



## Induction pack for Nurses

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### Introduction

Welcome to Guy's and St Thomas' and to Perioperative Medicine for Older People undergoing Surgery (POPS). We know that starting a new job can be daunting. During your time with POPS team will be clinically and educationally well supported with lots of opportunities to learn and develop skills in perioperative medicine and generic skills essential for your ongoing career. This induction pack explains what you can expect clinically and educationally and what your roles and responsibilities are.

During your time with the team you will have the opportunity to gain experience in the medical management of patients undergoing surgery. As you will be aware, treating older adults is uniquely challenging in terms of managing multimorbidity as well as having an understanding of rehabilitation and discharge planning. You will be working in conjunction with surgical teams, a model which enables collaborative and holistic treatment of older surgical patients. Much of what you will learn during your time with POPS is directly linked to the standards and core competencies set out by the Nursing and Midwifery council (NMC), the Royal College of Nursing (RCN) and the Department of Health (DOH). Links to these are below.

This is then supported by our own competency framework to help you advance in the specialist area of perioperative medicine. This framework and curriculum are detailed in the supporting 'Perioperative nursing core curriculum and competency framework'.

- <https://www.nmc.org.uk/standards/code/>
- <https://www.rcn.org.uk/library/subject-guides/advanced-nursing-practice>
- <https://www.gov.uk/government/publications/advanced-level-nursing-a-position-statement>

## **Description of the job**

### **The POPS team**

We are a geriatrician led multidisciplinary team who provide care to older or complex elective and emergency surgical patients throughout the surgical pathway. The team consists of;

- 5 consultant geriatricians (1 x locum position)
- 4 SpRs
- 11 foundation doctors
- 1 Advanced nurse practitioner
- 4 clinical nurse specialists
- 1 OT
- 1 administrator
- 1 Assistant service manager

We work across surgical subspecialties on both sites (Guy's and St Thomas') and at a community based Amputee Rehabilitation Unit. Our clinical workload consists of preoperative assessment and optimisation of older surgical patients with follow up through the pathway providing ward based medical care, multidisciplinary rehab goal setting and discharge planning. This involves collaborative working with surgeons and anaesthetists and patients and their families.

**The CNS role** is divided into;

- Ward based in-patient care and liaison
- Out-patient pre-operative assessment and case management

At the start of your job you will be allocated to work with a consultant, for clinical supervision, and allocated to a surgical specialty. Each surgical specialties clinical timetable is different, but the core responsibilities are the same. Your ward based consultant will discuss these roles and responsibilities with you in further detail. You will be given the opportunity to rotate to different surgical specialties to ensure you gain experience in varied environments.

### **1) Ward base inpatient care and liaison**

The day is from 8am to 4pm (though this is flexible to meet yours and clinical needs)

#### **Core responsibilities**

- Review and follow up of elective surgical patients known to the POPS service, who have been seen in the preoperative service.
- Proactive case finding of both emergency and elective patients (not known to POPS) who require assessment.
- Initial assessment, management and documentation Providing timely interventions working as a team
- Supporting the POPS ward round and multidisciplinary meetings using CGA Methodology.

### **Other responsibilities**

- ensure all health issues are uploaded on EPR for coding purposes
- review the drug chart and identify areas for rationalisation and optimisation (discuss this on ward round with the POPS consultant/CNS )
- provide proactive review of blood results (e.g. initial investigation of anaemia and CKD)
- ensure dementia screening question, VTE risk are documented on EPR
- daily review of lines, catheters, bowel charts with discussion on POPS ward round
- ensure proactive communication with patient (update on progress and plan) and with carers/relatives where appropriate (this will necessitate a proactive phone call to relatives/carers with consent from patient)
- ensure health issues, medical developments and geriatric issues are summarised in the EDL
- present patients and document discussions from ward based POPS MDMS including discharge planning

## **2) Out-patient pre-operative assessment and case management**

### **POPS Clinic**

- On your first week / induction you will sit in POPS clinic and follow through the patient to understand the flow through the outpatient service.
- You will be allocated one clinic a week to support, initially working with the Older Persons Assessment Unit (OPAU) nursing team to complete the nursing assessment aspect of the POPS CGA. You will be able to familiarise yourself further with the process, assessments completed and flow through the service.
- With support you will begin to undertake the more detailed CGA assessment. This is done with close supervision from the senior clinician in the clinic (Cons or CNS). See competency pathway for more detail on this.
- You will be asked to assist in the collateral history taking, obtaining of external results and completion of more detailed assessment (e.g MoCA or stairs assessment)
- You will dictate your clinic letters using the 'BigHand'. See notes below.
- Following a patient review you will be expected to case manage the patient according to CGA principles (which you will be taught).
- You will present the patient at the weekly POPS MDM and will be responsible for 'case-managing' them i.e. arranging OP test, following up on these results, liaising with other teams and writing FU letters as needed (this will be done in discussion with the POPS cons/CNS)

### ***A note on clinic letters***

You should attend one of the junior doctor teaching sessions on letter writing. This is early in the junior doctor rotation and will cover what you need to know about writing letters. Writing clinical letters is an invaluable skill which you will use throughout your career. Letters form an important part of the POPS service. They are our primary means of communication with other specialties and contain important patient information. It is therefore imperative that high standards are adhered to when writing a letter.

A few general points:

- You may find it helpful to take a look at some previous POPS clinic letters to give you an idea of structure
- Use the POPS clinic template when dictating your letter (this is in the articles and documents folder of the S drive in the clinic letters section)
- Be clear in your dictation
- Letters should be dictated on the day of clinic not left until another day
- Use the listed standard texts where appropriate (these will be explained to you by the POPS cons)
- Mark all POPS letters as 'Urgent' on Bighand so they are flagged up to the secretaries
- All cancer 2 week wait patient letters should be marked as 'Cancer 2WW'. These patients will have TCI dates in the next 2 weeks so it is important that they are typed, checked and committed to EPR as a matter of priority
- Once you receive the typed letter, you will need to edit the letter and attach and act on any results and forward to the consultant
- The consultant will return to you with any necessary changes for your education. You will then need to send to the secretaries (Jill WAIGHT) for committing on EPR
- You will present the cases at the Wednesday POPS team MDM in the OPAU seminar room (Guys site) (this is a forum to discuss, learn and peer review in a supportive environment).
- **Do not wait until after the Wednesday MDM to send letters to the consultant.** Make a start and send what you have so far, it can very easily be amended if need be before being committed to EPR
- The letter should be authorised within 5 working days
- Check all bloods the next day - do not wait for clinic letters to be returned from secretaries before checking bloods

### **Working patterns**

We adhere to EWTD in the POPS service. We do not expect you to stay beyond the timetabled working hours. We expect you to take natural breaks as appropriate during the working day. If this is not happening it is your responsibility to raise this immediately with your clinical supervisor or line manager.

## **Education and training**

### **Learning priorities**

The key learning priorities for all nurses in the POPS team are to develop skills in the following, as relevant to the clinical setting (i.e. acutely unwell patients, in hospital patients, out-patients and community);

- History and examination
- Appropriate investigation
- Diagnosis and developing skills in clinical decision making
- Formulation of initial management plans and contacting seniors appropriately
- Medicine management and Safe prescribing practice (after further training)
- Use of evidence in the best interests of the patient
- Develop effective verbal and written communication skills with staff, patients and relatives to include presentation of cases in clinical settings and conference presentation
- Effective time management and organisational skills including prioritisation
- Awareness of ethics and law as part of clinical practice
- Supervision and teaching of junior colleagues
- Adherence to infection control policies
- Team working
- Safe and effective handover of patients

By the end of the first year in the POPS team you should have gained understanding of the following areas of perioperative medicine:

- Assessment and optimisation of medical comorbidities and geriatric syndromes in surgical patients
- Assessment and management of common postoperative complications such as sepsis, acute kidney injury cardiac arrhythmias, delirium and functional decline
- The perioperative pathway of care including a patient centred approach and the relationships between community and secondary care (and specialty teams within secondary care)
- An understanding of the national priorities in perioperative care
- The importance and practicalities of clinical governance (local and national audit, QIP, research)

### **Educational opportunities**

In addition to your mandatory training, competency framework education and the 'on the job' teaching you will receive below are some of the other educational sessions /opportunities available

**POPS teaching** – Friday 1-2pm at both sites with skype link (see timetable below).

**Older persons unit teaching** – 4.00-5.00pm – academic room, 9<sup>th</sup> floor, north wing, St Thomas' (this is not mandatory but offers a useful educational experience)

**Grand round** Wednesday 1-2 East wing lecture theatre at St Thomas', Sherman lecture theatre Guy's site

### Timetable for Friday POPS teaching

This aims to cover important aspects of perioperative care and mandatory in the first year of being a POPS CNS.

Please familiarise yourself with this timetable. You will gain much more from teaching if you do some pre-reading and participate during sessions.

Please note: due to clinical commitment the venue or speakers may differ

Session	Topic	Presenter (differs)
1	Perioperative medicine for older people – the national picture	
2	CGA, documentation and letter writing and liaising with other specialties	
3	Quality improvement methods and clinical governance (including allocation of audit/QIP)	
4	Anaemia in the perioperative setting	
5	Quality improvement methods (audit) and clinical governance progress	
6	Perioperative cognitive disorders	
7	Anaesthesia for the older patient	
8	Frailty	
9	Critical appraisal	

10	Audit presentations	
11	Applying the MCA in the perioperative setting	
12	Fluid management in the perioperative setting	
13	Cardiac and resp optimisation	
14	Presentation skills	
15	Audit presentations	

## **Audit opportunities and responsibilities**

### **Audit**

You will be expected to complete Quality Improvement (QI) projects and audit while working with POPS. This is an essential part of the job and has several potential benefits for you. These include;

- Experience of completing an audit/ QI project (essential for CV and job applications)
- Opportunity to publish an abstract / letter
- Opportunity to contribute to data entry and analysis contributing to publication
- Opportunity to present audit findings at departmental meeting (useful for presentation skills and CV purposes)
- Opportunity to progress to a quality improvement project

You are unlikely to be expected to undertake a QI project by yourself straight away, often being asked to support a current project to gain experience. When you do undertake / lead an audit or QIP you will be fully supported in the design, execution and completion of any projects you undertake. You will learn how to;

- register an audit on the trust system
- complete the audit/QI project within an allocated time frame
- write it up in an appropriate form (i.e. for inclusion in the trust annual report / for an abstract / for team clinical governance purposes) dependent on the audit

### **Presentations**

You may be asked to present at local and national meetings. Again you will be fully supported in this



## Leave

### **Annual leave**

Leave should be booked at least 6 weeks in advance to allow for service cover. Please see the GSTT leave policy for more information.

In line with Agenda for Change (A4C) you are entitled up to 33 days of annual leave, depending on your NHS service. This is summarised in the table below. This is based on a full time contact of 37.5hrs a week.

Length of Service	Annual Leave plus general public holidays
On appointment	27 days plus 8 days
After 5 years service	29 days plus 8 days
After 10 years service	33 days plus 8 days

To allow flexibility leave is calculated in hours and you are provided with an excel spreadsheet to keep track on leave / sickness / training dates. An example of how to calculate your annual leave entitlement in hours.

Annual leave entitlement in days (33) x hours worked a day (7.5) = 247.5hrs

You should only request AL after confirming with your specialist team that there is no conflicts in dates (i.e. if you work in the GI POPS team, you check with them).

Once agreed with local team, you email the POPS ANP [Jason.cross@gstt.nhs.uk](mailto:Jason.cross@gstt.nhs.uk) and assistant service manager [rathia.begum@gstt.nhs.uk](mailto:rathia.begum@gstt.nhs.uk) to book the leave. You will need to inform the POPS administrator any clinics you will be absent for with enough time for scheduling patients accordingly.

A master leave spreadsheet is on the shared (S) Drive. Once leave has been authorised it is entered on this document and onto the trust Health-roster system.

### **Sick leave**

You should contact your immediate team and ANP lead Jason Cross if you are off sick (020 7188 2092, via phone message or via email) so that clinical duties can be covered and a record of sick leave can be kept. Please also let your ward team know.

You can self-certificate for up to once week of continuous sick leave. Following this a doctor's note is required. Please see the GSTT sickness / absence policy for more information.

### **Study leave**

Study leave is discretionary and may require you to pay some or all any costs. It is also possible any study time is taken from your annual leave. Please see the trust policy on this. All requests for study are discussed as funding maybe available from other sources.

**Offices**

The POPS team works at both sites. Our bases are the Older Person’s Assessment Unit (OPAU), Ground floor, Bermondsey Wing at Guy’s hospital and Mitchener Unit, 12<sup>th</sup> floor North Wing at St Thomas’s hospital.

Codes for doors:

OPU- 3152

Mitchener Unit- 1524

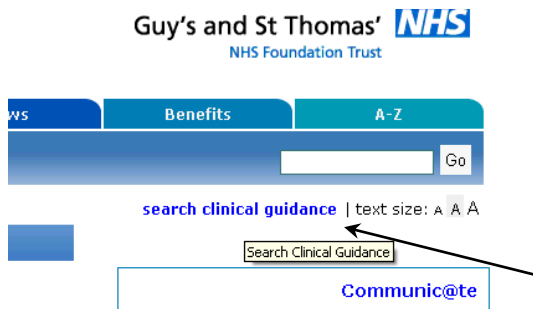
POPS CLINICAL TEAM	CONTACT NUMBERS
<p><b>Dr Jugdeep Dhesi (POPS urology, ENT, H&amp;N and elective ortho lead)</b></p> <p>Consultant Physician Clinical Lead</p> <p>Based Cross-Site</p>	<p>STH Ext: 88617</p> <p>Guys Ext: 82084</p> <p>Mobile:</p> <p><a href="mailto:Jugdeep.dhesi@gstt.nhs.uk">Jugdeep.dhesi@gstt.nhs.uk</a></p>
<p><b>Dr Jude Partridge (POPS vascular lead)</b></p> <p>Consultant Physician</p> <p>Based Cross-site</p>	<p>STH Ext: 88617</p> <p>Guys Ext: 82084</p> <p><a href="mailto:Judith.partridge@gstt.nhs.uk">Judith.partridge@gstt.nhs.uk</a></p>
<p><b>Dr Samantha deSilva (POPS Ortho trauma)</b></p> <p>Consultant physician</p> <p>Based cross-site</p>	<p>STH Ext: 88617</p> <p>Guys Ext: 82084</p> <p><a href="mailto:Thusari.Desilva@gstt.nhs.uk">Thusari.Desilva@gstt.nhs.uk</a></p>
<p><b>Dr Magda Sbai (POPS GI / Gynae-onc lead)</b></p> <p>Consultant Physician</p> <p>Based Cross-site</p>	<p>STH Ext: 88617</p> <p>Guys Ext: 82084</p> <p><a href="mailto:Magda.sbai@gstt.nhs.uk">Magda.sbai@gstt.nhs.uk</a></p>
<p><b>Dr Fiona Martin (POPS cardiac and bone health lead)</b></p> <p>Consultant Physician</p> <p>Based Cross-site</p>	<p>STH Ext: 88617</p> <p>Guys Ext: 82084</p> <p><a href="mailto:Fionna.martin@gstt.nhs.uk">Fionna.martin@gstt.nhs.uk</a></p>
<p><b>Dr Jomana Fikree (locum)</b></p> <p><b>Consultant physician</b></p> <p><b>Based Guys hospital.</b></p>	<p>Guys Ext: 82084</p> <p>Mobile:</p> <p><a href="mailto:Jomana.fikree@gstt.nhs.uk">Jomana.fikree@gstt.nhs.uk</a></p>

<p><b>Jason Cross</b></p> <p>Advanced Nurse Practitioner</p> <p>Based Guys</p> <p>Guys Mondays and Wednesdays</p>	<p>Guys: 82092</p> <p><a href="mailto:Jason.cross@gstt.nhs.uk">Jason.cross@gstt.nhs.uk</a></p>
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<p><b>Anne Jayne Brien</b></p> <p>CNS Specialist Nurse</p> <p>Cross site</p>	<p>STH Ext: 88617</p> <p>Guys Ext: 82092</p> <p><a href="mailto:Annejayne.brien@gstt.nhs.uk">Annejayne.brien@gstt.nhs.uk</a></p>
<p><b>Kayleigh Xavier</b></p> <p>CNS Specialist Nurse</p> <p>Cross site</p>	<p>STH Ext: 88617</p> <p>Guys Ext: 82092</p> <p><a href="mailto:Kaleigh.xavier@gstt.nhs.uk">Kaleigh.xavier@gstt.nhs.uk</a></p>
<p><b>Dominique Woods</b></p> <p>CNS Nurse specialist</p> <p>Cross Site</p>	<p>STH Ext: 88617</p> <p>Guys Ext: 82092</p> <p><a href="mailto:Dominique.Woods@gstt.nhs.uk">Dominique.Woods@gstt.nhs.uk</a></p>
<p><b>Rathia Begum</b></p> <p>Assistance servcie manager POPS</p>	<p>020 7188 2092</p> <p><a href="mailto:Rathia.begum@gstt.nhs.uk">Rathia.begum@gstt.nhs.uk</a></p>
<p><b>Mr Shawkhat Ali</b></p> <p>Administrator</p> <p>Based Guys</p>	<p>Guys Ext: 82092</p> <p><a href="mailto:MohammedShawkhat.Ali@gstt.nhs.uk">MohammedShawkhat.Ali@gstt.nhs.uk</a></p>
<p><b>Jill Waight</b></p> <p>Medical Secretary - OPAU</p> <p>Based Guys</p>	<p>Guys Ext: 82519</p> <p><a href="mailto:Jill.Waight@gstt.nhs.uk">Jill.Waight@gstt.nhs.uk</a></p>

## POPS team online guide and advice

The POPS team has its own dedicated intranet page with links to the more common GSTT guidelines, assessment Proforma, policy and national information.

Commonly referred to guidance, most available via GSTT intranet.



- Peri-operative management of diabetes mellitus medicines
- Perioperative bridging of warfarin in adult patients undergoing elective surgery
- Perioperative Bridging of New Oral Anticoagulants in Adult Patients Undergoing Elective Surgery
- Protocol for patients with Cardiac Implantable Electronic Devices (CIEDs) undergoing Surgery
- The Prevention, Recognition and Management of Delirium in Adult In-Patients
- Acute Kidney Injury: Initial Management Bundle
- Management of uncomplicated hypertension in adults
- Management of atrial fibrillation in the adult acute care setting
- Think Glucose guidelines

This list is not exhaustive. Many common post operative complaints have an easy to follow pathway / bundle. Please refer to these when formulating a management plan but always feel free to contact a member of the team for further advice if needed.

### Useful phone apps (for iPhone users)

- **BleepPod** – fantastic phone / bleep directory for GSTT. Register with GSTT email.
- **Patient Safety Manual** – GSTT produced treatment and protocol guidance (basic but good)
- **Infections** – GSTT produced Infection and treatment guidelines
- **PPOSSUM** -<http://www.riskprediction.org.uk/index-pp.php> (or just google ppossum) and then the details regards blood loss etc are in the link below

## Appendix

### SAMPLE CLINICAL TIMETABLE

Deputy clinical nurse specialist vascular unit (BAND 6)

**Contact - Jason Cross / 07932725387. Ffion Pritchard / 07732869572**

	Monday	Tuesday	Wednesday	Thursday	Friday
<b>AM</b>	<p>8am</p> <p><b>STH / Sarah Swift ward doctor's office(9<sup>th</sup> Floor east wing)</b></p> <p>Ward liaison</p>	<p>8am</p> <p><b>STH / Sarah Swift ward doctor's office(9<sup>th</sup> Floor east wing)</b></p> <p>Ward liaison and rounds</p> <p>11.15am – Luke MDM</p>	<p>8-9am – Clinical supervision - for general issues / admin catch-up</p> <p><b>Guys / OPAU</b></p> <p>POPS MDM 9.30 to 11.30</p> <p>11.30 to clinic Start - admin</p>	<p>8am</p> <p><b>STH / Sarah Swift ward doctor's office(9<sup>th</sup> Floor east wing)</b></p> <p>Ward round supporting Consultant</p>	<p>8am</p> <p><b>STH / Sarah Swift ward doctor's office(9<sup>th</sup> Floor east wing)</b></p> <p>Ward round supporting CNS&amp; SHO</p>
<b>PM</b>	<p>12pm</p> <p><b>STH / Sarah Swift ward doctor's office(9<sup>th</sup> Floor east wing)</b></p> <p>Ward liaison</p>	<p>12pm</p> <p><b>VASC / POPS team – Sarah Swift Ward</b></p> <p>1.30pm – Sarah Swift MDM then jobs / reviews</p>	<p>12pm</p> <p><b>Guys / OPAU</b></p> <p>POPS Clinic (assist with patient assessments)</p> <p>ANP / line manager to oversee learning objectives</p>	<p>12pm</p> <p><b>STH / Sarah Swift ward doctor's office(9<sup>th</sup> Floor east wing)</b></p> <p>Admin from clinic if ward jobs completed / ANP and Cons to support</p>	<p>1pm to 2pm</p> <p><b>Junior Dr teaching (cross site)</b></p> <p>2pm onwards - STH / Sarah Swift ward doctor's office(9<sup>th</sup> Floor east wing) – final jobs / admin</p>

## SAMPLE CLINICAL TIMETABLE

Clinical Nurse Specialist GI and Gynae wards (BAND 7)

**Contact - Jason Cross / 07932725387. Ffion Pritchard / 07732869572**

<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<p><b>8 am</b> – Gynae ward / known patient reviews and proactive identification of new patients</p> <p>(ANP / Cons / FY2 support)</p> <p><b>Assist GI unit if time</b></p>	<p><b>8am</b> – GI unit / meet team / patient reviews / new patient identification</p> <p><b>10.30am</b> – Gynae ward reviews</p>	<p><b>8-9:30am</b> – admin</p> <p><b>9:30-11am</b> – POPS MDM</p> <p><b>11am-12:00pm</b> – MDM admin / regular admin</p>	<p><b>08am</b> – POPS Clinic - Guys OPAU</p>	<p><b>8am</b> – Gynae ward reviews</p> <p>11am – Liaise with ANP / Cons to discuss issues.</p>
<p><b>2pm</b> – Gynae ward reviews with POPS consultant</p>	<p><b>12:00</b> – Gynae ward reviews</p>	<p><b>12pm</b> – GI ward reviews with SpR</p>	<p><b>2pm</b> – Gynae ward reviews with POPS Consultant</p>	<p><b>12:00</b> – Admin / patient follow up / audit</p>

## SAMPLE CLINICAL TIMETABLE

Advanced nurse practitioner (BAND 8a)

**Contact - Jason Cross / 07932725387. Ffion Pritchard / 07732869572**

	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday (every other Friday off)</b>
<b>AM</b>	7.30am <b>GI unit</b> Ward liaison	7.30am <b>GI unit / ward round / MDM</b>	7.30am <b>Guys / OPAU</b> POPS MDM 9.30 to 11.30	7.30am <b>GI unit</b> Ward liaison	7.30am <b>GI unit</b> Ward liaison
<b>PM</b>	12 – 4.30pm <b>Guys / OPAU</b> POPS Clinic (assist with clinic) Project / management	12 – 4.30pm <b>Guys / OPAU</b> Project / management	12 – 4.30pm <b>Guys / OPAU</b> Project / management/ staff meetings	12.30 to 1.30 Intestinal failure meeting 1.30 to 5pm. Project / management	12.30 to 3.30pm Project / management