

MEDICINE POST

Relevant Section(s) of Curriculum: 15.1 Cardiovascular Problems
15.2 Digestive Problems
15.6 Metabolic Problems
15.7 Neurological Problems
15.8 Respiratory Problems
15.9 Rheumatology and conditions of the musculoskeletal system

Rheumatology post has overlap with Trauma and Orthopaedic Post

Digestive problems has overlap with Surgical Post

What the trainee could get out of post:

Knowledge of Management of Emergencies:

CARDIOVASCULAR

1. Chest pain – may be different issues in different areas e.g. rural thrombolysis
2. LVF
3. Cardiac Arrest
4. CVA
5. DVT/PTE

DIGESTIVE

1. GI bleeds

METABOLIC

1. DKA

NEUROLOGICAL

1. Fits including Status Epilepticus
2. SAH
3. Meningitis

RESPIRATORY

1. Acute dyspnoea inc asthma, infection, pneumothorax
2. Anaphylaxis

Knowledge of Management of Common Clinic Referrals:

CARDIOVASCULAR

1. New Onset Chest Pain - Risk factor assessment, Who to refer, Lifestyle factors
2. Palpitations
3. Vascular Disease Symptoms e.g. Intermittent Claudication
4. Heart Failure
5. Uncontrolled BP

DIGESTIVE

1. Irritable Bowel Syndrome
2. Inflammatory Bowel Disease - often these patients will not go to hospital for flare up and prefer to contact GP
3. Dyspepsia

METABOLIC

1. DM - Opportunity to reflect on changing management of Diabetes. Type 2 now almost exclusively GP. May be only opportunity to get broad Type 1 exposure.
 - New cases - WHO classification for diagnosis - DM, IFG, IGT
 - Starting insulin
2. Obesity Management

NEUROLOGICAL

1. General medicine - Headaches
2. Elderly medicine - Movement disorders inc Parkinson's
3. Epilepsy including management first fits
4. TIA/Stroke
5. Multiple Sclerosis

RESPIRATORY

1. Haemoptysis
2. Chronic respiratory disease - understanding of management and disease progression e.g. COPD, pneumonitis
3. Awareness relevant protocols/guidance - BTS asthma, GOLD, Domiciliary O2

RHEUMATOLOGY AND MUSCULOSKELETAL

1. Rheumatoid Arthritis including an awareness of the protocols/guidelines for management and referral e.g. DMARDs - used earlier than previously
2. Breadth of rheumatology and joint pain presentations and diseases
3. Osteoporosis

Specific Skills/Procedures:

- Should learn about appropriate use of investigations

CARDIOVASCULAR

Able to Perform

1. ECG
2. BP

Able to Explain (Ideally should observe if not seen before)

1. Echocardiogram
2. Exercise Tolerance Test
3. Angiography
4. Doppler
5. 24hr tape

DIGESTIVE

Able to Explain

1. Colonoscopy
2. Upper GI Endoscopy

METABOLIC

Able to perform

1. BM testing
2. Ketone testing
3. Interpretation of results e.g. OGTT, TFT

NEUROLOGICAL

Able to perform

1. Fundoscopy

Able to explain

1. Radiology – MRI, CT, MRA
2. Lumbar Puncture
3. Neurophysiology
4. EEG

RESPIRATORY

Able to perform

1. Inhaler techniques
2. Result interpretation – PEFr, Spirometry
3. Create Asthma Management Plans

Able to explain

1. Bronchoscopy
2. PFTs
3. Pleural tap/biopsy

RHEUMATOLOGY AND MUSCULOSKELETAL

Able to perform

1. Joint injection – large joints as documented – knee, shoulder, golfer and tennis elbow
2. DEXA scan interpretation. Should also be able to explain procedure

Appreciation of the roles of others:

1. **Nurse specialists** – have more of a community focus eg heart failure, diabetes, stoma nurse, IBD, Hep C, Asthma, Rheumatology, MS. Helps develop understanding of what help they can offer to both patients and clinicians.
2. **Diabetic Services** – Day Unit, Podiatry, Retinal Screening, Dietetic Input, DM Clinic. Aim to attend/have awareness of what happens at each of these.
3. **Weight management service** – What available locally
4. **Rehabilitation services** e.g. pulmonary, cardiac, stroke – What actually happens there, what staff involved
5. Rheumatology - **Specialist physiotherapy and OT** – physiotherapy to focus on examination skills and OT to understand what they can offer
6. **Pain Management services** – to become familiar with pain management principles and different strategies employed

How:

LEARNING OPPORTUNITIES IN HOSPITAL SETTING

1. **Seeing Emergency Attendances and Referrals** – A&E, Post Take Ward Rounds
2. **Following Patient Journey** – Ward Rounds, Involvement Multi-disciplinary meetings and discharge planning, Case based Discussion
3. **Member of 'Arrest Team'**
4. **Attending clinics** - seeing patients GPs routinely refer to OP – presenting cases and proposing management
5. **Specialised Clinics** (e.g. movement disorder, epilepsy and first fit, rapid access – chest pain/TIA, multiple sclerosis) - It is recognised that access to different clinics will vary by locale and that some areas may need to be addressed in different ways.
6. **Observing or Undertaking Procedures**
7. **Spending Time with Nurse Specialists and AHPs**
8. **Vascular Clinics** – may mean attending surgical service run clinics
9. **Formal Teaching Sessions**