The Kent Neurology StR training rotation

August 2018

Canterbury

The Kent Neurology StR training rotation

East Kent Neurology Unit (EKNU) Induction Pack

August 2018

This document provides general information as part of the induction process to specialist training in Neurology in the East Kent. It also contains information specific to the part of the training which includes Kent & Canterbury Hospital, William Harvey Hospital and The Queen Elizabeth the Queen Mother Hospital. StRs who start at Darent valley Hospital and The Medway Maritime Hospital will have additional local information provided by the consultant neurologists at those sites as part of their induction.

East Kent based StRs and Core Trainees should sign this page and hand it back to Dr S Harikrishnan once the pack has been read, to confirm receipt of the induction pack.

StR Name_____

Signature_____

Date_____

Contents

Introduction

Welcome to East Kent Hospitals. We (your consultant colleagues) hope that you will enjoy this part of your training. As you are no doubt aware, the neurology jobs in East Kent are unlike any elsewhere. All patients with a neurological illness are eligible to be admitted under our care and we have close working relationships with the stroke physicians who manage most of the patients with neurovascular disease. Each year we admit around 800 patients in EKNU and see more in around 9500 outpatient encounters on the three sites. We provide neurology outpatients and ward referrals at all three sites but all neurology inpatients are at its EKNU at Canterbury. This part of your rotation will provide a unique opportunity in your training.

The first two pages of this guide (Section 1) relate to the overall structure of the department. Information following (this is specific to Registrar level trainees with regards to training and clinical work load.

Information specific to Core medical trainees is included in Section 2. A unit operations manual and key contact numbers, relevant to all trainees, are available in Appendix 1 and 2.

The complexity of coordinating all of the neurology teams to provide adequate patient care while meeting all of your training needs, has the potential to be a logistical nightmare. Consequently, we need to choreograph all of your attachments within and without the department as much as possible. Any requests for special interest sessions or particular projects (OOP) should be submitted with as much warning as possible. Most of the general information about your role as a StR is contained within the current guidelines.

Departmental structure

Queen Elizabeth the Queen Mother Hospital, Margate
Dr Sreedharan Harikrishnan (MS, General Neurology & Education)

Kent & Canterbury Hospital, Canterbury
Dr Nicholas Moran – (Epilepsy Lead & Clinical Lead)
Dr Ian Redmond (MS Lead & General Neurology)

Neurophysiology
Dr Jeremy Bland, - Consultant Neurophysiologist
Dr Nick Tsarouchas – Consultant Neurophysiologist

Neurorehabilitation
Dr Mohammed Sakel – Consultant in Neuro-Rehabilitation
Dr Mira Boteva – Trust Doctor Registrar in Neuro-Rehabilitation (Harvey Ward)

William Harvey Hospital, Ashford
Dr Michael Samuel (Movement Disorders Lead & General Neurology)
Dr Thomas Webb (Stroke, General Neurology & Dementia)
Dr Lorena Flores (General Neurology & Epilepsy)
Dr Sasa Filipovic (General Neurology & Movement Disorders)
Dr Neil Munro (Movement Disorders)
Dr Mira Sabeka (General Neurology & Epilepsy)

Management Support
Juliet Apps, General Manager, Long Term Conditions
Nicola Williams , Service Manager (nicola.williams18@nhs.net)
Glenn Booth, Operations Manager (glenn.booth@nhs.net)

Treble Ward
Maria Jenner – Ward manager Nursing
Sharon Youngman – Deputy ward manager Nursing

MS Specialist Nurses
Nicki Guck
Bethan Tredwell
Clare Langham

PD Specialist Nurses
Rosemary Vahid
Nichola Scoble
Pauline Hammond
Annie Holdsworth
Amanda Marsh

MND Specialist Nurse
Christine Batts

Attending inpatient system and East Kent Neurology Unit (EKNU)

We run an attending system for inpatient care with the EKNU based at K&CH. This means that each month, there is a consultant who has responsibility for inpatient care, i.e. their whole time is available for inpatient management except for one clinic per week and ward referral commitment at their base hospital. On call work starts with a discussion at 0900 on Monday and continues with a round of all of the new and existing neurology patients. Each day there may be further reviews of new or existing patients on an *ad hoc* basis and daily rounds of all new patients admitted in the previous 24 hours. Each ward should have a daily MDT Board round which the StR should lead (Treble Ward at 09:15 am and Harvey ward at 08:30 am, week days only). This system has markedly decreased the inpatient stay for our patients while providing a consultant led management. However, in order to operate smoothly it

requires a full and committed team of juniors, led by you as StRs. It should be an opportunity for you to hone your patient management skills as you will be working closely with the consultant of the month and it is certainly an opportunity for us to get an impression of how you are doing. All the attending consultants act as clinical supervisors and feed back to your educational supervisor at the end of each attending month.

The neuro-rehabilitation unit (Harvey Ward) is part of EKNU. You are expected to support and supervise the CT posted in Harvey ward. The QEQM StR is also expected to attend the multidisciplinary meeting on Wednesday morning and subsequent ward rounds. The StR may also be requested to neurologically assess off site neuro-rehabilitation referrals (QEQMH & WHH) and feedback to the team to decide on rehabilitation potential. Please discuss with the neuro-rehabilitation consultant for further details and clarification.

EKNU operational policy: Please see **appendix 1** for the complete operational policy. ***You should be fully aware of the contents of this document prior to commencing your duties***. The neuroscience unit was set up to ensure that neurological patients are looked after by doctors and other staff with neurological expertise. The objectives include, therefore, providing high quality care for neurological patients while reducing the length of stay. The Neuroscience unit comprises of both the neurology ward (including the telemetry beds) and the rehabilitation ward. There are clear lines of management and clinical responsibility including the Stroke / Neurosciences Matron, the ward managers, the lead clinician, the director of neurorehabilitation and the attending neurologist (consultant on call for the month), the on-call neurologist with other consultant neurologists and junior neurologists and other staff. There is a culture of vigilance and free communication and a duty to attend clinical governance meetings. The inpatients are the responsibility of the attending consultant who reports to the consultant body and other staff at the ward meeting. Standards of inpatient care and admissions are set out. Out of hours, the whole neuroscience unit is the responsibility of the on-call consultant and the StR who is also on-call from home. There are explicit rules on consultant attendance at weekends. It is the responsibility of the neurologist to decide when general physicians should be asked to attend but nurses may request general physicians to attend for urgent medical assistance and advice if the Consultant and STR are unable to be contacted. There is an overriding duty of vigilance requiring all staff to act if they consider a patient's care to be compromised.

There are currently 4 StR posts in East Kent and the on call is shared with the two west Kent StRs. Your time at east Kent is generally split into a series of six month attachments.

Training opportunities

Calman training days

(London – every 3rd Wednesday with a break in August) -10 per Year

All StRs are expected to attend the regional training days. There are feedback forms available on each occasion, so take the opportunity to rate each day so that the programme can develop. Your clinical commitments are usually taken care of by the management team. It is the responsibility of the StRs to check that this has been done well in advance (8 weeks' notice) and ensure it does not clash with SHO training days. It is mandatory that all Neurology trainees attend a minimum of 70% of Regional Training Days. Attendance rates feed into the annual ARCP; if a trainee does not comply with the minimum attendance percentage, they will obtain an unsatisfactory ARCP outcome. Email Magdalena.Tosun@uclh.nhs.uk to join the Calman mailing list.

Specialist clinics

As mentioned in the departmental structure, specialist clinics are spread across the three sites. Usually if you are attached to a consultant team (site) you will be doing the special interest clinic of that group of consultants. There are opportunities to work in other specialist clinics during your posting in QEQMH or WHH. Please discuss this with your educational supervisors at the earliest opportunity.

Regular meetings

Here is a table of the regular academic and business meetings every Tuesday afternoon

	Week 1	Week 2	Week 3	Week 4
13.00 - 14.00	Neuro-Radiology	Neuro-Radiology	Neuro-Radiology	Neuro-Radiology
14.00 - 15.00	Ward meeting	Ward meeting	Ward meeting	Ward meeting
15.15 – 16.00	2* Clinical cases	2* Clinical cases	Clinical Governance	2* Clinical cases
16.00 – 17.00	Mortality & Morbidity	Lecture course	Business meeting	Lecture course

5th Tuesdays are designated as 'Neuropsychiatry days'. This is a joint CPD meeting with our psychiatry colleagues. Psychiatry lead for this is Dr Ahmed Ismail (ahmed.ismail@kmpt.nhs.uk)

One of you should take up the role of lead registrar and regional trainee STC representative and will be in charge of co-ordinating these activities. Radiology meetings (Neuroradiology MDTs) are held in that department. You will have to contact Dr Moran's secretary, Shari Dawkins (Shari.dawkins@nhs.net) and Dr Sushil Ingole (sushilingole@nhs.net) with the patient details at least 24 hours in advance to book patient in for this meeting. StR / CMT should summarise patients briefly for the meeting. The academic meeting from 15.15 -17.00 will be arranged in the Education Centre. The academic meeting is cancelled in the month of August. StRs are not required to attend the business meeting in the first year of training.

The rota for clinical meeting will include two 15 minute+ presentations. One from the consultant and the second from the trainee. The rota for consultant presentation is in the same order as that of lecture course (see appendix 5) but will not include the DVH consultants. The trainee rota will be one in 6 and the consultant rota will be one in 13 including one consultant Neurophysiologist and consultant in Rehabilitation. The attending consultant will chair the meeting. If the attending consultant is busy with ward work, they can ask a colleague to cover. The weekly email sent by the lead registrar should include the name of the chair. The attending consultant will plan the meetings for the month in the first week.

Trainee Representative

All trainees have the opportunity to put themselves forward to become the Trainee Rep for Neurology as part of the HEKSS and Trust medical education framework which includes representatives from all specialty groups, ensuring that views, opinions and experiences of their peer group of trainees are taken fully into account as part of the Neurology Faculty Group. The Group meets three times per year as part of the regular monthly Business Meeting on Tuesday afternoons when education and training is the focus of the agenda for that meeting. Trainee representation is a key element in monitoring, reviewing and evaluating the training programme from the trainee perspective and the Trainee Rep would be expected to communicate with and provide support for their peers, canvassing their views to bring these to the faculty meetings three times a year by providing a report which identifies areas of good practice and issues to address with suggested solutions. Full training and support is given to all Trainee Reps which is a very rewarding role and will enhance skills by demonstrating leadership and commitment to training and trainee issues.

Friday's meeting – (Academic Neurosciences Centre [ANC] in King's College Hospital, Denmark Hill. London.) StRs are not expected to attend this meeting during the 6 month posting in EKNU. The StRs on WHH and QEQMH rotation are advised to attend this meeting two Fridays per month. This has to be discussed in advance with a consultant at each site (LF at WHH for 1st and 3rd Fridays; SH at QEQM for 2nd and 4th Fridays).You are expected to be available for ward work at these sites after the Friday meeting. The Neuroradiology meeting starts at 0900 in the radiology department. The meeting at ANC is between 1015 AM to 1215 PM and includes clinical cases and lectures. [Coordinator – Judy Grimshaw [judy.grimshaw@nhs.net]

Other training opportunities

The following areas of the curriculum need to be covered during your training. All are not available in East Kent. Some of these areas are part of the day to day training while others will require special effort on your part to arrange. Please refer to the following list for details and discuss this with your educational supervisor.

Subject	**Available in East Kent**
Neurophysiology	Yes
Neuroradiology	Yes
Clinical audit	Yes
Pain management	Yes
Neuroinflammatory disorders	Yes
Movement Disorders	Yes
Epilepsy	Yes
Motor Neurone Disease	Yes
Stroke & Neurovascular	Yes
Neurosurgery	No
Neurointensive care	No
Neuro-ophthalmology	No
Spinal injury	No
Neuropathology	No
Neuropsychiatry	No
Neuropsychology	No
Neurogenetics	No
Uroneurology	No
Neuro-otology	No
Neuromuscular	No
Dementia	No

Facilities and research opportunities

The current StR room has access to three computers. There are good library facilities on site and several of the neurology journals are available online. If you need any specific article in relation to patient care, our clinical librarian may be able to help– Mark Kerr (mark.kerr@nhs.net).

While the thrust of the programme at EKNU is immersion in clinical neurology, the large number of patients does provide ample opportunity for writing case reports and short case series. Anyone wishing to spend time on a more formal research project may contact Dr M Samuel and Dr N Moran who have active research programmes and would be happy to advice.

Simulation facilities including Botox injection is available to the trainees. Please discuss this with your educational supervisor.

Online journals.

Sign up for an Athens account with the library to access online journals. A number of journals may be available through personal subscriptions and current StRs may have a list of the current journals. The access to these varies frequently so you will need to keep up to date yourself.

There are a few popular neurology journals available via NHS Athens (http://www.openathens.net/nhs_users.php). These include but is not restricted to JNNP, Practical Neurology, Nature Neuroscience, Nature Reviews Neurology, Lancet Neurology, Neurologic Clinics, Clinical Neurology and Neurosurgery, Current Opinion in Neurobiology, Journal of Clinical Neuroscience, Journal of Neuroimmunology, Journal of the Neurological Sciences, Journal of Stroke and Cerebrovascular Diseases and Multiple Sclerosis and Related Disorders. UpToDate is also available via this login. Textbooks including Caplan's Stroke - Fourth Edition, Aminoff's Electrodiagnosis in Clinical Neurology - Sixth Edition, Bradley's Neurology in Clinical Practice - Sixth Edition, Atlas of Clinical Neurology - Third Edition, Current Therapy in Neurologic Disease - Seventh Edition, McAlpine's Multiple Sclerosis -Fourth Edition, Netter's Neurology - Second Edition, Neuromuscular Disorders: Treatment and Management, The Neuroscience of Sleep, Epilepsy Syndromes etc. are available via Clinical Key (https://www.clinicalkey.com/)

Professional Memberships.

Trainees are encouraged to become members of the Association of British Neurologists. You should consider also applying for membership of the American Academy of Neurology which provides access to the journal Neurology and Continuum.

Assessments

In the first week, each of you will be given a named educational supervisor and a named clinical supervisor. Every 3 months you should meet with your educational supervisor formally for an assessment and to plan activities in addition to your scheduled job changes. Arrange the dates for these assessments in the first two weeks. Your educational supervisor will be available for 1 hour every week for informal discussion – (SH 1500 – 1600 on Thursdays TW –time to be confirmed)

Please download and read a copy of the gold guide (http://kssdeanery.org/gold-guide) and curriculum.

Register with the JRCPTB in the first week.
(http://kssdeanery.org/neurology/progression/what-you-need-to-do)

Each StR has an ARCP each year. Please familiarise yourself with the 2010 ARCP decision aid

(http://www.jrcptb.org.uk/sites/default/files/2010%20Neurology%20ARCP%20Decision%20Aid%20(revised%202014)_0.pdf)

Specialty Certificate Examination (SCE) should be attempted at ST4 / ST5 level.

Clinical attachments for August 2018 – August 2019

There will be 3 pairs of StRs,

A West Kent (Darent valley Hospital & Medway Maritime Hospital)
B William Harvey Hospital (Ashford) & Kent and Canterbury Hospital
C Queen Elizabeth the Queen Mother Hospital (Margate) & Kent and Canterbury Hospital

A1 Medway (Radu Stoica)
A2 Darent valley (Deepthi Changaradil)

WHH - K&C rotation

B1 William Harvey Hospital – Robin Fox (ES – T Webb)
B2 Kent and Canterbury Hospital – Rebecca Broad (ES – T Webb)

	Aug- Jan	Feb – July
WHH	Robin	Rebecca
K&C	Rebecca	Robin

QEQMH - K&C rotation

C1 Queen Elizabeth the Queen Mother Hospital – Kaung Myat Kyaw (Locum Reg) (ES – S Harikrishnan)
C2 Kent and Canterbury Hospital – Jananee Sivagnanasundaram (ES – S Harikrishnan)

	Aug- Jan	Feb - July
QEQM	Locum Reg / Kyaw	Jananee
K&C	Jananee	Locum Reg / Kyaw

ST on call Rota

	Monday	Tuesday	Wednesday	Thursday	Friday	Weekend
WEEK 1	A2	A1	B1	C1	B2	C2
WEEK 2	A1	A2	B2	C2	B1	C1
WEEK 3	B2	A1	B1	C1	C2	A2
WEEK 4	B1	A2	B2	C2	C1	A1
WEEK 5	C2	A1	B1	C1	A2	B2
WEEK 6	C1	A2	B2	C2	A1	B1

StR Weekly Timetable and Clinic Rota

K&C StR 1 (Rebecca from August 2018 LTFT 60% - Kyaw covering 40%)

	Morning	Afternoon
Monday	Ward round	Ward referrals
Tuesday	**MD Clinic** (Dr Bastida)	Governance /Academic Session
Wednesday	**MS Clinic** (Dr Harikrishnan)	Ward referrals / SPA
Thursday	Ward round	CMT Teaching (1400 – 1500)
Friday	Ward round	Ward referrals

K&C StR 2 (Jananee from August 2018)

	Morning	Afternoon
Monday	Ward round	CMT Teaching, Ward referrals
Tuesday	Ward round	Governance /Academic Session
Wednesday	Ward round	**Acute Neurology Clinic** (3 patients)
Thursday	Ward round	**Epilepsy Clinic** (Dr Moran) Neurophysiology: EEG & EMG (when epilepsy clinic is cancelled)
Friday	Ward round	Ward referrals, CMT Teaching

WHH StR (Robin from August 2018)

	Morning	Afternoon
Monday	**General Neurology clinic** (Dr Bastida)	Thrombolysis, Ward referrals
Tuesday	Ward referrals, Audit, Admin	Governance /Academic Session
Wednesday	**Neurovascular Clinic** (Dr Webb)	Ward referrals
Thursday	Special interest session/ Study half day Can **sit in MD clinic** (Dr Samuel)	Ward referrals
Friday	Academic Meeting (Kings) 1st and 3rd Week, Admin, Once a month **General Neurology clinic** (week 2) (Dr Flores)	Ward referrals – (From 3 PM when away at Kings)

QEQM StR (Kyaw from August 2018)

	Morning	Afternoon
Monday	**General Neurology clinic** - Dr Redmond	Ward referrals
Tuesday	Ward Referrals	Governance /Academic Session
Wednesday**(Special interest day)**	Can **sit in MS Clinic** (Dr Harikrishnan) (K&C H)	Special Interest Clinic / CMT or Medical student Teaching / Rehab ward (K&C H)
Thursday	**General Neurology clinic** - Dr Harikrishnan	Ward referrals, Educational meeting.
Friday	Audit, Admin, Academic Meeting (Kings) 2nd and 4th Week.	Ward referrals – (From 3 PM when away at Kings)

Guidelines for StRs, and Trust Doctors

The following section sets out guidance for StRs in the neurology department at East Kent. These will be subject to modification from time to time.

Outpatient clinics

As part of your training, all patients seen in the OPD should be discussed with the supervising consultant, either during the clinic, or at a time arranged with that consultant. This time is built into the clinic structure. If the consultant is away, the clinic is cancelled.

For **senior** trainees, arrangements for supervision of that clinic are in place. The consultant will communicate this arrangement with you in good time. Please make sure that you are aware of these arrangements before the clinic. If you have an urgent need to discuss a patient seen in clinic when the consultant is away, the attending or on call consultant for that day should always be contactable.

The degree of supervision will vary and depends upon experience and length of training. On starting at East Kent, new StRs may initially see few patients (usually 3) or attend clinic as an observer depending on the arrangements made by each consultant.

Please remember that 8 weeks' notice must be given for cancellations of clinics. This includes cancellation for annual leave, study leave, audit and other professional meetings. Please check that any clinic changes have been made with the management team and corresponding secretary in good time.

Leave applications need to be approved by directorate managers (see below).

Leave arrangements

A maximum of 2 StRs may be away at any one time. The two StRs at EKNU will cross cover for leave. The other two StRs need not cross cover except for on-call and

Friday activities. Calman training days are the only time that all StRs may be away, unless there are special circumstances which need to be agreed beforehand. Study leave forms are available on the intranet and should be submitted to the postgraduate education centre for the relevant site.

When applying for annual leave / study leave, registrars should email Glen Booth (rota co coordinator), clinical lead (A/L), educational supervisor (S/L) and consultant secretaries where clinic cancellation is involved. For leave when at K&C H they will also email the attending consultant of the month. The hospital policy is that no leave will be authorised unless the 8 weeks' notice is given. You should record any absences from work on your e-Portfolio - this will be cross-referenced with medical staffing records. This is further mandated by your sign off of your probity and medical health declarations. Therefore every time you are absent for reasons of sickness/compassionate leave, etc. you must ensure that medical staffing, managers and supervising consultants are informed for their records. Any recurrent unplanned absences, particularly from night or weekend shifts will be reviewed by your educational supervisor and/or college tutor.

Ward referrals

Ward referrals are managed via *Careflow* electronic referrals. The StR is responsible for seeing referrals and should discuss these with the consultant of the day covering the referrals. The rota for this is available with the corresponding secretarial staff. The StR should write in the hospital notes that the patient is being seen on behalf of the attending, on call or covering consultant. Please clearly document your contact details as well (bleep or mobile).

Each StR should keep a record of referrals seen as part of their training requirements and this log may be reviewed periodically. One of the ways would be to keep a copy of referral request with a brief note of your recommendations and the outcome of the discussion with the consultant.

All referrals received by the department should be logged.

On call patient review

All patients admitted to the EKNU, including telemetry patients should be seen by a StR (after CMT clerking etc). If you are not attending, do a clinical handover to your colleagues the next morning. All new patients are reviewed by a consultant within the first 24 hours of admission. **All admitted patients should be seen by a StR prior to the consultant round**. This is an important part of training for you to be able to make independent management decisions. You may not always make the correct decision, but if you don't start to practice this skill under supervision, then you will never acquire it.

Weekend ward rounds

The StR on call for a weekend will be expected to have reviewed all of the patients admitted over the previous day before the consultant ward round on both Saturday and Sunday. Each consultant will arrange a mutually convenient time for the weekend ward rounds.

GP telephone advice

The StR on call will take occasional GP calls. This should improve the quality of advice given to GPs and reduce unnecessary admissions. All calls and the outcome should be logged. This is to reduce the chances of handover and other communication mishaps.

Discharge summaries

All patients should have an EDN (electronic discharge notification) within two hours of decision to discharge. This is the Trust standard and patients should not leave the ward without it.

CMT and other teaching

There is an StR rota for teaching SHOs organised by the StRs. The lead registrar will organise the rota. This will be a weekly session (usually Friday PM) and each registrar should keep a record of the topics taught as part of their training folder.

Undergraduates from the King's college Hospital are also taught in the department in a variety of ways from formal lectures, clinical skills sessions and ward rounds to more traditional bedside teaching. Teaching is an important part of the neurology curriculum and there is opportunity to teach (depending on availability and StR interest). Please contact Dr S Harikrishnan for more details.

There is also opportunity to teach on neuroscience modules for third year medical students for those who would like to gain additional teaching experience.

Tuesday afternoon academic sessions

These are an opportunity to present patients and to see interesting cases from Canterbury, Ashford and Margate. Presentations are often given by the consultants, but learning to present is an important part of your training and, at Canterbury, patients should usually be presented by a registrar. Each registrar should keep a record of their own presentations for their training folder. The attendance in these meetings will be collated and reviewed by your educational supervisor quarterly. For Darent valley and Medway StR's, the attendance will be sent to their educational supervisors quarterly.

These meetings are also part of CMT training and their attendance is mandatory and bleep free.

Getting advice from a consultant via telephone

From time to time it will be necessary to discuss a patient or other clinical issue with a consultant. If it is not possible to speak to your consultant in person, all of the neurology consultants are available for telephone advice. Switchboard and Treble ward have contact numbers of all consultants in case such a situation occurs. If you encounter any difficulties, this should be reported to the lead clinician in neurology.

If advice is sought about an inpatient, the StR should have seen the patient and be able to provide a good summary of the clinical problems.

Compliance with banding

While the clinical management and safety of patients must always be first priority, it is understood that StRs should not exceed their contracted hours. It should be noted that there is no distinction between on call and normal work in a partial shift system. Discharge summaries, preparation for presentations and other administrative activities can be done during evening or weekend hours of duty when you are not directly involved in patient care.

SECTION 3

Neurology Core Medical Trainee Handbook

2018-19

GENERAL INFORMATION

Background

Welcome to the Neurology rotation at Kent & Canterbury Hospital, we hope your four months working with us will be an enjoyable and educational experience! Owing to the limited number of neurology units around the country, most core medical rotations do not include a neurology post but given the influence of neurological presentations to the acute medical take, experience in recognising, investigating and treating disorders of the nervous system will be valuable whichever branch of medicine you pursue after CT2. This job will provide exposure to both common and very rare diseases.

Your overall aims should be to become proficient at examining different parts of the nervous system, being able to take a detailed history for common neurological complaints and begin to formulate management plans.

The patient load is relatively smaller than some general medical jobs however this allows in depth and detailed management of patients with sometimes complex conditions. From an educational point of view the neurology job should hopefully give you the grounding to perform well in the Neurology station of PACES, cover relevant areas of the CMT e-portfolio curriculum and maybe entice you to consider a career in Neurology. There are regular educational activities through the week including academic meetings on a Tuesday, registrar teaching and a team of consultants who are keen to teach during ward rounds.

Treble ward

The East Kent Neurology Unit is based on Treble Ward – an 18 bed ward at Kent and Canterbury hospital. Traditionally, neurology in the UK has been based in large university teaching hospitals but EKNU provides a unique area to manage patients with neurological complaints within a DGH setting. All neurology inpatient activity in East Kent is based on Treble ward and the neurology firm does not usually have outliers. This means that the vast majority of your time is spent in Treble! However, occasionally we will have patients who are under neurology in ITU/HDU or other wards and we have responsibility for organising their care.

Conversely, the medical outliers on Treble are under the care of various medical teams and not neurology unless otherwise specified. All requests for neurology input/referrals should always be directed to the registrars or consultant.

Each month there will a different consultant attending the ward and taking care of the inpatients. This should give you opportunities to complete MCRs and SLEs from at least 4 different consultants! Consultant ward rounds are usually twice a week, with registrars and the CMTs leading the ward round on the other days.

Our working day is 9am to 5.15pm and each day starts with the MDT Board round at 9.15 where we discuss all inpatients with the nurses, physiotherapists, and occupational therapists with a focus on discharge planning. Generally, the ward round takes place in the morning, and the afternoon is spent with the Registrars seeing referrals and the CMTs doing the ward jobs. Unfortunately, there are no foundation doctors in neurology so updating the list, requesting/taking bloods and managing drug charts falls to the CMTs.

If the ward is not busy, you are always welcome to review referrals with the registrars, a good opportunity for SLEs, or to attend a clinic, providing that at least one CMT remains free to cover the ward.

One of the registrars will be in clinic on Wednesday 9-1pm and Thursday 1-5pm.

Treble CMT Timetable:

	MONDAY	TUEDSAY	WEDNESDAY	THURSDAY	FRIDAY
AM	9.15 – 9.45 MDT Board meeting	9.15 – 9.45 MDT Board meeting	9.15 – 9.45 MDT Board meeting 9.00 – 13.00 Lumbar puncture clinic	9.15 – 9.45 MDT Board meeting	9.15 – 9.45 MDT Board meeting 9.00 – 12.00 Lumbar puncture clinic
PM		13.00 – 17.00 Educational meetings		13.00 – 14.00 CMT Teaching	13.00 – 14.00 Grand round

Discharge letters

Many neurology patients have complex histories with multiple investigations and sometimes uncommon or even uncertain diagnoses. Often, the components of the history, examination and investigations that lead to a diagnosis are as important as the treatment given. As such, a detailed discharge letter is vital to reflect their inpatient stay and also be used to explain the rationale for a diagnosis.

For example, if a patient was admitted with what was initially thought to be an epileptic seizure but was later diagnosed as dissociative seizures, the discharge summary should include a clear explanation of why the diagnosis was changed away from epilepsy. Although this may have been completed and the patient discharged within 24 hours; a one line diagnosis of "pseudoseizure" is not particularly helpful. A detailed account may include a thorough description of the attacks witnessed, investigations that support the diagnosis such as EEG and a proposed management plan. This is exceptionally important for future admissions and conditions like dissociative attacks where the risk of iatrogenic harm is very

significant. Likewise, examination findings should be commented on in the letter, ideally pre and post treatment if appropriate (e.g. Guillain Barre Syndrome – examination findings on admission and discharge).

Although discharge letters may seem like tedious paperwork; reflecting on a [sometimes long] admission, synthesising complex information and presenting in a concise written form is a difficult skill and should be viewed as an educational opportunity.

As a rule of thumb, if a patient was already under the care of a specific consultant as an outpatient before admission, they will go back to that consultant for follow up, if required. If a patient is new to the Neurology service, they will usually be followed up by the attending consultant on admission. However, some patients will require follow up in a specialist clinic e.g. MND, Movement disorders, MS or Epilepsy. Please ask the attending consultant regarding follow up plans.

Neurophysiology

We work closely with the neurophysiology department which is based in Outpatient Clinic A. Ideally all inpatient requests should be discussed with Dr Jeremy Bland (Consultant Neurophysiologist)

Telemetry

Treble Ward has one side room (B) for patients to be used for video EEG monitoring. The indications for this are usually

a) Differentiate between epileptic and non epileptic attack disorder
b) Characterise seizure type to allow focussed treatment
c) Pre surgical planning

These are all elective admissions and patients should be medically well. However, admission is a good opportunity to revisit their history as well as potentially obtain further collateral history. This is an opportunity to practice history taking in patients with seizures/loss of consciousness and learn about its management. You may extract information that was missed in a 15 or 30 minute clinic appointment so it is useful to clerk these patients carefully and keep an open mind about their diagnosis. The telemetry report should go back to the consultant who requested the admission.

Plasma Exchange (PLEX)

Plasma exchange/Plasmapheresis is a form of immunomodulation used to treat certain autoimmune mediated conditions such as antibody mediated encephalitis,

Guillain Barre Syndrome or Myasthenia gravis. The treatment is performed by the Dialysis nurses on Marlowe ward. When a decision is taken for PLEX, a referral form should be taken down to Sagunthala Vaiyapuri (Senior Dialysis Nurse) on Marlowe Ward. Patients require weight, FBC, clotting and calcium checked beforehand. The central lines are inserted by the Renal registrars however they are usually happy to supervise/teach the neurology CMTs to do this if they have time.

PLEX is usually well tolerated in young patients but can cause significant haemodynamic instability as a large volume of blood is removed and plasma replaced with blood products. All patients should have FBC, Calcium, Clotting and Fibrinogen checked each day before and after each exchange. Sometimes the dialysis nurses will send off post-exchange bloods from the line but this is not always the case and needs to be carefully checked. Once the patient returns to the ward the nurses will not be able to use the central line to obtained blood. Serum calcium is typically low after each exchange and can be replaced intravenously with 10mls of 10% calcium gluconate. Fibrinogen also naturally falls with PLEX but this doesn't usually require intervention unless the patient exhibits signs of bleeding or if they are due to have an invasive procedure (including removal of central line). In these cases, fresh frozen plasma or cryoprecipitate can be used – always speak to haematology for advice.

Intravenous Immunoglobulin (IvIg)

IvIg is also commonly used for many acute neurological conditions such as myasthenia gravis. This is better tolerated than plasma exchange however has potential risks of its own. Unless contraindicated for a specific cause, patients receiving IvIg should be on prophylactic low molecular weight heparin due to an increased risk of thrombosis from hyperviscosity. Autonomic features of disease can be exaggerated (e.g. heart rate, blood pressure) and this may need close monitoring particularly out of hours. All patients who may receive IvIg should have immunoglobulin levels checked beforehand due to the risk of anaphylaxis in the context of IgA deficiency. Volume overload, acute kidney injury and leukopenia are also complications that need to be looked out for.

There are multiple brands available of IvIg but the most commonly used in this trust is called "Privigen" which contains mostly IgG. The usual (but not always) dosing regime for IvIg is 2g/kg split over five days (e.g. 70kg man, total dose 140g. Split over 5 days = 28g/day rounded up to 30g). Infusion rates are calculated by the nursing staff who have their own infusion protocol. Initially, please ask for help regarding prescription of IvIg.

Alemtuzumab

Alemtuzumab is an anti-CD52 monoclonal antibody that's currently licensed for use

in aggressive forms of multiple sclerosis. Patients undergo an elective admission to Treble ward to have the infusion; usually being admitted on a Sunday evening with view to start the infusion on Monday morning. Patients need to be clerked in and examined to ensure they are well with no signs of active infusion. On the day of admission they should have bloods to check FBC, U&Es, LFTs, TFTs as well as a urine sample for microscopy. They should subsequently have these checked on the morning of every infusion. If any protein is detected on urinanalysis it should be sent to biochemistry for quantification. Alemtuzumab although initially depletes T and B lymphocytes, can cause a paradoxical occurrence of autoimmune disease such as anti-GBM disease.

The first cycle of treatment runs for five days and the second cycle (given a year later) runs for three days. There is a separate prescription protocol which is completed by one of the MS consultants before the patient is admitted. This prescription is usually attached to the drug chart and the only medications that need to be written on the chart are the patient's regular meds, prophylactic LMWH, PRN paracetamol & salbutamol nebulisers as well as 28 days of oral Aciclovir 200mg bd as prophylaxis.

Most patients tolerate the infusion very well but Alemtuzumab is highly immunosuppressive so patients should be reviewed for signs of infection daily. Methylprednisolone is given concomitantly and a leucocytosis and lymphopenia from day 2 is expected. Patients often suffer from a rash and infusion related side effects such as headache, nausea and fevers. Bronchospasm is a potentially dangerous complication that needs to be attended to urgently but does usually settle with nebulised salbutamol.

On calls

The on call rota is shared with Haematology and Renal SHOs so you will be covering Brabourne and Marlowe wards out of hours. There is no general medical take and there are no nights. Evening on calls are 5-10pm. This is when transfers and new admissions often arrive so is a chance to assess patients in detail. On weekends you will be required to come to Treble from 9-10am before joining the Renal ward round. After that has finished your time will be split between all 3 wards. There are occasionally planned admissions to the ward out of hours and these are a good opportunity to assess and discuss a relatively well patient with the on call registrar and consultant. There are no phlebotomists on a Sunday so you will need to work with the nurses to get these completed.

Leave

Leave must be requested minimum of 8 weeks in advance in order to cancel clinics. All leave for juniors is marked on the Treble google calendar:

Username: trebleneurology
Password: trebleward

Once agreed between the junior & Registrar teams leave will need to be approved and an annual leave form signed by the attending consultant. Present all signed Annual leave request forms to **operations manager Glenn Booth** for recording & uploading to the trusts Health roster.

All Annual / study forms and policies can be found at - **S:\Neuro\Staff\CMTs\Annual Leave & Study leave**

General leave rules:

- Two doctors (including SpR) should be on Treble at all times

- Not all CMTs can be on leave at the same time with the single exception of regional training days. Where possible, when there are two opportunities to attend the same teaching, please co-ordinate the attendance amongst yourselves to minimise disruption to ward and clinic work.

- The LP clinic should be cancelled if more than one CMT is due to be away

- Organisation of the LP clinic i.e. ensuring when clinics can be scheduled should be the CMTs responsibility and leave etc. should also be in co-ordination with Alex McVey (deputy neuroscience manager) and Elaine Morgan (Ambulatory care sister). So it is extremely important to be organised with regards to leave.

- If a leave request means that an LP clinic will be cancelled, 6 weeks' notice is required
- CMT leave is not allowed during the registrar regional training day (usually 3rd Wednesday of each month) unless discussed in advance with the attending consultant. Similarly, registrar leave is not allowed during CMT regional days.

Please check that the above requirements are met on the google calendar before submitting a leave request.

TRAINING AND EDUCATION

Educational Opportunities

Radiology meeting:

Every Tuesday 1-2pm, Radiology seminar room.
Discussion of interesting scans across all three sites and is a good opportunity to learn how to interpret CT/MRI brain and spine. Attendance is mandatory. Please ask questions, explanations, clarification etc. This session is meant to be educational and with busy lists/gossiping neurologists this is often overlooked.

Ward meeting:
Every Tuesday 2-3pm, Treble day room.
Discussion of all ward patients with all consultants and registrars in East Kent.
Attendance is mandatory.
CMTs should aim to present at least 1 patient that they have clerked to the meeting as this is a good opportunity to complete SLEs with the attending consultant.

Educational meeting:
Every Tuesday 3-5pm, Medical education centre (Except the 3rd and 5th Tuesday of each month).
Usually 2 case presentations, occasionally lectures by the consultants or invited speakers. Attendance is mandatory.
All CMTs should aim to present at least once during their rotation, this could include either a case presentation, audit or quality improvement project. This session is designed to be protected CPD time and takes priority over routine ward work. The ward staff are usually aware of this but requires discharge letters etc. to be completed on Tuesdays before 1pm.

CMT teaching:
Every Thursday 1-2pm, Medical education centre.
Attendance is mandatory for all CMTs and the registrars will provide cover.

Medicine Grand Rounds:
Every Friday 12-1pm, Medical education centre.
All CMTs are encouraged to attend.

Clinical Supervisor
Dr Ian Redmond (ian.redmond@nhs.net) is the clinical supervisor for all CMTs

Case Reports
Treble ward is brimming with patients with rare and interesting pathology. There will *always* be cases that are suitable to publish in scientific journals so ask a registrar or consultant to help, if you are interested.

Clinics

During your neurology rotation you will have many opportunities to meet your clinic requirements as CMTs both through the allocated LP clinics as well as attending additional consultant clinics.

LP Clinics:

Every Wednesday 9-12am, Ambulatory care unit

These are SHO led clinics with 3 patients booked for lumbar puncture. One of the Treble registrars will be available to support you with technical difficulties or questions. The indications for the lumbar puncture will be clearly documented in the last patient letter on EPR as well as the referral form. Occasionally, the referrers will ask for additional tests (blood tests, cognitive assessments etc) to be done at the same time. You should aim to prepare/look through your LP clinic list the day before to avoid delays.

Prior to each LP in the clinic, you should:

- Review the latest brain imaging and ensure no contraindications for LP – if in doubt ask the registrar

- Review clotting and platelets, these should both be normal prior to LP. For patients who are otherwise well, with no bleeding disorders and not on anticoagulation, bloods within 6 months are acceptable to proceed with LP. Remember to check DART to look for bloods performed in the community. If there are no blood tests within the last 6 months, bloods can be taken when they arrive to ACU but ensure they are taken to the laboratory asap and asked to be processed urgently to avoid delays.

- Ensure that anticoagulants/antiplatelets have been stopped appropriately.

- Patients should withhold Aspirin on the day of procedure. Clopidogrel should be stopped 5 days prior unless an acute indication such as Acute Coronary Syndrome preventing this. Patients are usually given written advice on this before attending clinic.

- Refer to haematology guidelines on Sharepoint regarding Warfarin

The ACU nurses will prepare the trolleys for you with all necessary routine bottles and can bleed the patients. However, it is your responsibility to ensure that the appropriate forms are printed and that paired samples are sent together with the CSF. In addition, you should provide special bottles if required (dementia markers, cytology etc) as the nurses will not know to prepare these.

All patients attending for LP need to have an EDN completed stating the opening pressure, samples that were taken and any special tests performed.

Additional LP clinics will run every Friday morning if staffing levels allow it.

Additional Clinics:

These are additional opportunities to attend clinics when all 3 CMTs are in the ward. Time off the ward to attend these additional clinics will be 4 hours (half a day), so it is

easier for trainees to attend the clinics held in KCH rather than other times but you are welcome to attend clinics in other sites should you wish to.

LUMBAR PUNCTURES:

During your neurology rotations you will gain expertise in performing lumbar punctures as this is a procedure commonly done both in the ward and in LP clinics. Your aim should be to become proficient at doing not only routine cases but difficult ones too. Occasionally you may be asked to help perform an LP for medical patients that the team have reviewed however this is usually a rare occurrence.

In the beginning of your rotation, you should request supervision/guidance from one of the registrars if you do not feel competent in performing LP unsupervised.

All patients having an LP performed should have:

- Opening pressure measured
    - To measure pressure accurately ensure the patient is in the lateral position, resting quietly, and ideally with legs extended.
    - Make sure that this is written in both the notes and on the discharge summary.
- Samples sent for MC&S/cells, CSF glucose, CSF protein WITH paired blood glucose. Routine sample bottles include:
    - CSF
        - 4 WHITE topped universal tubes - 1mL minimum (10-15 drops) in each tube
        - 1 x 0.5mL in GREY-stoppered (fluoride oxalate) tube for CSF glucose
    - BLOOD
        - 1 x 8mL in RED (or ORANGE)-stoppered (plain) tube for serum tests
        - 1 x 1mL in GREY-stoppered (fluoride oxalate) tube for blood glucose

Other tests such as oligoclonal bands, cytology or dementia markers could be required – you should make sure what special tests are needed prior to every LP.

CSF Cytology:

Main roles:

- Investigation of neoplasia or malignant meningitis
- Distinction between inflammatory versus neoplastic process
- Distinguish between acute and chronic inflammatory process

Minimum required = 5-10ml.

White top standard container and paper histopathology form needs to be completed.

Must be processed in the laboratory within a few hours to avoid degeneration of samples.
Ensure cytology sample and form placed in a separate bag to routine tests

Flow cytometry (for possible CNS lymphoma):
These samples need to be frozen, are sent to Kings and have to be reach the laboratory before 2pm. If this is needed, you should personally receive a fixed bottle from the KCH Pathology Lab immediately prior to the LP and inform the nursing staff in Treble; they will arrange transport for the sample, that needs to remain frozen in the ward fridge until sent.

Dementia markers (A-beta, tau and abeta/tau ratio):
These need 3 special yellow top bottles to be sent – kept in the doctor's office. They degrade quickly so notify the lab these will be arriving before doing the procedure and take to the lab immediately..

Prion investigations (13-3-3, S100, RTQUICK):
These are sent to the Prion Unit in Edinburgh. Before doing an LP for prion investigations, the Prion Unit need to be contacted and accept the referral.

Idiopathic intracranial hypertension (IIH):
Some patients with known IIH also have therapeutic LPs where pressure is reduced; if you have not done this before discuss with SpR. In these patients, if the pressure is high (>20cm), or high-normal, they need a pressure reduction.

If the pressure is >40cm you can attach further manometer tubes.
Reduce pressure by draining 5mls at a time but do not reduce the pressure by more than 50% (usually not more than 30-40mls, but if pressure is really high the reduction should be based on the percentage reduction).

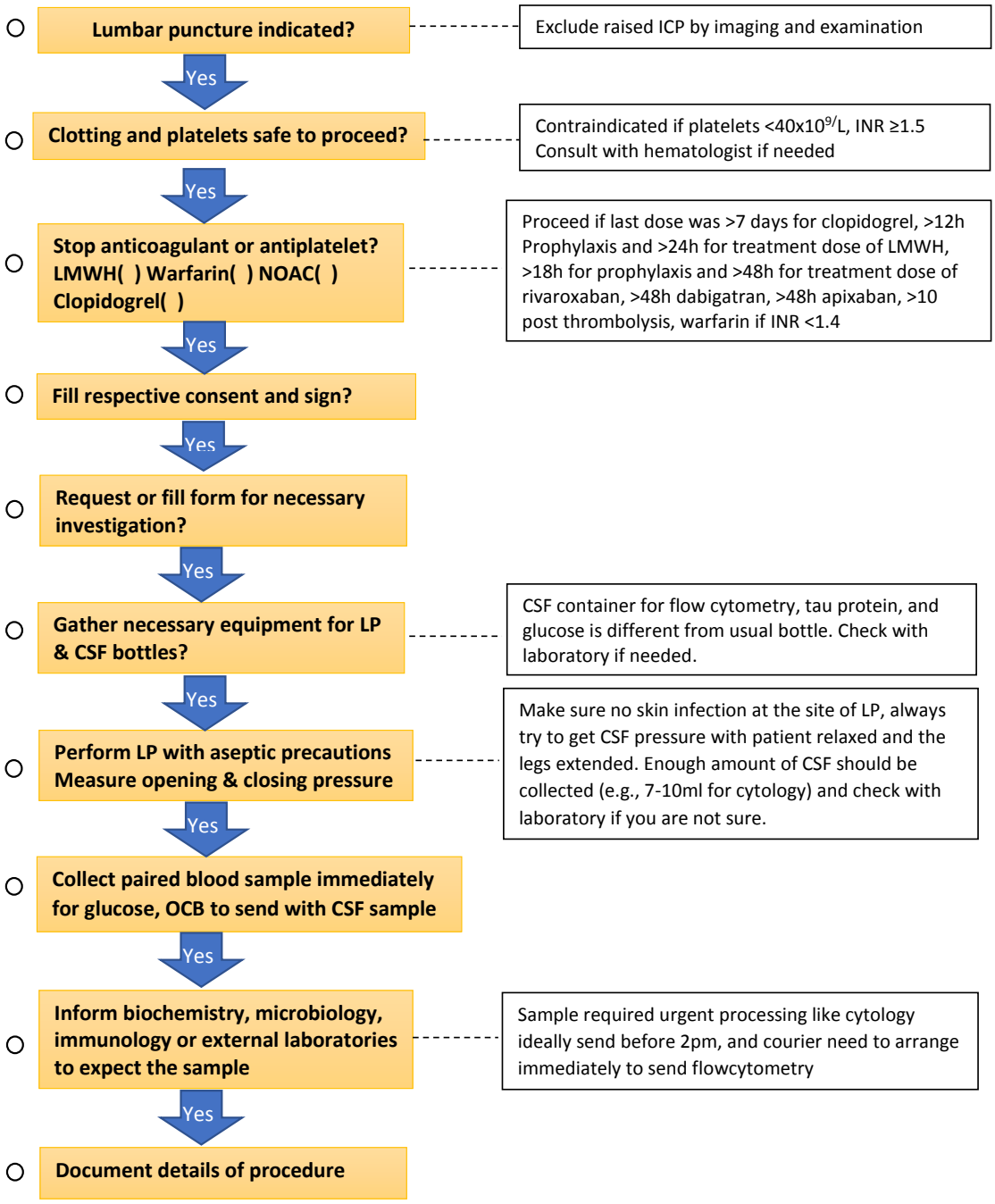
If a diagnosis is thought to be IIH then the opening pressure and response to pressure reduction is key to diagnosis.

If a patient in LP clinic has an indication of ?IIH it is good practise to take a **brief** history (mostly to assess for visual loss) and examination before the procedure. If the pressure is elevated, please discuss with a registrar or consultant regarding starting treatment and ensuring the patient has follow up in neurology clinic.

What to do if you fail an LP:
If you are unable to perform a LP then ask one of the other SHOs to try. Failing that you should talk to the SpR.
If the SpRs fail then alternative options are either U/S guided LP via the anaesthetic team (needs to be booked in CEPOD) or an Xray guided LP. In both cases, one of

the neurology SHOs has to accompany the patient and measure opening pressure/take the samples.

Checklist for Lumbar Puncture



Name and Date _____

Microbiology: 01233616760, Biochemistry: 01233616073 (Ashford), 01227864151 (Canterbury), 01843 234250 (Margate)
King's Flowcytometry: 0203299900 (ext 32414), Oxford Immunology 03003047777 (ask for John Radcliffe Hospital)

Appendix 1- EKNU Operational policy

Operational Policy (2012 with Revisions)

East Kent Acute Neurology Unit

Kent and Canterbury Hospital

Treble Ward

Index

Executive Summary

The neuroscience unit was set up to ensure that neurological patients are looked after by doctors and other staff with neurological expertise. The objectives include, therefore, providing high quality care for neurological patients at the same time efficient care, reducing the length of stay for neurological patients. The Neuroscience unit comprises of both the neurology ward including the telemetry unit and the rehabilitation ward. There are clear line of management and clinical responsibility including the neurology matron, the ward managers, the lead clinician, the director of neurorehabilitation and the attending neurologist, the on-call neurologist with other consultant neurologists and junior neurologists and other staff. There is a culture of vigilance and free communication and a duty to attend clinical governance meetings. The inpatients are the responsibility of the attending consultant who reports to the consultant body and other staff at the ward meeting. Standards of inpatient care and admissions are set out. Out of hours is for the whole neuroscience unit and is the responsibility of the on-call consultant and the ST who is also on-call from home. There are explicit rules on consultant attendance at weekends. It is the responsibility of the neurologist to decide when general physicians should be asked to attend but nurses may request general physicians to attend at their discretion. There is an overriding duty of vigilance requiring all staff to act if they consider a patient's care to be compromised.

1. Introduction

1.1. The Neuroscience unit in East Kent was set up as part of the Strategy for Neuroscience:

To develop Neurology services locally in East Kent to ensure patients with Neurological diseases of the nervous system are treated by specialists in Neurological disease.

1.2. Specialists in neurological disease include neurologists, neuro-physiologists, specialists in neurorehabilitation, stroke physicians, geriatricians with neurological expertise, neuropsychologists, nurses trained in neurological disease as well as physiotherapists, speech therapists and others who have special expertise in the management of patients with neurological disease. This means that most patients with neurological disease should either be under the care of stroke physicians, in dedicated stroke wards, under the care of geriatricians or managed in a specialised, centralised neurology unit. The neuroscience unit consists of the neurology unit on Treble Ward and the neurorehabilitation unit on Harvey ward.

2. Objectives

2.1. To provide high quality care to patients with Neurological disease

2.2. To reduce hospital length of stay for the Trust as a whole.
2.3. To centralise the management of patients with neurological conditions within East Kent at the Kent and Canterbury
2.4. To perform neurological investigations and treatments quickly
2.5. To relieve bed pressure on the general medical beds.
2.6. To promote MDT working with access to speciality skills in neurology, medicine, nursing, neurophysiology and other AHP skills and neuro re-habilitation
2.7. To facilitate a culture of data collection and audit.
2.8. To provide specialist inpatient telemetry services.

3. Neuroscience Unit Management

3.1. The Lead Clinician will have responsibility for all Clinical Neuroscience services in East Kent.
3.2. The Director of Rehabilitation will have responsibility for Rehabilitation Services in East Kent and be responsible for the medical management of these patients.
3.3. The responsibility and accountability for the organisation of the Neuroscience unit (neurorehabilitation ward and Neurology ward) will be with the neuroscience Matron.
3.4. The responsibility and accountability for the organisation of the Neurology ward will be the ward manager who will coordinate all inpatient services on the neurology ward related to patient care within an agreed budget.
3.5. The responsibility and accountability for the organisation of the Neurorehabilitation ward will be the ward manager on Harvey Ward.
3.6. The Attending Consultant will be responsible for medical management of inpatients on the neurology ward during working hours. The attending consultant is also responsible for the patients on the rehabilitation ward when the director of rehabilitation is on leave.
3.7. The on-call consultant is responsible for the management of all patients in the neuroscience unit (Neurology ward and Neurorehabilitation ward) out of hours.

4. Junior Medical Staff

4.1. The EKNU will normally have 4 middle grade doctors (Specialist Trainees (STs) or equivalent). Two STs will be attached to the neurology ward, one ST will be attached to the rehabilitation ward and have responsibilities in QEQMH, Margate. The fourth ST will be attached to the William Harvey Hospital.
4.2. All STs will be on the on-call rota.
4.3. The EKNU will normally have 4 junior grade doctors (Core Medical Trainees (CMTs) or equivalent). Three CMTs will be attached to the neurology ward, one CMT will be attached to the rehabilitation ward.
4.4. Three CMTs will join the speciality on-call rota shared with haematology and renal medicine. One CMT will join the general medical rota.

4.5. All junior doctors shall attend the clinical governance afternoon and time will be protected. One CMT will be designated as available for emergencies but should not leave the governance meeting for routine work.

5. **Nursing Staff**

5.1. The nursing team will be led by a designated Ward Manager, who will be accountable to the Neurosciences Matron.

5.2. Nursing staff will be encouraged to continually develop their skills by life-long learning and will be supported with tailor-made training and educational programmes underpinned by appraisal and personal development plans.

5.3. When telemetry patients are in the unit a nurse will be allocated on each shift to observe the telemetry monitors and patients and to be able to take immediate action when required.

5.4. There will be close liaison between the Parkinson's, Multiple Sclerosis, Motor Neurone and Epilepsy CNSs. They will be informed of any newly diagnosed patients and any existing patients of their speciality.

6. Culture of Vigilance and Duty of Care.

6.1. All staff, however junior, have a duty of care to all the patients on the ward. This includes a duty to remain vigilant.

6.2. If any member of staff, however junior, has reason to believe that a patient's care is being compromised for any reason there is a duty to act. This may include informing a more senior member of staff which may include senior nursing staff, the attending consultant, on-call consultant or lead clinician. This duty continues until he or she has reason to believe concerns have been addressed.

7. Communication

7.1. There shall be a culture of free communication: all staff of all levels and all specialities will feel free to discuss patients with other staff of different specialties of all levels of seniority without regard to hierarchical boundaries.

7.2. A list of the home telephone and mobile numbers of all Consultant Neurologist and neurology STs will be kept in the nursing office on Treble ward.

7.3. There will be a daily meeting between the attending consultant and the senior nurse on Treble ward.

7.4. When consultants act down as STs there is a duty to contact them in all circumstances where an ordinary ST would be contacted.

8. Clinical governance

8.1. There is a clinical governance afternoon once per week. This includes a neuro-radiology meeting followed by a ward meeting followed by other governance activities including training, professional development and morbidity and mortality meetings.

8.2. A consultant neurologist will be designated as lead in governance.

8.3. All junior doctors will attend the clinical governance afternoon. One CMT will be designated as available to attend emergencies. Junior doctors will not be permitted to do routine ward work during clinical governance sessions.
8.4. It is the responsibility of the attending consultant and the senior nurse to see that all routine work is attended to before the beginning of the clinical governance afternoon.
8.5. Some clinical governance training sessions will be designated as joint training for nurses and doctors. This will include specific training on MEWT scoring, sepsis pathways, neurological and neuro-respiratory emergencies.

9. **Attending System**

9.1. The inpatients on the neurology ward are managed according to an attending system. A single consultant, the attending consultant, assumes clinical responsibility for all patients on the neurology ward.
9.2. The duration of the attending is one month and handover day is the first working day of the month.
9.3. The attending consultant will perform a daily ward round on the neurological unit.
9.4. The attending consultant may delegate the detailed assessment of patients to the ST.
9.5. The management of all patients is discussed at the ward meeting. The attending consultant is responsible for making all clinical decisions on the inpatients but is accountable for those decisions to the consultant body and senior nursing staff.
9.6. The attending consultant is responsible for documenting any decisions made, and where appropriate the discussion, during the ward meeting. This documentation will be filed in the patients' notes before mid-day, on the day following the ward meeting.
9.7. During the attending month, the attending consultant will not be required to do more than one outpatient clinic per week.
9.8. The attending consultant shall also be responsible for
    9.8.1. Prioritising admissions onto the ward
    9.8.2. Regular meetings with senior nursing staff
    9.8.3. Supervision and Training of junior staff
    9.8.4. Ensuring timely and high quality discharge notifications (EDN)
    9.8.5. Management of the inpatients on the rehabilitation ward during the absence of the director of neurorehabilitation.
    9.8.6. Triaging outpatient referral letters via Windip
    9.8.7. Ensuring that patients who require a follow-up appointment do not leave hospital without a definite appointment.
9.9. Admission criteria
    9.9.1. No patient will be admitted under the care of the attending consultant without the agreement of the attending consultant, the ward neurology ST or the CMT.
    9.9.2. The attending consultant and the ward ST (specialist trainee) shall be responsible for prioritising admissions to the neurology ward. The criteria shall be consistent with the objectives, set out in paragraph 3, above.
    9.9.3. The overriding criterion for admission shall be clinical safety. Any patient with neurological disease who is deemed to at risk for lack of

specialised care or lack of an accurate neurological diagnosis shall be admitted at any time of the day or night.

9.9.4. Patients who are being transferred from other neuroscience centres will be given high priority.

9.9.5. The inpatient unit also has an important role in reducing the length of stay. The efficiency with which minor neurological conditions can be investigated on the neurological ward means that admission this group of patients can result in the largest percentage reduction in length of stay. So patients with minor neurological problems shall also be given high priority for admission.

9.9.6. When clinical criteria are equal, priority will be given to existing inpatients over admissions from the community.

9.9.7. While it is inevitable that, from time to time, there will be general medical patients under general physicians on the neurological ward, it is recognised that this may delay the admission of neurological patients, or result fewer admissions of neurological patients, from elsewhere in the Trust. This may result in poorer neurological care have a net adverse effect on the efficient use of beds in the Trust. When there are neurological patients awaiting admission the attending consultant shall work with the bed managers and ward manager to facilitate the appropriate use of neurological beds for neurological patients.

9.9.8. The bed pressure on the Trust may be facilitated by transferring long stay patients who are no longer benefitting from specialist neurological care to the care of other consultants, thereby making beds available to other neurological patients who may benefit from enhanced neurological care and more efficient use of beds. Older patients may benefit from being transferred to the care of geriatricians with an interest in neurodegenerative or vascular disease. The attending consultant shall work with other consultant colleagues and the Director of the division to facilitate this.

9.9.9. In some circumstances the attending consultant may only accept transfers from another consultant on the explicit understanding that the admission shall be brief and solely for the purpose of undertaking specific tests.

9.9.10. All patients admitted shall have a planned care programme and estimated date of discharge agreed by the attending consultant. The predicted date of discharge may be revised as clinical circumstances dictate.

10. Referrals for admission

10.1. The ward ST will coordinate all admissions.

10.2. All referrals to the unit will in the first instance be made to the Ward ST who may be contacted in the following way:

- by telephone to Treble Ward
- by mobile phone
- by fax
- by email

10.3. The ward ST will liaise with the ward clerk and ward manager.

10.4. When the ward ST is off the ward he will deputise to the ward CMTs who may accept patients.

11. Telemetry

11.1. Neurophysiology Department will manage the inpatient telemetry waiting list.

11.2. The neurophysiology department shall be responsible for,

- notifying the patients by letter,
- supplying any patient information leaflets
- Liaising with the Ward Clerk and supplying a list of patients to be admitted at least one week in advance.

12. Repatriation from other Neuroscience Centres.

All patients who are being transferred from another neuroscience centre, will normally be received into a neuroscience bed. A neuroscience bed includes beds on the neurology ward, the neurorehabilitation ward or a stoke ward. This includes patients who were originally referred to neuroscience centres by other physicians or other departments in the Trust.

13. Inpatient Standards of care

- Patients will be admitted under the care of the Attending Consultant, covered by the On-call Consultant out of hours.
- The ward staff will notify a CMT or ST of the arrival of the patient and their clinical status, (including as necessary MEWT, Neurological Observations and GCS).
- All patients admitted to the neurological ward under the care of a neurologist will be clerked within 3 hours of admission by a neurologist, usually a CMT or ST. This includes patients that have been transferred from another medical team from within the trust.
- The ST will be notified of any admission on the same day. When the ward ST is in an afternoon outpatient clinic, the CMT may notify the on-call ST.
- The preparation of the Electronic Discharge Notification (EDN) will be initiated on the day of admission as an "Admission Summary" and updated throughout the admission. This "Admission Summary" is a working draft of the EDN. It will be available for handover.
- There will be a handover to on-call speciality CMT by one of the ward CMTs before 5 pm every day.
- There will be a handover to the on-call neurology ST before 5pm every evening. The neurology ST may delegate this to the CMT.
- The neurology ward ST will notify the on-call medical registrar of any patients who have a significant co-existent medical condition.
- The Speciality CMT will attend the general hand-over at 21.00. The speciality CMT shall make contact with the on-call ST to discuss the ward patients before attending the general handover meeting.
- The Admission Summaries are draft EDNs and shall be available for the weekly ward meeting.
- It is the responsibility of the Attending consultant to ensure that any patient that needs a follow-up appointment does not leave hospital without a definite appointment date.

14. **Out of hours Care**

- Out of hours care is provided by the neurology on-call team which includes the consultant neurologist on-call, neurology STs and the specialty CMT.
- The neurology on-call team is responsible for the care of patients in the entire neuroscience unit: the neurology ward (including telemetry beds) and the neurorehabilitation unit.
- The middle grade neurologists (neurology STs) are on-call from home on a 1 in 6 rota with cross-cover for leave. They are required to reside within 10 miles and be able to attend the Kent and Canterbury hospital within 30 minutes. When on-call at night, they work a full day the day before and have no time off the day after.
- Neurology STs are on duty for short weekends, Saturday morning through until Monday morning and go off duty at 5pm Monday evening. The on-call arrangements for middle grade neurology STs are therefore different to the on-call arrangements for the general medical team covering the hospital at night.
- The specialty CMT is only on duty until 22.00.
- It is anticipated that there will be some routine neurological work to attend to in the early evening. It is the responsibility of the on-call neurology ST to manage this with the assistance of the CMT. When the CMT is unable to attend the neurology ward in a timely manner due to urgent clinical commitments with other specialities it is the duty of the neurology ST to attend to routine work.
- The specialty CMT should inform the neurology ST if he or she is unable to attend the ward in a timely manner.
- The on-call neurology registrars are not expected to attend to routine work after 21.00.
- If a clinical event occurs after 21.00 the senior nurse in charge of the ward will normally inform the on-call neurology ST. The neurology ST may ask the nurse to call the medical CMT. If the clinical event is of a neurological nature and such that the neurological expertise of the on-call neurology registrar is likely to be relevant to the management of the patient then the on-call neurology registrar is expected to be actively involved in the management of the patient.
- If the senior nurse in charge of the ward specifically requests the attendance of the on-call neurology registrar, the on-call neurology ST shall attend. The on-call neurology registrar, having agreed to attend, may, if there is some clinical urgency, ask the nurse to call the duty medical CMT to attend pending the arrival of the neurology ST.
- The nurse in charge may, at his or her discretion ask the medical team to attend without reference to the neurology ST.
- Duties of neurology ST:
    a. Accept all phone calls from doctors within the Trust or from outside the Trust asking to speak to the on-call neurology ST.
    b. Consult with the on-call consultant neurologist where there is any clinical concern or other difficulties.
    c. If appropriate the on-call neurology registrar will visit patients in the K&C.

d. If the on-call neurology ST is asked or considers it appropriate to attend a patient at the WHH or QEQMH, he or she will discuss the case with the on-call consultant neurologist before agreeing to attend.

- The on-call neurology consultant shall perform a ward round with the on-call ST on Saturday morning.
- The on-call ST and the on-call consultant shall make contact on Saturday evening to decide whether the on-call consult will perform a ward round on Suday morning.
- The on-call ST will perform a ward round on Sunday morning and make contact with the consultant.

15. The Multidisciplinary working

- Multidisciplinary team meetings will be held bi-weekly with the aim to maximise treatments and facilitate timely discharges.
- Patients will be seen, assessed and treated as appropriate by the ward Physiotherapy and Occupational Therapy Staff.
- All patients will be "MUST" screened and referred to the Dietician if required.
- Trained Nurses will be able to undertake initial swallow assessments and then refer to Speech & Language therapist as required.

16. Administration, Clerical, Data Collection Staff

- The Ward Clerk supports the medical and nursing staff in administration and processes.
- Data Collection will be managed from within the unit by the Neurology staff, both Medical and Nursing, with the support of the admin staff.

17. **Private Patients**

- Patients who have been seen in private outpatient clinics may be admitted as private patients. The clinical lines of responsibility will be as for NHS patients. They will be under the care of the attending consultant. As for NHS patients, the consultant responsible for their outpatient care may make recommendations to the attending consultant but the attending consultant remains responsible for their care.
- The necessary paperwork will be sent to the Accounts Department in the normal way.
- The admission of private patients must not prejudice NHS admissions in any way.
- Private patients may be transferred to NHS care in accordance with Private Practice rules

Appendix 2 – Useful Contact Details

Treble ward, K&C Hospital - Tel. Extension: 725-5093 **fax number:** 01227 864026,

QEQMH
Dr Sreedharan Harikrishnan: Secretary - Jan Gawlas – Tel: 01843 235093 (ext.725-5093)

K&C H
Dr Nicholas Moran: Secretary Shari Dawkins - Tel: 01227 866489 (Ext. 722-6442)
Dr Ian Redmond: Secretary Kayleigh McIntyre- Tel: 01227 864080 - (ext. 722-4080)
Neurophysiology
Dr Jeremy Bland or Dr Ana Mirallave- Pescador : Tel: 01227 864047
Neurorehabilitation
Dr Mohammed Sakel: Secretary- Kayleigh McIntyre Tel: 01227 868693 (Ext 722-8693)

WHH
Dr Sasa Filipovic –Sam Terry-Tel: 01233 616225 (Ext 723-6225)
Dr Michael Samuel: Secretary – Sally Dare- Tel: 01233 616837 (Ext 723-6837)
Dr Thomas Webb: Secretary –Barbara Cheek . Tel: 01233 616217 (ext. 723-6217)
Dr Loren Flores : Secretary – Livia Fisher Tel :01233 616837 (ext. 723-6837)

Management Support
Glenn Booth, Operations Manager
glenn.booth@nhs.net
01227 868712 Extension: 722-8712
07772910854

Neurology Rota Co-ordination
Glenn Booth
Operations Manager, Urgent Care & Long Term Conditions Division
The Kent & Canterbury Hospital
glenn.booth@nhs.net
01227 766877 Extension: 722-2867
07772910854

Medical on Call rota (Renal/Neuro/Haemo SHO Long day rota)
Beverley Stephenson-Luckhurst
Business Administration Manager,
Department of Nephrology, EKHUFT
Direct line: 01227864318 Extension: 722-4318
Fax: 01227783073 voicemail ID: 1087
Email: beverley.stephenson@nhs.net

MS Specialist Nurses
Beth Tredwell
Clare Langham
Nicki Guck

MS Nurse Secretary – Louise stennett/ Shaunna Gillie
Tel :01227868690- 722-8690

PD Specialist Nurses
Rosemary Vahid 07775778546
Pauline Hammond
Nichola Scoble 07825523518

PD Nurse secretary -Audrey Sheppard 01233 611887 – ext: 723- 1887

MND Specialist Nurse
Christine Batts 07771841690

Microbiology Department
Dr Nash 723-6760
Dr Calver 723-6779
Prof Muhlschlegel 722-3159

Renal StR (Pl. Ex.):	7151	Cytology:	723-1857/723-4005
Rheum. StR (QEQM):	6323	Pl. exchange (Helen):	74834/74539
Gastro StR:	7100	MaxFax SHO :	7510
Cardio StR:	7106	Psych liaison:	76203
Oncology StR:	7160/7162/7161	N Med :	722-4258
Haematology StR:	7163/7165	OPD K&C:	74578/74709/74579
Biochemistry lab:	722-3174	PACS :	722-4003 Bleep 7964
Haematology lab:	722-3173	Palliative (Jane) :	723-8352/07799 478 033
Blood Bank:	74715	Palliative (Toni) :	74715 / 07810 156 730
Clotting Lab:	74938	Photography :	722-6461
Microbiology lab:	723-6760	PICC lines :	74475/74120
Immunology:	723-6716	Porters :	722-5555
Rad SpR rm	74341	Kings Immunophentyping :	0203 299 2414
USS	74989	Oxford Neuro-immunology:	01865225995
MRI :	74884	King's College Hospital:	0203 2999 000
MRI under GA :	73087	King's HDU :	0203 299 8245/ 2196
King's neurosurgery SpR:	02032994207	Kings neurovasc MDTcord :	02032993282
King's neuro-onc:	0203 2994151	Kings neuroradiology PA:	0203 299 4874
Kings neurology SpR :	bleep 707	UCLH (Queen's Square) :	02034567890

Sue (Orthoptics) :	Brown	722-8616	Visual fields :	74752

Appendix 3 - Neurology StR post: Medway NHS Foundation Trust

The Neurology Department at Medway Maritime Hospital is made up of 3 Consultant Neurologists, one Neuro-Otologist, one neurology StR and 4 hospital-based Nurse Specialists, and serves a population of just over a third of a million. There have historically been strong links between this department and the Regional Neuroscience Centre at Kings College Hospital, London, where complex patients can be admitted for specialist care if necessary. Neurosurgery is based at Kings College Hospital.

There are no dedicated neurology beds at Medway, but the department provides a consultation service for in patients on a daily basis. The department has neurophysiology investigations on site, supported through Kings College Hospital, and there is a dedicated infusion suite for day case treatments such as IVIg and tysabri.

The neurology services are based within The George Harwood Neuroscience Unit, Level 1, Brown zone, Medway NHS Trust

Consultants:

Dr Jagath Wijesekera
Dr Shafqat Memon (Clinical Lead, Education Supervisor)
Dr Surenthiren (neuro-otologist)
Dr Lopez (Locum Consultant)
Other Consultant post advertised

Nurse specialists:
Multiple sclerosis:
Sylvie Hurst
Darren Bailey

Parkinsons Disease:
Lorna bean
Rose Thorpe

Epilepsy Nurse (community based):
Andy Smith
Tracey Truscott

Neuro-oncology (community based):
Terri Wells (Macmillan Care co-ordinator)

The ST3 will undertake 2 neurology clinics a week under consultant supervision. They will also provide initial assessment of in-patients referred by colleagues within the hospital, under the direct supervision of the neurology consultants.
There is close collaboration with the stroke unit, with joint neuroradiology meetings. There are opportunities to attend specialist clinics in neuro-otology and neuro-psychiatry during this part of the rotation.

Monday	Outpatient Clinic	Ward referrals/admin
Tuesday	Ward referrals	Admin/education K&C

Wednesday	Radiology meeting, OP clinic	Admin
Thursday	Ward referrals	LP clinic
Friday	Ward referrals, 1 Friday per month at Kings	Admin

There is no on call at Medway, so duties are 9 to 5 Monday to Friday, but the StR will undertake on call at Kent and Canterbury Hospital.

Teaching:
The progress of all trainees is managed through Local Faculty Groups and the KSS Deanery Specialty School. A teaching programme is co-ordinated through Kent & Canterbury Hospital on Tuesday afternoons, and the StR is encouraged to attend the education morning at Kings College Hospital. One Wednesday per month is spent at the National Hospital for neurology & Neurosurgery, Queen Square in a rotating teaching programme.

There are opportunities to undertake audit and management projects during this part of the rotation, and to provide teaching for PACES

Appendix 4 - Neurology SpR post: Darent Valley Hospital

Dr R S Delamont – Consultant Neurologist

Darent Valley Neurology SpR Handbook

Department Structure

Dr R Shane Delamont (General Neurology, Epilepsy & Autonomic Dysfunction) [Neurology Lead]
Dr Kirstin Weyrich (General Neurology & MS)
Dr Cathy Ellis (General Neurology, PD & MND)
Dr Eduardo De Pablo Fernandez (Movement Disorders)
Dr Ivona Tylova (General Neurology, Headache)
Dr Garryck Tan (Neuroradiology)
Debbie McMillan – MS Specialist Nurse and MS Co-ordinatior [ext: 4924]
Michelle Stronach - MS Specialist Nurse and Tysabri infusion nurse [starts end of August]
Katrina Potter - – Community Neuro-therapy Team Virgin (MS Specialist Nurse&MND)
Drinda Harrington – PD Specialist Nurse [ext: 4759]
Debbie Miller - Epilepsy Nurse
Barbara Carr: Senior Secretary [ext: 8426]
Melissa Cave: Secretary [ext: 5511]

Departmental meeting 13:00-14:00 2nd Wednesday or 2nd Thursday of the month; after the meeting 30min case based/journal club type teaching

Weekly timetable: Current

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	0900 - O/P Clinic General Neurology	0900 - O/P Clinic Aug-Feb MS Feb-Aug MND/PD	0900 - O/P Clinic Aug-Feb Epilepsy Feb-Aug Headache Calman training day	0900 – O/P Clinic 1st Thursday LP clinic 3rd Thursday MDC	Ward referrals
PM	1400 Consultant ward round	Ward referrals / 1300 Teaching and oncall duties @ K&C	Ward round Calman training day 1300-1400 departmental case discussion 2nd Wednesday	1200-1400 Neuro-radiology meeting with stroke team 1300-1400 departmental case discussion 1st Thursday 1400 LP clinic (OPD)2nd-5th	1400 Liaison with Senior secretary

Outpatient Clinics

Monday (Currently Blue Zone under discussion as consultant Purple Zone)

General Neurology

Tuesday (August to February Red Zone – February to August Evergreen Unit)

MS / MND&PD

Wednesday (august to February Blue Zone – February to August Purple Headaches)

Epilepsy / Headache

Thursday (Blue Zone)

LP clinic / Movement disorder clinic

Requesting investigations in clinic:
Blood tests (DVH): fill out paper form/request electronically PAS (in clinic) and give to patient to get blood taken in Orange zone (same day)

Imaging (DVH): book normally via PAS (Patient Centre)

EEG / Activation clinic (KCH): Dictate via clinic letter – will be organised by Neurology Secretary

ECG (DVH): fill out paper request and hand to clinic nurse

Echo / 24hr ECG (DVH): fill out paper request and hand to Cardiology clinic (Green zone)

Lumbar Puncture: co-ordinate date with secretaries to attend LP clinic (1st Thursday of the month morning; 2nd-5th Thursday Afternoon; one slot for diagnostic LP, two slots for therapeutic LP).

Clinic referrals:
Neuro-psychiatry referral - Dr Bodhani at Sevenoaks – dictate letter

Neuro-Cognitive testing – Neuropsychology Dept at KCH – dictate letter

Ophthalmology referral – Mr Eoin O'Sullivan KCH – dictate letter

Epilepsy nurse referral – Through Tracey Truscott Kent Community Trust – dictate letter (NB only covers patients in West Kent)

MS nurse referral / referral for DMT – Dictate letter to Debbie McMillan (speak to Debbie)

PD nurse referral – Dictate letter to Drinda Harrington (speak to Drinda)

MND nurse referral - Dictate letter to Katrina Potter

How to book a follow up patient / discharge a patient from clinic:
Follow ups / discharges booked through Clarity system (found online)

Click on Clarity Link

Username – opdnurse

Password – opnurse1

Select patient and choose duration for follow up / discharge – will be automatically booked

Dictation
Via hand held Dictaphone. Hand to Neurology secretary following clinic

Or using computer system in OP

Neurophysiology

Based at Kings College Hospital. For inpatient EEG requests – call the Kings Neurophysiology SpR on

07528977508 to discuss the referral to arrange either the patient to travel to Kings or technicians to travel to DVH perform the EEG as Home video-telemetry. A referral form will then have to be filled in and faxed (found on CDU and Neurology Department). All other outpatient requests to be done using letter.

Lumbar Puncture Clinic

Takes place every 1st Thursday morning in OP and 2nd to 5th Thursday afternoon in OP. Slots are reserved for patients referred from neurology clinic – not for medical inpatient referrals. LP slots start at 1400, usually book no more than 2 every Thursday (1400, 1445) Please obtain written consent for every procedure using DVH consent form.

Patient can be referred to the LP clinic in 2 ways:

A patient is seen in neurology clinic by consultant, letter dictated, sent via neurology secretary to OP appts. Following LP, Dictate letter to GP mentioning opening/closing pressures.

NB – when sending CSF for immunphenotyping - it must arrive at Kings the same day as soon as possible:

Inform Lab at Kings (0203 299 9000 ex 2414) of imminent CSF arrival and give patient details.

Once CSF collected, inform Haematology Lab at Darent Valley and hand deliver CSF to pathology to send on the 1330 transport to Kings

The Lab does not process samples received after 1600 so plan any LP needed for immunophenotyping.

MDTs

(1) Neuro-radiology Meeting at Darent Valley

Takes place in Radiology, main reporting room (Floor 2): every Thursday 12:00 – 14:00 (1st Thursday is shortened for departmental case discussion and this starts at 1300); NEW also Wednesday's same time for consultants unable to attend Thursdays

Chaired by Dr Garryk Tan (Consultant Neuroradiologist). Neurology team, stroke team and liaison psychiatrists also present.

Involves discussion of inpatient and outpatient imaging and interesting stroke team cases. Excellent teaching opportunity and for discussion of cases.

(2) MS Team meeting

Weekly MS Specialist nurse and consultant meeting with a monthly neuro-radiology input. Currently Friday's lunch time but will be re-scheduled September onwards.

Ward referrals

Usually expect around 2-3 referrals a day, more after the weekend.

Must use departmental email address dgn-tr.dvhneurology@nhs.net -> check ' inbox'and subsection 'inpatients', secretaries also place print outs on registrar's desk. If referral taken over phone, please ask referring team to email official referral request (as referral are collected and audited).

The copy of the neurology referral list is on the S drive – please update this list every week. Also, a list of previously seen / discharged patients is also on the S drive and need to be updated.

Barbara keeps a diary of all neurology patients referred and this needs to be kept up to date with a line or two detailing the outcome. A new electronic system is being trialled within the hospital.

All patients referred to other hospitals as inpatients are discussed in an MDT format before transfer and upon return.

DVH Grand Rounds

Held on a Thursday afternoon from 13:15 – 14:00. Neurology attends appropriate presentations after Neuroradiology meeting.

Kent and Canterbury Hospital Responsibilities

There is mandatory teaching for the KSS Deanery SpR's at K&C hospital, Treble ward every Tuesday from 1300.
1300 – XRAY meeting

1400 – MDM discussion of all neurology inpatients (useful if you are due to be oncall)

1500 – Neurology SpR teaching (Case presentation / Journal Club / Consultant
Teaching) 1700 – Oncall begins

This means that every Tuesday afternoon will require you to leave Darent Valley to attend the teaching and/or oncall.

Oncall responsibilites start from 1700 at Kent & Canterbury Hospital. The Darent Valley SpR is usually oncall every Monday or Tuesday so as to coincide with the teaching sessions.

Teaching / Training opportunities at Darent Valley

MDT / Neuro-radiology meeting every Thursday from 1200

DVH Case based discussions following Radiology meetings on 2nd Wednesday and 1st

1:1 Consultant teaching on ward rounds Monday and Wednesday

Monthly case based / journal club type teaching after the departmental meeting

Rotation through varies speciality clinics throughout the year

Grand round presentations Thursdays

Plan: implement MDT for inpatients prior and after transfer to/from tertiary centres [subspecialty MDMs for MS, Pain/Headache – not part of the program but can be attended]

KSS teaching at K&C hospital, Treble ward from 1300.

Calman training days (Queens Square – every 3rd Wednesday with a break in August) - 10 per year

Research

Actively encouraged. Currently recruiting patients into several research studies: BRAIN TLE; BRAIN IGE; Biojume – Pending R&D approval; Passage; Tonic MS, Tonic MND, SEALS and ProBand

Annual / Study Leave

Please obtain annual and study leave form from Barbara (Senior Neurology Secretary). Leave must be requested minimum of 6 weeks in advance in order to cancel clinics.

Useful Numbers

To Bleep, dial 78, followed by 3 digit bleep number, followed by extension number

Medical SpR on call: 240

Medical SHO oncall: 456, 457

Medical FY1 on call: 239

Biochemistry: 8478

Haematology: 8506

Microbiology: 4895

MRI: 8556

CT: 4958

XRAY: 8569

IT: 8368

CDU: 8701

Kings college Hospital – 0203 299 9000

Immunophenotyping Lab @ Kings – 0203
299 9000 ex 2414 (0900 – 1700)

Neurophysiology SpR @ Kings – 07528977508

Neurology Secretary (Barbara) – 8426

Neurology Office fax – 01322 428 415

EKNU Induction Programme for Neurology Trainees

Tutorial room, Canterbury Education Centre

02/08/18 Thursday (1430 - 1700)

This session is planned as an interactive discussion

1430 - 1445-Dr S Harikrishnan (Consultant Neurologist) – With Jananee Sivagnanasundaram (Lead Neurology Registrar)

1450 – 1500- Dr Mohammed Sakel (Director - Neurorehabilitation)

1505- 1515 – Christine Batts (MND specialist Nurse)

1520 - 1530 - Rosemary Vahid (Parkinson's Disease Specialist Nurse)

1535- 1545 – Bethan Tredwell (MS Specialist Nurse)

1550 - 1600 - Mark Kerr - Clinical Librarian

1605 - 1625- Glenn Booth, Operations Manager, Neurosciences & Stroke

1630 – 1640 -Helen Swanborough - Ward Manager Renal Unit

1645 - 1655 - Elaine Morgan- Ward Manager, Ambulatory Care

1700 - Visit to the Neurology Unit and Neurophysiology - Q&A