Our Vision
To provide every patient with the care we want for those we love the most

Norfolk and Norwich University Hospitals NHS
NHS Foundation Trust

Norfolk and Norwich University Hospital

Anaesthetic Department Trainee Induction Booklet

February 2021
Introduction

Welcome to the Norfolk and Norwich Department of Anaesthetics, Intensive Care and Pain Medicine. Happy New Year (Decade) You may be joining us for your first job in anaesthetics, starting your intermediate training, higher training or this may be your final year of your anaesthetic training. We hope that you will enjoy your time here.

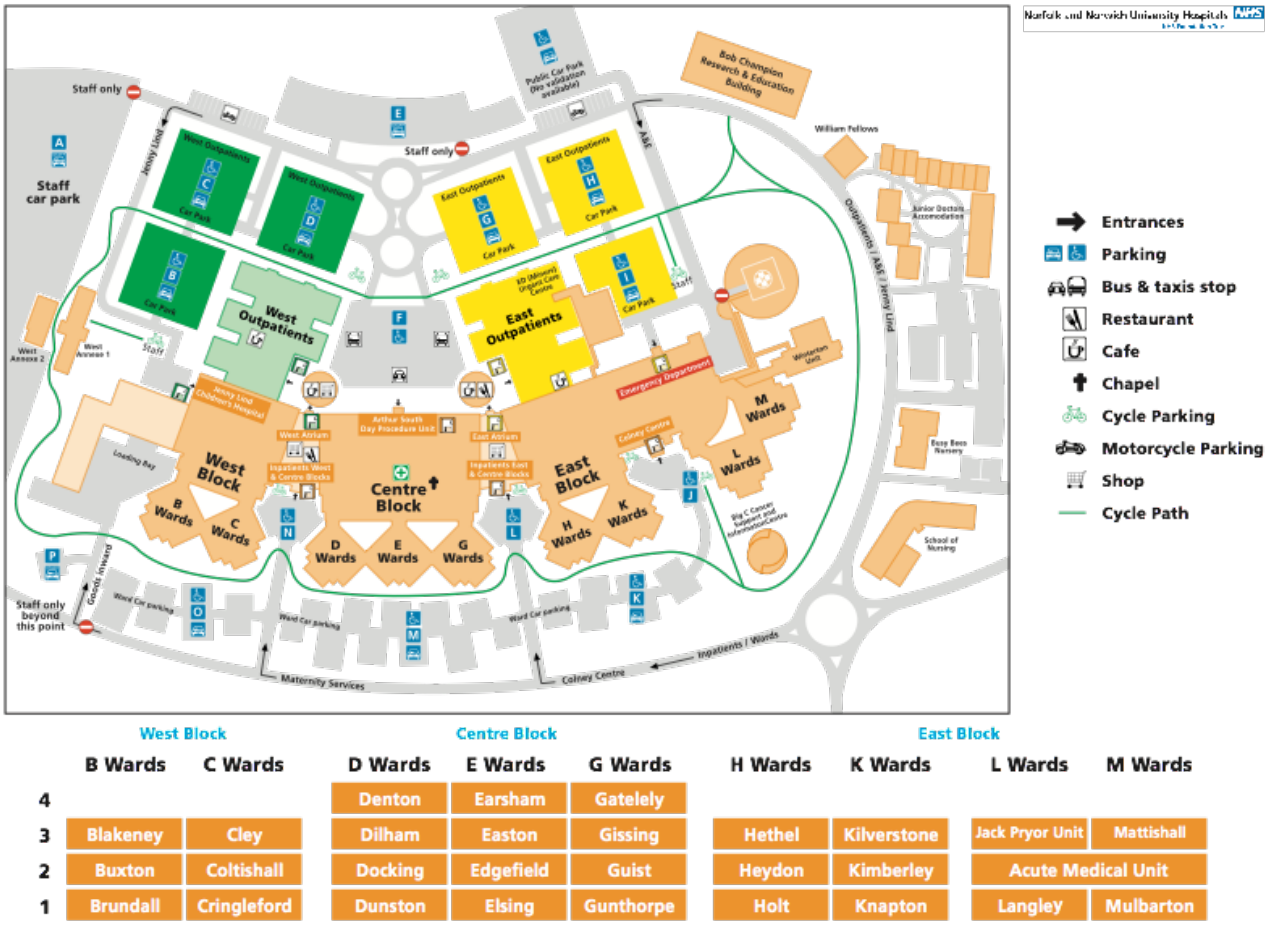
Contents

The Anaesthetic Department

Centre block, Level 4, Off Denton Ward

Clinical Director	Dr Mike Irvine
Chairman	Dr Nicholas Saunders
College Tutor STs	Dr Ravi Kare
College Tutor CTs	Dr Jasmine Kaur
ICM Tutor	Dr Jemma Looker
Rota Consultant	Dr Ed Quak
Admin Trainee	Dr Amit Gadre (amit.gadre@nnuh.nhs.uk)
Secretaries:	
Karen Hall	ext 3677
Bethany Jackson	ext 3086 (WFH)
Sam Fletcher	ext 5342

Map of the hospital



	West Block		Centre Block			East Block			
	B Wards	C Wards	D Wards	E Wards	G Wards	H Wards	K Wards	L Wards	M Wards
4			Denton	Earsham	Gatelely				
3	Blakeney	Cley	Dilham	Easton	Gissing	Hethel	Kilverstone	Jack Pryor Unit	Mattishall
2	Buxton	Coltishall	Docking	Edgefield	Guist	Heydon	Kimberley	Acute Medical Unit	
1	Brundall	Cringleford	Dunston	Elsing	Gunthorpe	Holt	Knapton	Langley	Mulbarton

CLINICAL WORK

All the junior staff are registered medical practitioners and are expected to work and make clinical decisions appropriate to their experience and competency. Where necessary, advice should be sought from a more experienced anaesthetist. We pride ourselves in being an approachable, accessible and visible consultant staff and are always pleased to help

In clinical practice it will be normal to:-

Have knowledge of all patients on an operating list to which you have been allocated (this will be in addition to the Consultant Anaesthetist, precise details of the anaesthetic technique should be discussed with the Consultant unless you have been given instructions to the contrary). Prior to supervised lists (the previous day) trainees should contact their supervisor to arrange topics for discussion or WPBA's during the session. This is extremely important and will ensure that you get the most from your training sessions.

Discuss with a Consultant Anaesthetist any clinical problems outside your experience or competence. During weekday elective lists, a consultant designated "Black Spot" will always be available. This is the consultant whom you should go to for advice or help if you are doing a solo list. They carry deck phone 3079. All trainees doing solo lists should contact the Black Spot Anaesthetist before starting the list to discuss the cases. The Black Spot can complete ALMATs as long as this has been agreed at the start of that list.

Arrive early enough for any special preparation the patient needs, e.g. spinals, epidurals etc. This applies whether working solo or accompanied. The published start time is Anaesthetic start time. If you are the solo anaesthetist for a list and you are going to be late for any reason it is essential that you inform both the surgeon concerned and Black Spot.

It is your responsibility to

Order appropriate post-operative medication and fluids

Keep adequate anaesthetic records on every case. (See LOG BOOKS*)

Remain in the hospital when on call and not absent yourself for any reason.

Weekly Roster

There is a weekly roster which is emailed to your **hospital email address** on a Friday. The trainee roster will show your theatre allocations for each day and the initials of the consultants that you are attached to i.e. Th.7/MB. If you have brackets around a theatre number i.e. (Th.7) this means that you are on a solo list.

Where possible trainees are allocated to theatres appropriate to their particular training module.

The theatre roster shows which consultants are in which theatre. The telephone numbers for each theatre is on the left. At the bottom of this sheet is the BLACK SPOT consultant for each day AM and PM.

There is a third sheet that tells you who is on call and the on call consultants for theatres, paediatrics and ICU. Please check this each week especially if you have taken leave or made some swaps.

The rota is located on the Trust Intranet site and is updated on a daily basis, please check this regularly for updates.

It is your responsibility to check both the weekday allocation and on calls for any discrepancies and notify us.

On call Rotas

The on call rota is written for periods of 26 weeks and is usually published about a month in advance of its start date. It is a partial rolling rota. A few weeks before it is published, the computerised leave diary will be locked. The Admin Registrar will inform you of the date by which you need to have your leave entered in the diary for the upcoming rota period. There are 4 tiers of on call:

FIRST ON CALL – *Resident in Hospital* (Bleep 0900)

Weekday Commitments – The full day preceding a night on-call and the following day will be off (1800-0630).

Weekday and weekend shifts–

Normal Day	0730- 1830	11 hours
Nights	1930 – 0800	12.5 hours
Long Day	0730 – 2000	12.5 hours
W/E Day	0730 – 2000	12.5 hours
W/E Night	1930 – 0800	12.5 hours

Responsible for all emergencies **except:** ITU, Cardiac Arrests
Obstetrics (inc. Flying Squad)

Expected to take over in theatre 5 (trauma) unless case deemed not suitable. Make contact with consultant on call in theatre 6 before start of shift. You will be expected to see ONE of the trauma cases in the morning before you leave at 07:30 and **complete** online booking form. Helps 4th on as directed when trauma stops operating after 21:00. Deals with pain calls. If free offers help to ITU trainee.

Should seek assistance with:

airway obstruction
any case of major haemorrhage
bleeding tonsils
head injuries
eye injuries
small children (see note on departmental policy for children – page 16)
thoracic surgical cases
facio maxillary patients
severely traumatised patients
Patients ASA III – V status

Emergencies should be booked at appropriate intervals, and using the on line system allows surgeons to determine surgical priorities. Surgical convenience is not a requirement for priority use of an anaesthetist or use of the other staff on call. The anaesthetist who accepts the booking must fill in the appropriate parts online and complete this when the patient is pre-assessed.

Preoperatively assess patients on the Trauma list for the next day and **complete** online booking form.

No general anaesthesia is administered in the Accident & Emergency Department apart from in appropriate emergency situations. This is generally covered by the ITU on call doctor. ODP assistance from Main Theatres and senior support (e.g. 4th on-call, Consultant on call or ICU on call) is mandatory. Please call 2222 and ask for airway assistance.

Consult with 4th on call in case of heavy workload or clinical problems.
Ring the 4th on call at 1930 on weekdays and 0730 and 1930 at weekends, to discuss cases already booked.

OBSTETRIC ON CALL – *Resident in Hospital* (Bleep 0011)

Weekday Commitments – The full day preceding a night on call and the following day will be off (1930-0800)

Shifts

Nights	1930 – 0800	12.5 hours
Long Day	0730 – 2000	12.5 hours
W/E Day	0730 – 2000	12.5 hours
W/E Night	1930 - 0800	12.5 hours

Duties include the performance of:
All obstetric anaesthetics

Obstetric epidurals
Preoperative assessment clinics for Elective LSCS
Post obstetric anaesthetic intervention follow-ups

Whenever urgent senior help is required after hours, this must go through the 4th on call anaesthetist. For telephone advice about complex patients please call the Obstetric Consultant on call. Daytime obstetric on call will not leave the hospital until they have confirmed that either the night time on call or the consultant on call is available for emergency obstetric work.

Outside normal working hours one anaesthetist will always be available for obstetric work. Please see Standard Operating Procedure Document for transfers.

Daytime Obs cover: If there is no competent trainee on an Obstetric module, a trainee will be allocated as obs cover whilst on a training list during the day in case extra cover is required. They **MUST** go to the labour ward by 08.00 and let the Obs consultant know their bleep no and where they will be all day. They **MUST** carry their bleep at all times. If you are the afternoon Obs cover then please attend the labour ward at 13:30 and ensure the Obs consultant has your bleep number and theatre.

Please consult the separate document detailing the standard operating policy for this particular sub specialty area.

ITU ANAESTHETIST – resident in hospital Bleep 0010

Weekday Commitments – The full day preceding a night on call and the following day will be off (1930-0800).

Day Shifts:	0730	2000	12.5 hours
Night Shifts:	1930	0800	12.5 hours
Long day	0730	2000	12.5 hours
Weekend Day Shifts:	0730	2000	12.5 hours
Weekend Night Shifts:	1930	0800	12.5 hours

Responds to Cardiac and Paediatric arrests,

Only in exceptional circumstances will this trainee be required to assist with emergency theatre cases.

Will generally be the first point of call for A&E regarding anaesthetic help with head injuries, resuscitation or where subsequent intensive care is envisaged.

Medical staff on the ITU rota should contact 4th on-call / ITU Consultant where airway problems are envisaged. All trainees holding the 0012 bleep need to have undergone tracheostomy emergency training.

Should you be called to provide anaesthesia or airway assistance in situations outside of the theatre complex please call, or ask some on your behalf to call, for Airway assistance. Please state where assistance is required and give a telephone number where you can be contacted. This help will be summoned using the traditional 2222 emergency call and will sound on the theatre coordinator and ODA bleeps and for information on 0077 (4th on call), 0012 (ICU reg), 0900 (theatre cover) pagers.

This is an additional role for our theatre colleagues in addition to their responsibilities in the emergency theatre, obstetric and cardiac arrest cover. A call will be returned to the requester acknowledging the request and confirming attendance.

Long day (LD) ICU: if you are not on an ICU module we will try to allocated you to a theatre from 0730 to 1330. This may not be possible if there is no other airway trained trainee on in ICU. You **MUST** attend ICU by 1330 for handover and continue the rest of your shift there.

4TH ON CALL –Resident in hospital (Post Fellowship SpR/ST-7)

Weekday Commitments- The full day preceding a night on call and the following day will be off (1930-0800).

Shifts	0730-1830	11 hours (normal days)
	0730-2000	12.5 hours (long days)
	1930 – 0800	12.5 hours (weekday nights)
	0730 – 2000	12.5 hours (weekend days)
	1930 – 0800	12.5 hours (weekend nights)

This senior trainee provides support for the 1st on call, ITU and obstetric anaesthetist. In general the 1st on call anaesthetist should discuss the emergency workload at 1930 hours on weekdays or 0730 hours at weekends with the 4th on call, so that a strategy for tackling the work may be formulated. The general consultant on call should be apprised of the overall situation, by the 4th on call, at these times. The 4th on call anaesthetist should also acquaint him/herself with the ongoing ICU situation and problems. Referral of most problems may be made to the 4th on call who will involve the assistance of the appropriate consultant on call if necessary.

SpRs/ STs who are part of the 4th on call rota are part of the paediatric cardiac arrest team when on call along with the ICU CT/ST. Personal bleeps will be tested for the respective arrest calls by the switchboard on a daily basis.

There are occasions when interesting and challenging cases arise during on call periods. Every effort will be made to ensure that these cases are used as training

opportunities for the most appropriate trainee, (in most circumstances, this will be the 4th on call). Discussion between each of the appropriate consultants on call will facilitate this secondment, and ensure that should other commitments be scheduled simultaneously, these are fulfilled if priorities dictate.

It must be realised that these interesting cases may equally arise in the context of any of the surgical subspecialties, intensive care or obstetrics. Diversion from these occasional opportunities, simply to cover "routine" emergencies elsewhere, which cannot be managed by the 1st on call anaesthetist, should not be tolerated, unless the circumstances are exceptional.

The 4th on trainee is expected to see the patients on the emergency list in the morning before they finish their shift. Handover in theatre 6 at 07:45.

Interhospital Transfers

Where transfer of a ventilated patient is required to another centre (usually Addenbrooke's Hospital, Cambridge for neurosurgical management) the most appropriate member of the on call team will accompany the patient – to be decided by discussion between the general and ICU consultants on call. This is normally the trainee on call for Obstetrics. A trainee without the Primary FRCA will not undertake these transfers. All trainees going on a transfer should have undergone transfer training and be familiar with the transfer trolley.

Please see the Standard Operating Procedures Document covering Transfers.

Annual and Study Leave Booking

All leave is booked through Karen and will only be accepted via email, copy in the admin registrar. The maximum number of trainees away on annual leave and study leave on any given day is 6. Approved leave in the electronic diary is blue. When study leave is booked it will appear in green until the appropriate College Tutor has signed off the electronic study leave form. Once they have approved the leave it will turn blue. Please send the Leave form to the College tutor but also copy in the admin registrar and Karen. Any leave that is required over the maximum of 6 trainees allowed away will be emailed to the College Tutors make the decision and Karen will then notify you of the outcome. **Annual leave should be taken in blocks of 1 week at a time (i.e. Monday to Friday inclusive).** Any annual leave that is not booked as full weeks must be cleared by, and is at the discretion of the trainee rota consultant, currently Dr Ed Quak.

There is a maximum of 2 weeks leave (ie annual leave + study leave should not be greater than 2 weeks) in total in any 13 weeks period. Any more than this is at the discretion of Dr Quak as trainee rota consultant and the college tutors. If a trainee books more than this in a 13 week block by the time they have done their on calls they have few normal days left to do modular training for the whole of that period.

There is a limit to the number of trainees who can take leave who are on the 4th on call rota. This is a maximum of 3 off at any one time.

Please do not leave all of your leave until the last month of the job and then ask to overbook the diary because there is no space available. There are sufficient spaces in the diary – it is your responsibility to make sure that you book all of your leave in the space provided. The department will only pay up to 5 days of unused annual leave.

It is your responsibility to check the diary system for approval of your leave. Please do not assume that it is a given once you have emailed Karen.

Not On Call Requests

There is a maximum of two weekends not on call requests per 13 weeks (not including the NOC requests around weeks of leave). Any NOC requests above this must be agreed in advance or they will not be honoured. NOC requests are not guaranteed until the rota is published.

Swapping On-calls

Any on call swaps need to be arranged by you, the on call swap should be emailed to the Admin Registrar, Karen Hall and all parties involved. If the swap is with 6 weeks then only person to person swaps will be allowed. It is not permitted to swap into empty slots on the rota within 6 weeks of the swap date. Outside of 6 weeks, please discuss it with Dr Irvine and the Admin Registrar.

KEY DEPARTMENTAL POLICIES

Anaesthetising Children

1. Trainees are responsible to the Consultant Paediatric Anaesthetists for children under 10 years requiring anaesthesia or pain control.

2. Children under 3 years will be *anaesthetised* by a Consultant Anaesthetist or Specialist Registrar (the latter with Level 1 or 2 supervision from a Consultant). Children past their 3rd birthday but who are not yet 5 years will have their anaesthetic *supervised* by a Consultant or Specialist Registrar.

3. Children under 10 years with airway obstruction or bleeding must be referred immediately to the Consultant Paediatric Anaesthetist on call.

4. As for non-paediatric cases, the anaesthetist rostered for the session will be responsible for requesting appropriate support and should pre-assess the patient & discuss with the Consultant as needed. Requests for assistance on the ITU should be made through the ITU Consultant on-call.

5. Paediatric arrest calls are responded to by the ITU bleep holder who may call for assistance from the paediatric anaesthetic consultant is required.

Sick Patients

The following patients should be discussed with the Consultant on-call by 4th on call before proceeding

1. All emergency patients with a P-POSSUM mortality of 5% or more, or ASA 4+.

2. All ruptured Abdominal Aortic Aneurysm patients

3. All patients with obstructed airways or difficult airways

All patients with a P-POSSUM of 10% or more should be considered for HDU/ITU admission.

A&E

No anaesthetist with less than one years' experience should anaesthetise in the Accident & Emergency Department. Generally, anaesthesia is not provided in this area, though exceptions occur in the context of certain emergency situations, such as multiple trauma cases, head injuries etc.

MRI/ CT

No trainee should anaesthetise or sedate a patient for MRI without a consultant being present. Likewise no trainee should transfer a patient into the MRI without training or experience in this high risk area.

Calling for Support

All of the consultants here are friendly and helpful. They would rather know in advance if you think there may be a problem with a case.

The Black Spot Consultant is there to supervise you if you are doing a solo list. **You must contact the Black Spot** on ext 3079 to let them know about your list. You must write their name on you anaesthetic chart. They carry a phone and can be contacted at any time for help. If you wish to gain an ALMAT for your list you must discuss the list at the start with the Black Spot and then debrief at the end of the list as well.

The Obstetric Consultant is only called for obstetric problems by the Obs on call trainee or 4th on call. If available, the 4th on call should be first port of call for urgent problems. Only the General on call consultant should contact the Obstetric Consultant about staffing issues.

If you find yourself in an unexpected spot of bother and are alone during the day each anaesthetic room has an emergency alarm that will alert the theatre complex and usually bring immediate assistance.

There is a difficult airway trolley and defibrillator outside of theatre 5. The ultrasound machines are kept outside theatre 4.

The ODPs and theatre staff here are almost universally excellent. They tend to stay in the same theatres and thus are very knowledgeable about what goes on in their particular theatre and for that theatres case mix. Please ask them if you are unsure.

Airway Assistance outside of theatre

Should you be called to provide anaesthesia or airway assistance in situations outside of the theatre complex, please call, or ask some on your behalf, to call for anaesthetic assistance. Please state where assistance is required and give a telephone number where you can be contacted.

This help will be summoned using the traditional 2222 emergency call. During the day this will alert the ICU ODP who will come to your assistance. At night this will sound on the theatre coordinator, and ODA bleeps and for information on 0077 (4th on call), 0012 (ICU reg), 0900 (theatre cover) pagers.

This is an additional role for our theatre colleagues at night on top of their responsibilities in the emergency theatre, obstetric and cardiac arrest cover. A call will be returned to the requester acknowledging the request and confirming attendance.

Organisational Departmental Policies

Calling in Sick

On the first day of sickness absence you should inform the department as soon as possible. Call 01603 287074 / 287677 and leave a message if necessary informing that you will not be attending work. Contact should be made personally and by telephone. Only in exceptional circumstances should contact be made by somebody else. Also call Black Spot(extention 3079) or 4th On-call.

You will be expected to advise the following:

a) The first day of sickness.
b) The reason for the absence.
c) The likely duration of the illness and anticipated date/day of return.

If you fall sick whilst at work you should inform black spot and the Anaesthetic Department. Sickness absence is recorded in days. When you fall sick at work (after having commenced your normal duties/shifts) and have to leave early, this is not recorded as a sickness absence for pay purposes.

Please ensure that you call on your return to work in order that the correct paperwork can be completed otherwise this will eventually affect your pay. Please contact the College Tutor after any episode of sickness. They may wish to have a formal return to work interview.

If you have four or more episodes of absence, in a 12-month period, you will be invited to attend a Stage One Sickness interview with the College Tutor. If at any time during the 12 months following a Stage One meeting, the employee's absence level remains unsatisfactory, the College Tutor may decide to move to Stage Two meeting, the outcome of this meeting may result in a formal warning being issued. Such warnings will last for 6 months.

If you fall sick and will not be able to do an on-call shift please contact the Department as early as possible to allow us to arrange cover.

Pregnancy and X-Ray

If you become pregnant please let us know as soon as possible, you will need to come and see Karen to complete a risk assessment which is reviewed after 3 months.

X-RAY

As long as the appropriate protected equipment is worn, there is limited/no discernable dose to the staff member or the foetus. Presence at the x-ray should be at the staff members' own judgement.

The main issue is wearing lead aprons – due to the weight.

Emergency Booking System

We have a computerised emergency booking system where all patients who require anaesthetic input on an emergency or urgent basis should be booked. This includes urgent MRIs and IRU requests. The system requires the requesting team to input the patients details onto the system. This should not be done, except in absolute emergencies, without current blood results and tests. The system calculates the POSSUM mortality and morbidity and the P-POSSUM mortality.

All requests should be rung through to the on-call anaesthetist on bleep 0900 to inform them of the addition of the patient to the list.

The system is colour coded and all patients start as red. Once the patient has been accepted onto the list by 0900 holder then they can be turned orange indicating that

they are not yet ready for theatre. The orange colour is also for patients who have been seen but are deemed not ready either because they are not starved or require further test etc. Once the anaesthetist has seen the patient they need to fill out the green section at the bottom of the form. There is space for a history and any other important comments, ASA, what anaesthetic has been discussed and in order to turn them green the **ready** button must be completed.

If the patient has a P-POSSUM mortality of greater than 10% an extra box will appear and this needs to be completed with the name of the consultant that the patient was discussed. All patients going to theatre with a mortality >5% needs to be discussed with the on–call anaesthetic consultant. All emergency laparotomy patients with a mortality of >10% should also be discussed with ITU consultant for a HDU support postoperatively. Kindly fill the NELA audit tool or discuss with your Consultant for the same.

The **GOLD CASE** is a simple case that can be send for first thing in the morning to get the emergency theatres going. Please decide with the Surgical team which case is suitable for the Gold Case and ensure that this case has been seen and is ready to go for 07:30am. It is not unsual to advise them about the suitability of these patients. Be proactive

Electronic Prescribing

The hospital has recently started using EPMA (version 2), which is an electronic prescribing system. You will need to complete the on line training before you receive a log in code. This is a new system. Please double check all prescriptions to avoid errors.

Mandatory training

All members of staff must keep unto to date with mandatory training. This is done via the ESR system. Please ensure that you complete the training and update as frequently as is required. Karen will email you if your mandatory trying matrix indicates you are not up to date. We will also be supporting you with a free session in the first month of starting to complete some of this training.

Medical Equipment

You will be introduced to the new equipment. You will have training. Please ensure that you are happy to use any new equipment before using it on your own. If you are unsure, please ask. Please complete the Equipment Induction Sheet confirming.

Training at the Norfolk and Norwich University Hospital

There are two college tutors at the NNUH.

ST Tutor:	Dr Ravi Karé
CT/ACCS/ST 7 Tutor:	Dr Jasmine Kaur
Admin Registrar	Dr Amit Gadre
Trainee Rota Consultant	Dr Ed Quak

Initial Training Plan

The College Tutors will meet you within the first 2 weeks of you starting to complete your Initial Training Plan/ Personalised Work Schedule and discuss your time with us. This will set out your plans for your time our expectations of you and to finalise the training modules.

Introductory Module

If you have never worked at the NNUH previously our first module will be an introductory module to the various department and on-calls, and is geared to orientate you to the Trust.

Educational Supervisors

You will be allocated an Educational Supervisor whom you should meet at least 3 monthly starting shortly after you have started. You should complete an interim report on the e-portfolio after 6 months and an ESSR in plenty of time before your ARCP. Your educational supervisor and college tutor will endeavor to ensure your training meets the requirements of the college and also your own personal aims.

Life Long Learning (LLP):

All trainees must use the Lifelong Learning platform and/or e-portfolio to collect evidence of their training and competencies. All workplace based assessments must be recorded on the LLP. The **Anglia Workbook** is the guide you should be using for the number of WBPA required for each module. Please note this is more than the minimum required by the Royal College of Anaesthetists. The Completion of Unit of Training (CUT) form can **ONLY** be completed by the **lead for that unit**. This list will sent to you via email and will be displayed in the department.

You must be organised and give yourself adequate time to get consultant based feedback and do an MSF for your ARCPs. These should be completed at least 8 weeks before your LLP closing date for your ARCP. You **MUST** meet with your Educational Supervisor at least 3 weeks before your ARCP to complete the ESSR. Please ensure that they are not on leave. Your ESSR **MUST** be with the college tutor at least 1 week before the closure of the e-portfolio i.e. 2 weeks before the ARCP to allow rejection of the ESSR if the evidence is not complete. **DO NOT LEAVE THIS UNTIL LAST MINUTE**. We cannot guarantee sign off of your ESSR if it arrives in the inbox outside of working

hours the night before the LLP closes. This process has become very strict and you will not achieve an Outcome 1 if you are missing ANY piece of information.

Logbooks

Ensure that you keep you logbook up to date, as this will be reviewed at CUT sign off and ARCP. Any discrepancies with it will get you an Outcome 5 at the ARCP and this will see you spending a lot of time trying to correct it. LLP incorporates logbook functionality and should be used by all anaesthetic trainees. Non-anaesthetic trainees should maintain a logbook in excel format. (Please speak to college tutors/educational supervisors re the data you should be recording to get useful summaries.)

The Sunderland Critical Care Logbook is recommended by FICM as a useful way of recording time on ICU. http://www.ficm.ac.uk/curriculum-and-assessment/logbook-resources

Teaching

Teaching is currently protected time. Anaesthetic teaching is scheduled on the Clinical Governance days and happens either on the Morning session (afternoon Governance) or the afternoon. We have plans to see if the rota can be facilitated so that as many trainees are scheduled to do a normal day on these days. The days are also available in advance. There is ITU teaching organized by the Dr. Manu Naik, ITU Consultant and you will receive information about the same as it is available. This will be organised by Dr S Mehrotra (ST 7), under the guidance of one of the college tutors. The teaching is a mixture of primary and final topics and case discussions and journal reviews. There are, on occasion, practical sessions including multidisciplinary simulation sessions. Please make every effort to attend in order for this session to continue. You should attend unless you are doing a solo list. The programme will be displayed in the anaesthetic department. Please note the day may change depending on the availability of the supervising consultant. Could you all offer what days you would like to present considering that the days are changeable based on the Governance days of the department.

The new Panopto and Bridge platforms are now in use for regional teaching and MS teams for departmental teaching. These should allow greater flexibility in access to teaching.

There is novice teaching for the first 3 months. This is regional wide and is organised by the Dr Nick Wilson. This is mandatory teaching and includes an introductory day, 3 lecture days and a simulation day. Please put in your study leave forms as soon as possible.

There is a Journal Club on Clinical Governance days. One trainee usually presents a paper each. You will be expected to present at least once during your time at NNUH.

You are encouraged to present cases and Quality improvement projects at governance which you are encouraged to attend.

Regional Training Calendar

There is a very active regional training programme with courses aimed at Primary FRCA, Final FRCA and post fellowship trainees. The regional training calendar should show courses booked on to around the region and some major meetings that are further afield. These are also displayed in the region and the programmes will be emailed to your hospital email when they are received. Please be organised when booking your study leave for these courses. You MUST request study leave and put in a study leave form for each course. You are unlikely to be able to attend if the request is put in at short notice. It is your responsibility to book the leave.

Quality Improvement Projects

You should aim to complete at least one good quality improvement project a year throughout your training and complete the loop on this. CT's - it will certainly gain you points for ST applications. You are allowed to book study leave time for QI/Research projects using existing study leave days and processes. Any queries about this please see your Educational Supervisor or one of the Tutors.

See http://www.prism-ed.com/ for training and information on QIPs. There will opportunity to present your project to the Department at the Governance meetings in May and October of every year. It is expected that you will also partake in Regional and National presentations as appropriate to the project

Research

Dr Caroline Reavley is the departmental research lead and there have been as number of national and international studies that our department has been and still is involved in. You are encouraged to actively participate in these studies as investigators. You need to complete your GCP. There are also many Obstetric research projects (Dr. R Ochoa-Ferraro) and in Pain Medicine (Dr. A K Fritz) that you can get involved in. As a department we have been involved in the SNAP projects and the **trainee network (NECTAR**) projects. #we expect that you are atleast involved in one research project during your experience in NNUH- preferably more.

Phone Numbers

Always ensure that the department have an up to date telephone number for you, this is essential for MAJAX and letting you know about changes to your rota.

Trust Emails

We will set up your trust emails so that you are able to access these from home, please ensure that check your trust email on a regular basis as all emails from the department are sent to it.

Professionalism

You are expected to act in a professional manner at all times. Please do not use mobile phones in theatre. Please do not wear theatre blues outside of the hospital. Please do not discuss cases in public areas. Please do not take theatre list out of the hospital. Use the confidential waste bins (blue) available in the theatres, ITU and department to dispose of appropriately

Trainee Room

There is a trainee room in the Anaesthetic department for your use. It has 2 computers and a selection of books for your use. It is an area you can use to study, the trainee teaching often happens in there. There is a reclining chair for your use when you are on call. A second reclining chair will shortly be available in the back office.

Please keep this area clean and neat so that everyone can enjoy it.

Rest after on calls

We recognise that many of you may not live locally and we encourage you to manage you fatigue carefully. You will receive a leaflet you advise you on this. You are on a full shift but you should be encouraged to take short breaks during your shift. There are reclining chairs or an on-call room (ITU only) where you can rest.

For those of you who live further away we would recommend either stay over a weekend or having a decent rest before heading home. You can either book a room in the residences or book one of the 2 rooms in the anaesthetic office. There are funds available from the deanery to help with this or the anaesthetic department can also help. Please see the secretaries to book these rooms. It is advisable to book early as the rooms in the residencies, especially, get booked up early.

Peter Phillips International Bursary for Academic Endeavour

At NNUH we encourage you to engage in high quality research or quality improvement projects. In order to help you present these at international meetings we have a travel bursary available. There is one bursary each year which will be awarded to the best presentation of the work.

The rules are:
1. There will be one award per year given to the best work presented at a governance meeting at NNUH.
2. The work should be completed while at NNUH, acceptance for presentation is preferably while at NNUH, but presentation at the meeting maybe after the end of the attachment.
3. The trainee receiving the bursary must be the main contributor to the Audit/ Quality Improvement Project.
4. The work should be presented either as a poster or verbally at an international meeting.
5. The bursary will cover reasonable expenses including conference fees accommodation and travel, but not subsistence.
6. The bursary is for the above expenses up to a maximum of £750?
7. Receipts for the above expenses must be submitted.

Resources

www.tivadiva.wordpress.com your learning area with presentations you have done during teaching.

www.expertconsult.inkling.com You have access to Miller's Anaesthesia, a reference book and Benumof and Hagberg's Airway Management. This may not be supported by the hospital browser.
User name: helen.goddard2@nnuh.nhs.uk
Password: desflurane

Three Hopsitals:

NNUH- Gynaeonc, Upper GI, Head and Neck, Thoracic and Vascular; variable number every day; good news is increasing every week- staff numbers
Cromer- Reginoal and Pain Mx
Spire 3 lists/day – Various Specialties- Colorectal, Urology, Breast Cancer, Spinal Surgery- expect Urgent procedures- all specialties; ASA II/III ish