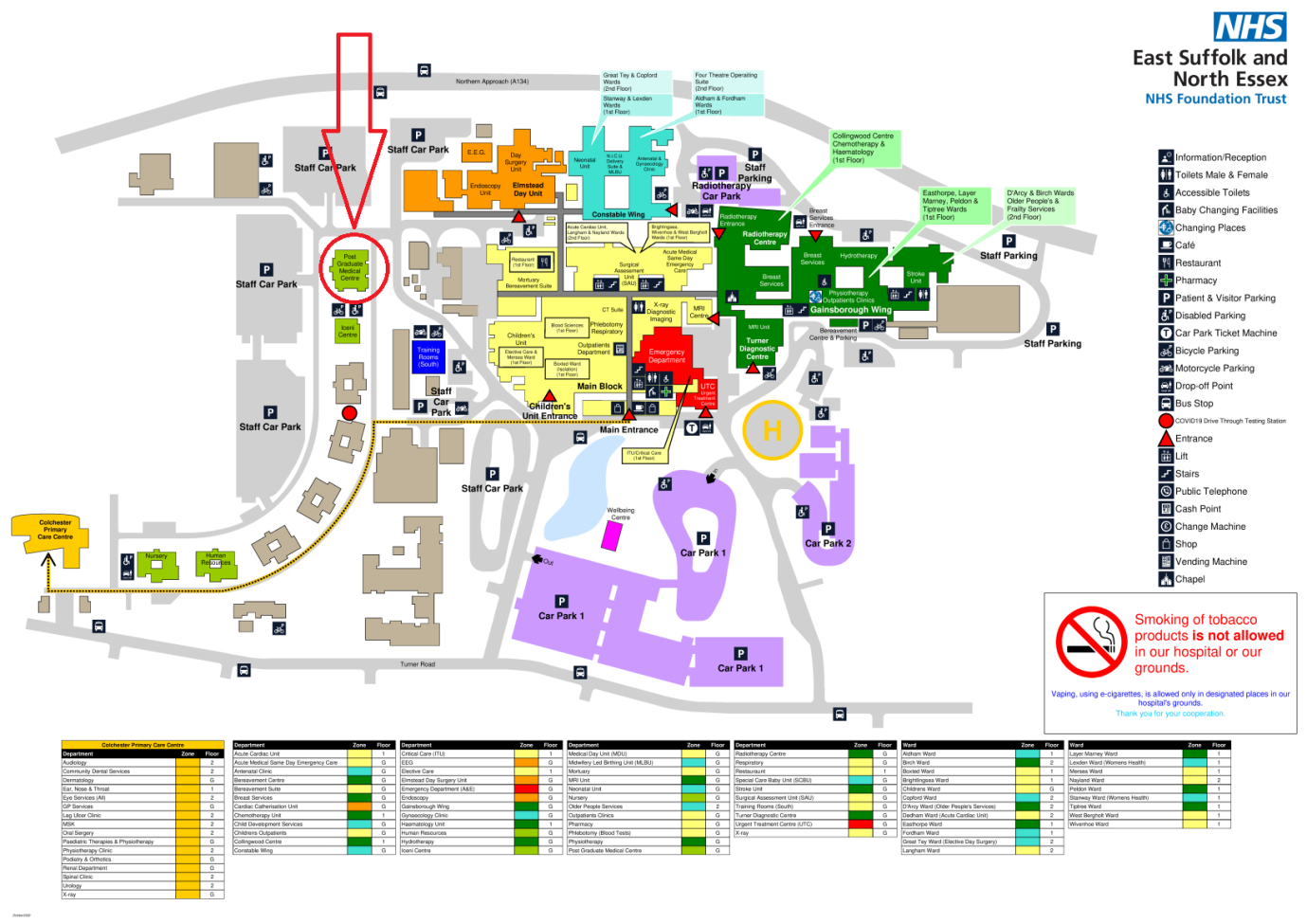
**Working in the East Suffolk & Northeast Essex NHS FT.**

Most of the secondary care & community-facing non-GP posts are usually based at the Colchester hospital site. Some ITP rotations are at Clacton Hospital and palliative care placements are based at St. Helena Hospice in Colchester. Psychiatry rotations may also be on different sites.

**General information before you start:**

**Hospital map**



**Hospital Car Park:**

If you require parking on the ESNEFT site whilst in hospital post you can apply for a permit using the link below:

<https://www.cpppermitsystem.co.uk/eastsuffolkandnorthessexnhsfoundationtrust/login.php>

You can put Lola Ogungboyega or Rosie Connolly as your line manager and your assignment number as 12345678. You will receive a ‘good 2 go’ permit which will charge you each time you park on-site, so you will need to ensure that there are sufficient funds in your ‘good 2 go’ account before parking. The payments will **not** come from your salary as you are not employed by the Trust.

The following brief summaries and feedback are provided by previous and current GPSTs in the Colchester scheme about their experiences in hospital rotations.

**Urgent Treatment Centre (Colchester & Clacton sites)**

**Responsibilities:**

*‘9-5 Working day. Supernumerary role, seeing patients independently, but always help available when needed.’*

**Things that are important to know about the rotation:**

*‘Good opportunity to learn about some urgent cases who couldn’t get an appointment in primary care. Also, you will see cases who need admission either in ED, or under medics or surgical team or paediatric.*

*Take every chance of shadowing during induction and try to see those cases that you don’t feel comfortable seeing as this is a good chance and help always available when needed.*

*Your supervisor will be an ANP, you will be working with ACPs and NPs and you will be the only doctor there. This is ok. They are all very experienced in urgent care and a very welcoming team. You can learn a lot from them, but they will ask your opinion on patients also. There are more patients presenting with chronic illness or common GP presentations not quite suitable for UTC and you will hopefully be able to advise accordingly (depending on GP experience at that point). You're there to learn, have an open mind and take everything you can from it.*

*Don't go into this rotation with a closed mind and only seeing the presentations you'd see in GP. Expand your skill set, ask questions and soak up everything you can!’*

**Teaching and learning opportunities:**

*‘Vast amount of learning opportunity, you can make the rotation what you want it to be. There will be a wide range of presentations. Although a lot will be viral infections, ear pain, sore throat, UTIs, there will also be the odd presentations that we may get in GP that will be challenging. There are also opportunities to do teaching within the rotation.*

*Good opportunity for case discussion with supervisor and as I am there two days a week only, every morning once a week I have one to one with supervisor for case discussion and common topics.’*

**Procedures, investigations, drug monitoring, and referrals that are particular to this rotation:**

*‘The rotation is what you make of it. If you want to get involved with suturing, glueing, wound care, reducing fractures then you can. If you do not, then there's no pressure to.*

*During this rotation, I had a good chance of shadowing during induction weeks. I have shadowed different types of consultations and roles including injury, illness, navigator and care at the door. At the moment as a GP trainee, I see illness for both adults and children. Not seeing injury alone.*

*I have learnt about ophthalmology hot clinic referral which we can do from primary care as well.’*

**Resources:**

*‘Apart from what we know from online such as NICE CKS and other websites, we have access to UTC share drive which contain lots of advice and safety netting letter, also guidance and guidelines for important and common presentations.*

**Palliative Medicine at St Helena Hospice**

**Responsibilities (including on-calls):**

*‘Inpatient unit role includes non-resident on calls. Only need to come in if required. Weekends need to be on site for minimum 4 hours each day and the rest can be from home on call and come in if needed.’*

**Things that are important to know about the rotation:**

*‘Look over anticipatory medications, opioid prescribing and conversion, anti-sickness prescribing for different indications. This is a great rotation, the team are very supportive, there is lots of opportunity to learn and it’s very useful for GP.’*

**Teaching and learning opportunities:**

*‘A great team who will teach on ward round and happy to answer questions. Formal teaching every few weeks. Ask about arranging a few days of experience in the community as that is also very useful for GP.’*

**Procedures, investigations, drug monitoring, and referrals that are particular to this rotation:**

*‘Syringe driver prescribing, anticipatory medications, opportunity for ascetic drain if keen.’*

**Useful numbers or email addresses (for community use)**

jyates@sthelena.org.uk (medical team secretary)

**Resources to help in GP (courses, websites, applications, clinics, etc...)**

<https://www.pallcare.info/login.php?url=http%3A%2F%2Fwww.pallcare.info%2Findex.php>

useful website for holistic care for professionals work in palliative medicine

<https://drive.google.com/file/d/1mQOtuM2rj_dTkRNKdpKGhxW6LRHwN7Ld/view?usp=sharing>

(opioid conversion chart)

<https://drive.google.com/file/d/1dATsyWG7yINMoFHSf7MGArVnj7xzEjZ2/view?usp=sharing>

(anticipatory prescribing)

<https://drive.google.com/file/d/1KaI6yan44DaNas2lx4itCKfTafMKlN4s/view>

(CSCI prescribing volumes)

<https://www.nee-alliance.org.uk/our-work/die-well/information-for-healthcare-professionals/education-for-healthcare-professionals/>

**Paediatrics**

**Responsibilities (including on-calls):**

*‘You will be based in different areas/ roles depending on the rota:*

* *Lexden ward/ post-natal. Involves seeing post natal checks, round and undertaking NIPE examinations + filling in their red books.*
* *Children’s Assessment Unit. Clerking new children and seeing new referrals in ED. Don’t worry, it’s very well supported, and all children are senior reviewed. In the beginning always discuss your plan with a senior colleague before executing unless child unwell and no one available (this is a key difference compared to adult practice)*
* *Children’s ward. Undertake ward round and jobs with senior colleagues*
* *On-calls on paediatric side only. This involves seeing new patients on CAU and answering on call requests from ward/ seeing sick patients.’*

**For community role**:

*‘Seeing patients alone but senior doctor or consultant available next door for discussion at the end of clinic or consultation.’*

**Things that are important to know about the rotation:**

*‘Important rotation to be familiar with children with neurodiversity background or cerebral palsy or certain chromosomal disorders. Take the opportunity to observe all specialist including doctors, SALT and physiotherapy if possible. You will learn a lot by observing them and how they deal with children.’*

**Teaching and learning opportunities:**

*‘Departmental teaching every week before handover and the opportunity to deliver. Journal club - opportunity to deliver. Consultant led teaching. Clinic days.’*

**For community role:**

‘*Monthly departmental meeting and half day teaching. Also, you have a good amount of admin time you can take benefit for studying and reading, as well as case discussion with seniors and learn from them.’*

**Procedures, investigations, drug monitoring, and referrals that are particular to this rotation:**

*‘IV cannulation in children. This is very different to adults. I would recommend watching a few, assisting a few before doing one. Please do supervised first few and then consider doing independently’.*

*‘Lumbar puncture in babies. Optional again, see, assist and then undertake supervised but note Paed trainees may get priority as they require these as part of sign off competencies.’*

*‘We don’t do bloods in paediatrics unless it’s REALLY needed. Often, we do cannula and bloods at the same time to minimise the number of needles the child is exposed to.’*

*‘Blood gas - very important and commonly used. Tips- use the Vaseline. Use a warm spot/ warm the area beforehand. Be patient. Keep the tube horizontal or else it will fall out. Run as soon as possible as the blood can clot. Commonly used to check for bilirubin, CO2 bronchiolitis babies working hard, Ph/ BE electrolyte derangement severe gastroenteritis/ DKA.’*

**For community role:**

*‘Data gathering, examination, interpreting questionnaire for common presentations such as ADHD and ASD. Arranging necessary next step of assessment and referral for further assessment and colleagues such as speech and language therapy, physiotherapy and phlebotomy. Discussion at the end with seniors regarding your management plan. Also participate in monthly teaching and department meeting.’*

**Resources:**

APLS

Spotting the sick child course <https://spottingthesickchild.com/>

Illustrated paediatrics textbook

NICE guidelines- sepsis in children, UTI imaging etc

**General Medicine/Acute medicine**

**Responsibilities (including on-calls)**

*‘This is a busy rotation, and you can be doing ward rounds alone or with the consultants. You could also be required to cover AMSDEC.’*

**Things that are important to know about the rotation:**

*‘There may not be much time to complete quality improvement project or portfolio work, discuss at your placement planning meeting and try to make sure you find time when you can.’*

**Procedures, investigations, drug monitoring, and referrals that are particular to this rotation:**

*‘Lumbar Punctures and ascitic drains, but always ask for help if not sure or confident to do so.’*

**Useful numbers or email addresses (for community use):**

*General medicine rota coordinator for arranging annual and study leaves.*

**Stroke Unit**

**Responsibilities (including on-calls):**

*‘Clerking patients, ward rounds, discharge letters, drug chart prescription inc VTE assessment.’*

**Things that are important to know about the rotation:**

*‘Stroke unit is very valuable to learn from. All staff are helpful, and it is worth working closely with nurses, physiotherapists, SLT, nutrition team and ward clerk to learn faster and invest more time for learning.*

*‘Working closely with other colleagues, early escalation and seeking help if not sure. Good opportunity for building confidence of secondary/preventive management of stroke.’*

**Teaching and learning opportunities:**

*‘Consultant led ward rounds on Monday and Thursday. MDTs on Tuesdays. Daily handovers.’*

**Procedures, investigations, drug monitoring, and referrals that are particular to this rotation:**

*‘Getting familiar to stroke management. Referrals to neurosurgery in addition to other relevant specialties e.g. neurology, surgery, pain management, diabetic nurse etc..*

*‘Requesting investigations including radiological imaging, cardiovascular investigation, autoimmune profile.*

*‘MDT’s, family meetings inc RESPECT, EOL discussions.’*

**Resources to help in GP (courses, websites, applications, clinics, etc...)**

UK Stroke guidelines 2023: RCGP online modules :

<https://www.strokeguideline.org/>

<https://elearning.rcgp.org.uk/mod/scorm/player.php>

**Care of The Elderly**

**Responsibilities (including on-calls)**

*‘Clerking patients, ward rounds, discharge letters, drug chart prescription etc. Every morning at 09.00, there is a board round attended by physio, nurses, discharge team, consultant, Reg and junior doctors. Listen and act on the plans being discussed in these board rounds.’*

**Things that are important to know about the rotation:**

*‘There are 4 COTE wards (Peldon, Tiptree, D'Arcy and Birch) and you may be asked to cover any one of these. ‘Be aware that there is more than one computer system in use here.’*

*‘You may be involved in difficult conversations regarding safeguarding concerns, DNACPR, end of life care and role of palliative care. Observe a discussion with a senior first or carry on your own keeping in mind to show empathy and compassion.’*

**Teaching and learning opportunities:**

*‘Attend grand rounds every Thursday for 1.5 hours and there are usually department teaching sessions on Wednesdays from 1300-1400 on common presentations in the elderly.’*

**Procedures, investigations, drug monitoring, and referrals that are particular to this rotation:**

*‘Ascitic tap, venepuncture, ABG arterial puncture like brachial/femoral stab if patient is hard to bleed and bloods are needed urgently, lumbar puncture, routine bloods, blood cultures, radiology (CTs etc), cardiac ECHO and tapes and drug monitoring etc.’*

**Resources:**

*‘Install the ACCURX app which will give access to various departments and bleep numbers.*

*NICE guidelines Hospital guidelines BMJ best practice.’*

**General Psychiatry**

Rotations are based at Herrick House with on-calls at the Lakes(inpatient adult psychiatry male and female wards), St Aubyn's Centre (CAMHS inpatient), Kingswood Centre, Peter Bruff Unit MHA Assessment Unit, Hennege ward for elderly, Lexden Hospital (patients with LD), Clacton Tower Ward and Landermere Centre for older people (inpatient services).

**Responsibilities (including on-calls)**

*‘The community psychiatry is very supportive and senior driven. For the first few weeks, there will be adequate shadowing unless you have worked in psychiatry before. During that time, the IT training will have completed and then the psych secretary will book clinic which will be between 3-4 patients. The time slot for each clinic is 1 hour. If a patient has been seen previously then 45 minutes. On-calls are tiring particularly due to the fact that the psychiatry SHO covers multiple sites. You will be asked to attend and clerk new admissions. Start with the clerking form on PARIS, take bloods (usually by yourself) to patients with any physical complaints.’*

**Things that are important to know about the rotation:**

*‘Take this opportunity to familiarize with how community psychiatry works by attending MDT meetings held twice weekly and interacting with and observing other colleagues in clinic.’*

*‘Make sure you read previous clinic letters and notes to guide and inform you about the patient and their past medical and psychiatry history. In this rotation you will undertake a lot of risk assessments and safety netting and work with the wider MH teams including Social Care colleagues Always make sure to raise any safeguarding concern with the team.’*

*‘Install the PANDO app and go through the on-call manual. If you are unsure about anything, seek advice from the Tier 2(Reg on call) or if unavailable then Tier 3 (consultant on call).’*

**Teaching and learning opportunities:**

*‘There is department teaching every Tuesday which is an excellent learning opportunity and the SHOs don't have clinic on this day.’*

**Procedures, investigations, drug monitoring, and referrals that are particular to this rotation:**

*‘Taking bloods, doing ECG, sending patients for physical health check for those on psychotropic medications.’*

**Useful numbers or email addresses (for community use):**

joannefordham@nhs.net (for medical education, study leave and department teaching) epunft.herrickhouse@nhs.net [epunft.medicalstaffing@nhs.net](mailto:epunft.medicalstaffing@nhs.net)

**Resources:**

NICE guidelines for management of depression, anxiety ICD 10 code of common psychiatric conditions choiceandmedication.org for MH medications

<https://drive.google.com/file/d/1aDKyh2NxyyLavjUlcHsAuSwX3Sbl_qbK/view> (The psychiatry handbook)

<https://drive.google.com/file/d/15RCTuDCH0hMecdqP-Cm2VYjBTU4E74d1/view> (oncall manual)

<https://drive.google.com/file/d/1qMDK4dYCd3DhK_BmQkoiKXZSAxJeGGGp/view?usp=sharing> (LibKey poster)

<https://drive.google.com/file/d/18ChHy9Iaw2feaK61nHFeda5kZCtXScTb/view> (junior Dr handbook)

**Community Psychiatry Crisis Team at The Lakes**

**Responsibilities:**

*‘Clerking and review patients in outpatient, Crisis Team clinic at the Lakes, write review and care plan letters to GP, Home visits for medical review of patient in mental health crisis, review blood results, ECG and physical fitness check observations for patients on antipsychotics.’*

*‘Opportunities to join medical liaison to review patient on the wards or ED In Colchester hospital, to attend and review patients in early intervention psychosis unit at Holmer Court in the city centre, attend weekly MDT’s and attend or present at the weekly teaching on Tuesday mornings.’*

**Things that are important to know about the rotation:**

*‘This is a very useful rotation for General Practice, be intentional about learning from the Consultants and specialty registrars, doctors, core trainees, nurses and the wider team’.*

**Teaching and learning opportunities:**

*Weekly Tuesday morning teaching sessions.*

**Procedures, investigations, drug monitoring, and referrals that are particular to this rotation:**

*‘Review blood results , ECG and physical health check observations. Write letters to GP.’*

**Useful numbers or email addresses**

Joanne for booking A/L etc. [joannefordham@nhs.net](mailto:joannefordham@nhs.net)

**Emergency Department**

**Responsibilities (including on-calls):**

*‘Work as part of the SHO rota, few day shifts, more of varying twilight shifts and night shifts.’*

*‘Review and clerk patients, review previous notes or discharge letters on Evolve, bloods on care flow or ICE, request new bloods and X-rays or CT scans on care flow, resuscitation of unwell patients or cardiac arrest patients and escalate to senior reg or consultant if any concerns about unwell or deteriorating patient.’*

*‘Prescribe medications, order investigations and discharge as appropriate.’*

*‘Attend regular board round with nurse in charge, attend handovers at the appropriate time and ensure you properly hand over patients you haven’t referred or discharged.’*

**Things that are important to know about the rotation**:

*‘The Emergency Department is fast paced, you will develop skills in recognising and responding to rapid clinical deterioration, managing the ABCDE approach of resuscitation in ALS.’*

*‘There are many learning opportunities during the shifts as well as being supported by registrars and consultants within the department in addition to the wider clinical team.’*

**Teaching and learning opportunities:**

*‘Teaching days for SHO -BLS, ILS, ALS by the trust, E-learning for health care for courses, Emergency department Ultrasound courses and simulation courses, The Oxford Handbook.’*

**Procedures, investigations, drug monitoring, and referrals that are particular to this rotation:**

‘Cannulation and venepuncture, ABG and VBGs, ECGs, request and review a variety of examinations, perform procedure such as catheterisation, application of split, use of Toxbase for overdose and poisoning. A great opportunity to learn about a wide range of clinical and referral pathways within the hospital and community.’

**Resources:**

BNF, BNFc , NICE and NICE Cks guideline, RCEM guideline , BMJ best practice, Spotting the sick child course on the spotting the sick child website for paediatrics, Emergency Induction app to get bleep numbers, MD cal app- can be used to calculate medical scores, I arrest app for cardiac arrest, MicroGuide app - antimicrobial guidelines, Toxbase for overdose and poisoning, Induction app to get ward, Reg and SHO numbers, ECG- learning in a fast lane (LIFL) to learn ECGs or you tube videos.

**Oncology at West Bergholt Ward**

**Responsibilities (including on-calls):**

*‘You will be working independently at SHO level most of the time, with senior support available.’*

*‘Present progress of patients over 24hrs in the morning meetings, check DNAR and TEP forms for each patient. Before morning presentation check patient blood reports and imaging to discuss further plan early. Put progress notes everyday in the form of S-O-A-P (subjective objective assessment plan).’*

*‘In this rotation, you may be dealing with very ill patients and some EoL patients, you will develop your listening and communication skills – work with the wider team to observe and develop.’*

**Any other tips or sources of help:**

*‘While distributing patients in the morning, put name of Dr and Nurse in front of distributed patient bays on paper and on the board – this will help aim good communication and reduce time.’*

**Teaching and learning opportunities:**

*‘There are weekly teaching sessions from colleagues and the palliative team on subjects such as pain management, antiemetics, anticipatory medications and electrolyte imbalance.’*

**Procedures, investigations, drug monitoring, and referrals that are particular to this rotation:**

*‘NGT, Catheter, Canula, ABG – lost of opportunities to learn about other referral pathways.’*

**Resources:**

<https://onedrive.live.com/edit?id=55065A92F5219A72!23545&resid=55065A92F5219A72!23545&ithint=file%2cpptx&authkey=!ADcKLIXFR5WhcCQ&wdo=2&cid=55065a92f5219a72> (oncology induction- Dr. Baba)

**ENT**

**Responsibilities (including on-calls):**

*‘ENT cover is split into "hot" and "cold" weeks meaning the on call is alternately split between Ipswich and Colchester. During the hot weeks, all ENT referrals will come to Colchester. There will be one SHO holding the bleep, covering the long day or the night shift taking these referrals and either seeing with the registrar on the day in A&E/UTC or taking down the details and emailing these on to the admin team for the patient to be seen in an "Emergency Clinic" or Registrar Clinic as appropriate.*

*On both hot and cold weeks there is a daily ward round with registrar, other SHOs and F1s, this generates jobs which are then done throughout the day.*

*Emergency clinics run most days, and these are run by SHO who is on normal day (not on call). Patients referred to these should have relatively straightforward complaints like review postnasal fracture or otitis externa. There are consultants and registrars around so if you have any issues during your clinic, you can always pop in and ask them.’*

**Things that are important to know about the rotation:**

‘On calls can be very busy and feel quite overwhelming at first - remember there is a registrar around you can call for help. Also remember that you don't have to see everything on the day, there are less urgent issues that can wait and be booked into an emergency clinic.’

**Teaching and learning opportunities:**

‘The induction for ENT is thorough so make the most of it. There is also some departmental teaching that happens weekly. On calls are pretty busy but a great learning opportunity as you will see a lot of different conditions and get a feel for what will need to be referred from primary care for ENT input.’

**Procedures, investigations, drug monitoring, and referrals that are particular to this rotation:**

*‘ENT does involve quite a lot of procedures/skills but the good thing is the induction is thorough and gives a chance to practice these. Microsuctioning Fibreoptic Nasendoscopy (FNE), insertion of pope-wicks, management of epistaxis (cauterisation, nasal packing etc), peritonsillar abscess aspiration or incision + drainage.’*

**Resources:**

ENTSHO.com

<https://drive.google.com/file/d/13tyhRBrSe9HjKM32-M8D2fZVoOkkTCEg/view> (antibiotic guidelines)

<https://drive.google.com/file/d/1jgnPL-plX13_0gI4THu6kamf-x4fmoiw/view> (otitis externa)

<https://drive.google.com/file/d/1xQmxxcxegB9Udfce8PxVD9RJ8xNUfwR2/view> (ENT basics & emergencies)

**ITP Dialysis/Renal**

*‘ITP rotations are usually 2 days in the unit and 2 days in GP.’*

**Responsibilities:**

*‘You attend clinics with consultants, and join them at ward rounds, join them in responding to advice and guidance from GP surgeries. Rounds could be in dialysis in primary care or ward round in Colchester Hospital.’*

**Things that are important to know about the rotation:**

*‘Arrive on time, join the consultant on rounds, show interest in clinics - sometimes you will be given your patients. Study on dialysis helps too.’*

*‘Consultants and the wider team are approachable and eager to support your development.’*

**Teaching and learning opportunities:**

*‘A lot of opportunities for audit, learning during clinic, ward round and when responding to advice and guidance.’*

**Procedures, investigations, drug monitoring, and referrals that are particular to this rotation:**

‘*Routine activities following ward rounds and patient reviews.’*

**Useful numbers or email addresses (for community use):**

Dr Cerap Gabor-Lead : gabor.cserep@esneft.nhs.uk ( 07770 702297) Dr Galahitiyawa Chintana Chintana.galahitiyawa@esneft.nhs.uk

**Resources:**

Nice, GP notebook, any reliable source of renal medicine in relation to General medicine.

<https://drive.google.com/file/d/1U-I07HZdfc9Z8hY11PLmC50jDwr5HsW2/view> (induction booklet)

**Obstetrics & Gynaecology**

**Responsibilities:**

- Examining and make a plan of management for patient presenting to emergency gynae unit

-Assisting in ward rounds

- Assisting in C-section/ Gynae theatres

- Examining patients in maternity triage and make a plan of management.

- On- calls in labour ward

- Independent ward rounds in Post- natal unit.

- Few opportunities to observe patients being managed in out-patient unit.

**Things that are important to know about the rotation**

Speculum exams

Managing basic O&G emergencies

Basic knowledge of managing post- op patients

Prescribing in pregnancy/ breast feeding Useful to familiarise with hormone therapies

I feel O&G has a different dynamics, let it be patient presentation, flow or management. It is more important to learn the local guidelines/ pathways/ referral indication and process along with clinical knowledge. Registrars are very busy dealing with labor ward so at times help might not be available quickly, especially at night shifts, so do be prepared to make your plans keeping patient safety at first.

Speak up, discuss with your supervisor. It’s normal to feel lost at times but things do get better with time and experience.

**Teaching and learning opportunities**

Can do teaching / take part if rota allows.

Can do QIA, teaching presentations.

CTG departmental teaching

**Procedures, investigations, drug monitoring, and referrals that are particular to this rotation**

Bi-manual examination

Speculum examination

Actim- partus

PROM test

High vaginal swabs

US pelvis

Pregnancy test

Referrals- Colorectal/ Gynae oncology