
5. 1 SCBU Sister

This makes 12 assessors which validates the tool

4. The anonymity of the assessors will remain and all completed forms will be sent to the Clinical supervisors who will collate the information and provide constructive feedback at mid post appraisal.

Child Health Directorate

Tell us what you think
(Please complete 1 form per speaker)

Evaluation form

Session

Speaker

Topic

Date

Tick the appropriate box

	Very poor	Poor	Average	Good	Excellent
How would the rate the choice of topic?					
Were learning points identified at the start?					
Was the session interactive?					
Was the use of audiovisual aids appropriate?					
Was the session kept to time?					
Was there opportunity for discussion at the end?					
Did the session meet your educational needs?					

No don't stop here! There's more on the reverse

What was good about the teaching session?

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Please give some ideas how it could be improved?

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Are there other related topics you would like presented & discussed?
Please list:

1. ……………………………………………………………………………………………
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2. ……………………………………………………………………………………………
………………………………………………………………………………
3. ……………………………………………………………………………………………
………………………………………………………………………………
4. ……………………………………………………………………………………………
………………………………………………………………………………

TEACHING TIMETABLE
C&YPHS

TEACHING TIMETABLE

The teaching timetable is divided into two subsections:

a)   Weekly teaching timetable
b)   Other teaching sessions

a)   Weekly Teaching Timetable

Attendance is expected and unless indicated on the timetable, the teaching sessions are for all grades and types of trainees
Attendance registers are kept in the Child Health seminar room. The purpose of these is to monitor attendance to judge the value of the training sessions. If you are unable to attend please state the reason on the register. Please sign against your name to document your attendance. Please indicate which of your colleagues are away due to nights, annual leave, study leave, sickness or any other reason.
This information will be collated and supplied to your clinical supervisor for discussion at your mid-post appraisal meeting.
If you do not sign, it means you were not there!

1.   X-Ray Meeting (13.00-14.00)

The X-ray meeting is held in the seminar room every Monday starting at 1pm
Please sign the attendance register documenting your attendance
The meeting is led by a Consultant Radiologist and the ward based consultant.
Please note down the details of X-ray/scans to be discussed in the x-ray meeting diary on date of next x-ray meeting in the seminar room.

The following details are useful,

- Patient's surname and name (these must be accurate)
- Date of imaging
- Type of imaging (e.g. XR chest)
- Brief history and findings and reason for discussion
- Consultant's code

If you feel that the notes would be useful at the meeting please request them from the ward clerk. It is your responsibility to return the notes to the ward clerk at the end of the meeting. The PACS system is used for the x-ray meeting. If these are old films (scans done in other hospitals) these can be viewed on the light box. Please do not leave any films in the seminar room at the end of the meeting for confidentiality reasons.

2.   Tuesday Middle Grade Teaching (12.30-13.30)

This is a largely democratic teaching session teaching of the middle grade, by the middle grade and for the middle grade.
The ward based Consultants are rostered to speak on topics such as Child protection, Neonatal ventilation, SUDIC and Emergencies in the first 6 weeks. Thereafter the middle grade doctors will choose a topic and present it to their colleagues using interactive small group teaching methods. They may invite other professionals to enhance the session.
The ward based Consultant facilitates this session.
Community doctors attend these presentations and periodically present interesting topics.
A rota is displayed on notice boards.

Suggested Teaching Topics For Middle Grade Doctors   (Topic Bank)

- Child Protection
- Epilepsy
- Cerebral Palsy
- Long term management of Diabetes
- Chronic Lung Disease
- Respiratory distress syndrome
- Approach to metabolic disease
- Faltering growth
- Short stature
- Puberty
- Urinary tract infection investigation
- Constipation
- Enuresis
- Clinical approach to headache
- Witness skills
- Fostering and adoption
- Autistic Spectrum Disorder
- Management topics
- Pain Management

- Food allergies
- Withdrawing life support
- Special educational needs process
- Benefits
- Nutrition and infant feeding
- Sudden infant death syndrome
- Immunisation
- Behavioural Problems
- Breaking bad news
- Case presentations
- Ethics and consent
- Newer modes of ventilation
- Rheumatology topic
- Portage service
- Role of Physiotherapist
- Role of occupational Therapist
- Role of Speech and Language Therapist
- STEPS Team
- Newer anti-convulsants

4.   **Wednesday ST1-3 teaching session (12.30-13.30)**

This is a ward based consultant delivered/facilitated session.
Common topics in Child Health are covered that map the curriculum.
Consultants may delegate these sessions to middle grade doctors to enhance their teaching experience. The session should be facilitated by the ward based Consultant.

5.   **Thursday Clinic Meeting (12.30 – 1.30 pm)**

You will be rostered to present a case/evidence based question/journal article using a critical appraisal template at this teaching session.

ST1-3/F2 and ST 4-8 trainees are paired to deliver this session and although we celebrate spontaneity, it will be better coordinated if you discuss the presentation with each other prior to the day.
Please don't leave the ward based Consultant out when planning these sessions. He/she may have some useful suggestions.

Also, as a matter of courtesy, please inform the named consultant that you are presenting their patient. They may have some crucial information that may help.

At the end of the session, the ward-based consultant will give you written feed back on your presentation (use Evaluation form in the folder) to retain in your personal portfolio. You may also use these forms to obtain audience feedback for your teaching.

Please follow the guidelines for presentations indicated on the Thursday clinical meeting rota.

Some of these sessions are led by other healthcare professionals e.g. pharmacist, dietician, feeding coordinators.

5.   **GPVTS Tuesday Afternoon Release (13.30-16.30)**

This is for GPVTS trainees only.

The understanding is that we will release GPVTS trainees for this training as far as possible. We may have to ask the on-call trainee to stay back if the wards are very busy.

6.   **'Problem of the Week' (12.30)**

A clinical problem is displayed on the notice board during the week.

This is discussed (led by the outgoing ward based consultant) before the handover for 15 minutes.

Ward based consultants have the "answer" though it is not a quiz but an opportunity to learn how to approach clinical Paediatric problems.

The aim is to improve thinking skills on a Friday, the best day of the week unless you are on call!

b)   Other Teaching Sessions

In addition to the weekly teaching timetable, there are other educational opportunities designed to provide you with varied teaching formats over the curriculum.

Flyers will be posted on the seminar room and doctors' room notice board informing you of these training sessions.

1.   **Child Protection (Safeguarding) Training (Level 3)**

All professionals who work with children full-time are expected to attend a 2-day Level 3 Child Protection programme. Whilst we appreciate that it may not be possible for all junior doctors to attend, at least some of you preferably middle grades should try and attend the training. The training is multi-agency and held either at a hospital or community venue. Please look out for flyers and details in the rota.

2.   **Neonatal Resuscitation Training Sessions**

Neonatal Resuscitation Training Sessions are a vital aspect of your training. Optimal neonatal resuscitation requires knowledge, skills and attitudes that can be improved with practice and training.

<u>Where</u>?
Resuscitation Training Room, PGME
<u>When</u>?
You will be rostered for these sessions
<u>How long</u>?
2 hours
<u>Who will facilitate</u>?
Bev Lomas, Nurse educator
<u>What will the format be</u>?
Demonstration   15 mins
Skill stations   45 mins
Scenarios   45 mins
Discussion   15 mins
<u>Who will attend</u>?
Junior doctors (by rotation)
Midwives
SCBU nurses
<u>How many</u>?
6-8 per session
<u>Who will co-ordinate participants</u>?
Bev Lomas   (SCBU nurses)
Faye Marshall (Junior doctors)
Joanne Lancashire (Midwives)

Attendance registers will be kept
You will asked to complete a session evaluation form
Certificates of attendance will be issued
Please attend when it is your turn

3. Neonatal Ventilation Training Sessions

Neonatal Ventilation training sessions are a mandatory training requirement for all professionals caring for babies on ventilators and other support devices. These include:

1. Draeger babylog 2000
2. Infant flow driver
3. Trigger CPAP

Where?
SCBU
When?
You will be rostered for these
How long?
2 hours
Who will facilitate?
Bev Lomas, Nurse educator
Nominated Consultant for the session
What will the format be?

Description of devices	Bev Lomas
Ventilation scenarios	Nominated Consultant

Who will attend?
Junior doctors (by rotation)
SCBU nurses
How many?
6-8 per session
Who will co-ordinate participants?
Bev Lomas   (SCBU nurses)
Faye Marshall (Junior doctors)

Attendance registers will be kept
You will asked to complete a session evaluation form
Certificates of attendance will be issued
Please attend when it is your turn

4. **CRUMPET (Cross-Specialty Multidisciplinary Paediatric Emergency Training)**

<u>What is CRUMPET</u>?
Crumpet is an initiative to bring together 3 specialities - Paediatrics, Anaesthetics and A&E together to enhance Paediatric life support training
<u>Aims</u>
To enhance Paediatric life support skills across three specialities – Paediatrics, Anaesthetics and A&E
To improve multidisciplinary team working during life support situations using scenario role play
<u>Learning objectives</u>
- To take part in role play to practice the skills learnt in Paediatric Life support courses
- To enhance leadership skills using Paediatric Life support scenarios using role play
- To improve team working across specialities in Paediatric Life support scenarios using role play
- To participate in debriefing sessions using role play in Paediatric Life support scenarios

<u>Why CRUMPET</u>?
- Communication within and between teams is vital in life support situations
- Several teams are brought together in emergencies
- Life support skills that are learned need practice and reinforcement
- Paediatric life support situations are not that frequent

<u>What format</u>?
The format will be scenario-based, in real time using a simulated manikin
The participation will be across key specialties involved in Paediatric resuscitations - Paediatrics, Anaesthetics and A&E. Medical and nursing teams will be involved.

What areas will be covered?
Team working and leadership
Life support skills
Equipment and drugs
Parent care
Debrief
<u>How often</u>?
CRUMPET takes place every 3 months
<u>How long will it last</u>?
The training session will last for 3 hours from 1.30 – 4.30 pm
<u>Where will it be held</u>?
Prof Bardhan suite , PGME
<u>Who will co-ordinate</u>?
Jennie Swift, Clinical Educator, PGME
<u>Who are the specialty leads</u>?

Paediatrics	Dr Sanjay Suri, Consultant Paediatrician
Anaesthetics	Dr Anil Hormis, Consultant Anaesthetist
A&E	Dr Daniel Stephenson, Consultant in A&E

<u>Who will participate</u>?
Speciality leads will suggest 3-4 names each to Jennie Swift - 1 ST 1-3; 1 ST 4-8; 1 Nurse. This will ensure at least 9-12 participants

Ward Round / Meeting / Teaching Timetable

DAY	WHEN	WHAT	WHO ATTENDS	WHERE
MON	8:30	Morning Handover	Junior Doctors +WBC	Seminar Room, CAU
	9:00	SHO + Reg SCBU ward round	Per rota	SCBU
	10:30	Wharncliffe Baby Clinic	Neonatal SHO	Wharncliffe Ward
	13:00	X-Ray Meeting (cancelled on 4th Monday of month)	All	Seminar Room, CAU
	14:00	Combined neonatal ward round meeting (finish by 15:00)	SCBU Staff	Seminar Room, CAU
	14:00	Paediatric Clinical Audit (4th Monday of month)	All	PGME/Other room
	16:00	Afternoon handover	Junior Doctors	Sygma Room
TUE	8:30	Morning Handover	Junior Doctors +WBC	Seminar Room, CAU
	9:00	SCBU Weekly Bloods	All	SCBU
	9:30/10:00	Consultant SCBU ward round	Reg + SHO	SCBU
	10:30	Wharncliffe Baby clinic	Neonatal SHO	Wharncliffe ward
	12:30	Middle Grade Teaching	Middle grades + WBC	Seminar Room, CAU
	12:30	Trust PGME lecture	Others	PGME
	13:30	GPVTS afternoon release	GPVTS only	PCT
	16:00	Afternoon handover	Junior Doctors	Sygma Rm
WED	8:30	Morning handover	Junior Doctors +WBC	Seminar Room, Child Health
	9:00	SHO + Reg SCBU ward rounds	Per rota	SCBU
	10:30	Wharncliffe Baby clinic	Neonatal SHO	Wharncliffe Ward
	12:30	SHO Teaching	ST1-3 +WBC	Seminar Room, CAU
	13:30	Ventilator Training (3rd Wed of the month)	Per rota	SCBU
	16:00	Afternoon handover	Junior Doctors	Sygma Room

THUR	8:30	Morning Handover	Junior Doctors +WBC	Seminar Room, CAU
	9:00	Consultant SCBU ward rounds	Reg + SHO	SCBU
	10:30	Wharncliffe baby clinic	Neonatal SHO	Wharncliffe Ward
	12.30	Clinical meeting	All	
	14:00	Neonatal Resuscitation Training (4th Thursday of month)	Per rota	SCBU
	16:00	Afternoon handover	Junior Doctors	Sygma Room
FRI	8:30	Morning Handover	Junior Doctors +WBC	Seminar Room, CAU
	9:00	Ward Rounds	Per rota	SCBU
	10:30	Wharncliffe Baby clinic	Neonatal SHO	Wharncliffe Ward
	12:30	Weekend handover round	All	Seminar Room, CAU
	13:15	Junior Doctors' Forum (3rd Fri of month)	All	Seminar Room, CAU
	14:00	Perinatal Audit (4th Fri of month)	All	B10 Seminar Room
	16:00	Brief handover	Junior Doctors	Sygma Room

Neonatal Wharncliffe/SCBU/ 'Ward Round'/activity timetable

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
8:30 Morning handover	**8:30** Morning handover	**8:30** Morning handover	**8:30** Morning handover	**8:30** Morning Handover	**~8:45 neonatal SHO starts Wharncliffe baby clinic after handover**	
9:00 SHO + Reg SCBU ward round	**9:00** Weekly bloods	**9:00** SHO + Reg SCBU ward round	**9:00** Consultant SCBU ward round	**9:00** SHO + Reg SCBU ward round		
10:30 Neonatal SHO starts Wharncliffe baby clinic	**9:30/10:00** Consultant SCBU ward round	**10:30** neonatal SHO starts Wharncliffe baby clinic	**10:30** neonatal SHO starts Wharncliffe baby clinic	**10:30** neonatal SHO starts Wharncliffe baby clinic	**Ward Based Consultant to visit SCBU**	
13:00 X-ray meeting	**10:30** Neonatal SHO starts B10 baby clinic			**12:30** Weekend handover round (Seminar room, CAU – SCBU nurse to attend)		
13:30 SCBU ward round meeting (CAU seminar room)				**14:00** Perinatal Audit (4th fri of month)		

<u>All SCBU ward rounds to be facilitated by senior member of SCBU nursing staff or ensure named nurse joins in ward round for each baby.</u>

Section 7

TRAINING OPPORTUNITIES IN COMMUNITY PAEDIATRICS

Community Child Health Training Opportunities

Community Child Health training can be achieved in various ways during your post

1. Vision testing with the Orthopist – 1 attendance suggested

2. Attendance at the Children's ENT Clinic (Mr Harkness) – 1 attendance suggested

3. Attendance at pre-school special hearing clinic – 1 attendance suggested

4. Attendance at the Child Development Clinic – 1 or more attendances suggested

5. Attendance at Child Psychiatry – 2 sessions suggested

6. Child Protection Case Conference – attend at least 1

7. Out-patients new and follow up – You must attend 10 clinics in 6 months

8. Special paediatric clinics – depending on time and own preference (a list of these is issued each month with the rota).

The Community Child Health timetable is planned in advance. It is done during your weeks of out-patients/community. Denise Brookes (Admin Team Leader, Ext 4230) will also give instructions on how to get to the various venues.

SESSION	WHERE HELD?	WHO TO CONTACT?	HOW TO CONTACT?	*COMMENTS*
Child Health Surveillance *Useful training for VTS and SHOs. Career grade SHOs and SpRs need to understand Child Health Surveillance.*				
6-8 week check	GP baby clinic	GPs surgery	Appendix A	
7-9 month assessment	Home/Health Centre	Health Visitor		
18-24 month assessment	Home/Health Centre	Health Visitor		
36-42 month Assessment	Home/Health Centre	Health Visitor		
CDC Clinics (Kimberworth Place, Kimberworth Road, Rotherham S61 1HD) *Useful for doctors of all grades to attend to understand how disability assessments are done*				
Consultant Clinic	CDC	Jo Wilman	8872	*Neurodisability clinics (0-5 years)*
Case discussions	CDC	Jo Willman	8872	*Neurodisability clinics (0-5 years)*
Physiotherapy Clinic	CDC	Claire Standrin Superintendent Physiotherapist	Ext 8859	
OT Clinic	CDC	Claire Standrin	Ext 8859	
Speech and Language Therapy Clinic	CDC	Jo Wilman Senior SALT	Ext 8872	
Clinics in Rotherham General Hospital				
Enuresis Clinic	Children's Clinic	Dr Hamdoun	Ext 7276	*Specialised clinic. All grades can attend*
Audiology Clinic	Audiology Department	Chris Hammond-Race	Ext 4816	
Orthoptist Clinic	Eye clinic		Ext 4452	
ENT Clinic	Outpatients, RGH	Mr Harkness	Ext 4764	
Special School Medicals				
Newman School	Newman School	Dr Dodds	Ext 7276	*Monday am term time only*
Kelford School	Kelford School	Dr Hashmi	Ext 7276	*Tues AM term-time only*
Hilltop School	Hilltop School	Dr Hamdoun/Dr Dotse	Ext 7276/7612	*Tuesday morning term-time only*
Abbey School	Abbey School	Dr Hashmi's sec	Ext 7276	
Milton School	Milton School	Dr Hashmi's sec	Ext 7276	
Willows School	Willows School	Dr Hashmi's sec	Ext 7276	

Mental Health Services				
Children's Mental Health Services complement mainstream paediatric services				
Child Psychiatry Clinic	Kimberworth Place	Dr Davies/ Dr Thomas	Ext 4808	
STEPS	Kimberworth Place	Kevin Stevens	380163	
Clinical Psychology	Children's Clinic	Catherine Wright	Ext 6012	
Community Clinics				
Various – Contact Community Bookings Team Ext 6379				
Adoption and Fostering Clinic	Children's Clinic	Dr Hashmi Sec	Ext 7276	
Adoption Panel	Town Hall	Dr Hashmi Sec	Ext 7276	
Child Protection				
Child Protection Medicals	Rapid Access Clinic	Liz Strawinski	Ext 7530	
Case conferences	Various	Chairperson for conference	(01709) 823914	
Community Children's Nurses				
Home Visits			Ext 2456	
Clinics			*Ext 2456*	

CHILD PROTECTION CASE CONFERENCES

Attendance Child Protection Case Conferences is a useful way of learning and gaining an understanding of Child Protection Procedures.

Carol Boote, Child Protection Nurse Advisor, (x7182)has kindly agreed to facilitate the attendance of junior doctors at Case Conferences.

All grades of junior doctors should try and use this training opportunity.

Carol can give you a brief background of the case (if it is not a child who has attended the ward already) and seek permission from the Chairperson for your attendance.

Please note that you will be attending in the capacity of an observer.

(Middle Grades who are involved in a case may have a different role and will be expected to contribute to the proceedings. They should liaise with the Consultant before and after the Conference).

Section 8

JUNIOR DOCTORS' FORUM

Junior Doctor's Forum
(So you can have your say)

We feel that is important to set time aside to discuss issues that concern your job and your training.

In order to facilitate this we have set up a Junior Doctors' Forum Dr Macfarlane chairs this forum, which meets once a month at 1.15pm in the Child Health Seminar Room (after the weekly handover).

Minutes are taken and circulated.

It is a forum to discuss your difficulties, constraints, annoyances, bugbears and pet hates. It is not a counselling session! Please bring constructive solutions to this forum.

Don't forget the power of positive thinking and tell us how good the job is as well (if you think so!).

CLINICS

Clinics
(Outpatient experience is vital!)

You will see different illnesses in outpatients compared to inpatients and you will see the same illness from a different perspective.

StR1-3 usually observe in clinics (they must attend at least 10 clinics in a 6 month post) but the only impediment to actually seeing patients is the availability of clinic rooms. Please ask the Consultant/middle grade in the clinic that you wish to see patients. This could be a Cbd or mini-CEX opportunity!

Middle grade StR4-8 will be rostered to do clinics. Please remember that this is a supervised post and you are meant to discuss all patients with the named Consultant both in regular clinic and rapid access clinics. All Child protection Cases must also be discussed with the named Consultant.

A list of clinics is included in this section along with speciality clinics run by visiting Consultants.

Study leave

STUDY LEAVE
(How much, what kind, what for)

You are entitled to study leave in this post. All study leave should be applied for using the relevant form.

Your study leave must first be discussed with the clinical supervisor and then your application passed to Faye Marshall, Business Support Manager, before it is approved regionally by the body that oversees your rotation.

Each SHO gets £700 a year (£350 in 6 months) to cover conference fees, travel and subsistence if the study leave is away from base.

Unfortunately, part-funding of study leave is not allowed.

Please use your study leave judiciously.

Private study leave may be granted under certain circumstances at the discretion of the college tutor if the rota allows it.

Please note that study leave should be co-ordinated amongst your colleagues so that the whole lot of trainees are not on leave at once! The four Doctors on the official Vocational Training Scheme will be encouraged to attend the half-day release.

LIBRARY INFORMATION

LIBRARY INFORMATION & KNOWLEDGE SERVICES

The Libraries Suite is situated on D Level of the hospital on the corridor that links junction 1 with the Education Centre. We offer a wide range of professional and patient related library services. Library staff have considerable knowledge of medical and health care information.
Please ask if you require any assistance.

Library & Knowledge Service

In April 2006 the Library was granted Stage 3 Helicon Accreditation – significant evidence of excellence and innovation. The Library is open to all health care staff in Rotherham and is linked to extensive networks of NHS libraries in Yorkshire & Humber and beyond.

Opening Hours:
Monday   10.30 – 20.00
Tuesday   09:00 – 17:30
Wednesday   09:00 – 20:00
Thursday   09:00 – 20:00
Friday   09:00 – 17:30
Saturday   09:30 – 13:00

Access outside of these hours is available to all local NHS staff on application, and subject to a returnable retention from salary of £50

Contact Details:
Telephone   01709 307139
Internal   7139
Fax   01709 373948
E-mail   library.healthcare@rothgen.nhs.uk
Web   http://www.therotherhamft.nhs.uk/Library&Knowledge/Default.asp

Membership

A library membership form needs to be filled in before any services can be used. A library induction pack is also available listing services in more detail. Please ask for details of library tours and induction. A list of library procedures and guidance is on display in the library.

Books & Journals

The library holds over 17,000 books and reports on all aspects of healthcare as well as related science and social science topics. Holdings are listed on a computerised catalogue available at http://rotherham.nhslibraries.com
The library also holds over 100 journals with back runs up to 15 years.
You may borrow up to 10 items for 3 weeks (standard loans) or 1 week (short loans). Items may be renewed if another user has made no requests. Overdue charges are made for items returned late. Items may be reserved, please ask library staff.

A self-service photocopier is provided for copying of library materials, subject to restrictions of the Copyright Act.
The library can acquire books, reports and journal articles that we do not have in our stock. There is a limit of five requests per user per week. Please allow time for your requests to arrive.

Literature Searching

We offer a literature search service if you are having difficulty locating relevant information for study, research or patient care; library staff can carry out a search on all relevant databases on your behalf.

Keeping up to date – Current Awareness

A daily current awareness bulletin "Today's News" is emailed to all RFT emails users. A fortnightly newsletter "Developing Services and Improving Patient Care" is also produced, sign up to receive this via the Hospital Intranet, please ask library staff for details. Departmental and individualised current awareness is also available, including new book lists and topical bulletins, please ask for details.

Electronic Resources & Training

IT facilities are also available in the library; access to the Internet, Trust intranet and email accounts, Microsoft office applications, black & white and colour printing. There is also access to a scanner and a range of medical CD-ROMs.

A range of electronic resources is available via the National Core Content. This includes access to the following databases: Medline, Cinahl, Psycinfo, Embase, AMED, British Nursing Index. Linked into this service is access to a collection of full text journals. All these resources and more (BNF, Cochrane Library etc) are available through the National Library for Health http://www.library.nhs.uk
You will need an Athens password to access most of these national resources. You can self-register for a password at https://register.athensams.net/nhs/nhsyorkhum/

Information Skills Training

The Library provides a full programme of Information Skills Training to help you get the best out of these electronic resources. Training is available on the following: Searching medical/nursing databases, Searching Pubmed, E-books, E-journals, Introduction to using the internet, Searching Images MD, Resources for evidence based medicine and Critical Appraisal skills. All sessions can be tailored to your needs and delivered on a one-to one or group basis including sessions within your own department. Brief assistance from library staff is always available

Health Information & General Library Services for Patients, Carers and Staff

The Health Information Service contains an extensive collection of consumer health information aimed at patients and their carers. The service also offers contact with and access to addresses of self-help and support groups. An enquiry and information point is located on Level C near the main entrance of the hospital. An extensive collection of books is held in the Patients library within the Libraries Suite.

Opening Hours

Monday   09:00 – 17:00
Tuesday   09:00 – 17:00
Wednesday   09:00 – 17:00
Thursday   09:00 – 17:00
Friday   09:00 – 17:00

Contact Details

Telephone	01709 307190
Internal	7190
Fax	01709 373948
E-mail	health.info@rothgen.nhs.uk
Website	http://www.healthinfo.org.uk/

The Patient's Library offers services in support of recreation and therapy including a unique collection of reading aids and facilities for patients who are disabled, blind or partially sighted. Staff may use the Patient's Library on payment of a small subscription, through the Hospital Library Club.

Opening Hours

Monday	Closed
Tuesday	12: 00 – 17:00
Wednesday	13: 00 – 17:00
Thursday	12:00 – 17:00
Friday	12:00 – 17:00

Contact Details

Telephone	01709 304178
Internal	4178
Fax	01709 373948
E-mail	health.info@rothgen.nhs.uk

THE ROTHERHAM NHS FOUNDATION TRUST ACCEPTABLE USE OF THE INTERNET - POLICY SUMMARY

1 - PURPOSE OF ACCESS
The Trust provides facilities for accessing the Internet to its employees primarily to enable them to carry their individual job responsibilities more effectively ("Business Use").

2 - AUTHORISED USERS
Only Authorised Users shall use the Trust's facilities for accessing the Internet.
All staff are eligible to become authorised users of the Trust's Internet facilities.
To become authorised users, each member of staff shall:
Be issued with a username and password
Agree to comply with the Trust's Policy for Acceptable Use of the Internet

3 - UNACCEPTABLE USE
Authorised Users shall not access, display or download from Internet sites that hold offensive material; offensive material includes hostile text or images relating to gender, ethnicity, race, sex, sexual orientation, religious or political convictions and disability.
Deliberate attempts to access 'offensive' sites shall be regarded as a breach of this policy.
If sites containing such offensive material are accessed unintentionally, Users shall disconnect from the site immediately and inform the IT Strategy Manager.

4 - DATA PROTECTION/CONFIDENTIALITY
The Data Protection Act, 1998 and the normal rules of confidentiality govern the use of the Internet by Trust employees; under no circumstances shall confidential information be published on the Internet or sent in a message via the Internet.

5 - PERSONAL USE
Personal use shall be a privilege that may be withdrawn if abused.
Limited personal use shall be permitted in locations authorised by the Head of Department (or equivalent line manager); it shall not be permitted in areas normally accessible to, or visible by, patients or the public.
Personal use shall be permitted in the Cyber Café.
Personal use shall be in the user's own time and shall not interfere with their ability to carry out their normal duties.
Personal use shall not interfere in any way with the primary, business related, purposes for which the facility used has been provided. This is particularly important where facilities are shared with other staff.

6 - MONITORING/MANAGEMENT OF USE
The Trust shall implement software to enable it to undertake central monitoring of use.
Central monitoring shall be undertaken routinely on behalf of Heads of Department.

7 - ACCESS TO BLOCKED SITES
Very occasionally websites required for business purposes may be inappropriately blocked. Inappropriate blocking shall be notified by the User to the IT Strategy Manager (ITSM) using the online facility provided.

8 - BREACHES OF POLICY

Breaches of the Policy shall be managed as a disciplinary issue under the Trust's Code of Conduct for Staff; in addition Authorised User status, or personal use privileges, may be withdrawn.
Breaches of 'Unacceptable Use' section of the Policy shall be regarded as Serious or Gross Misconduct automatically resulting in a final written warning or dismissal as appropriate.

IMPORTANT NOTE

This is a summary of those parts of the Policy directly affecting Authorised Users. It is based on the Policy approved by the Trust Board July 2002, but is not a full statement of the Policy. The full Policy may be viewed on the Trust Intranet