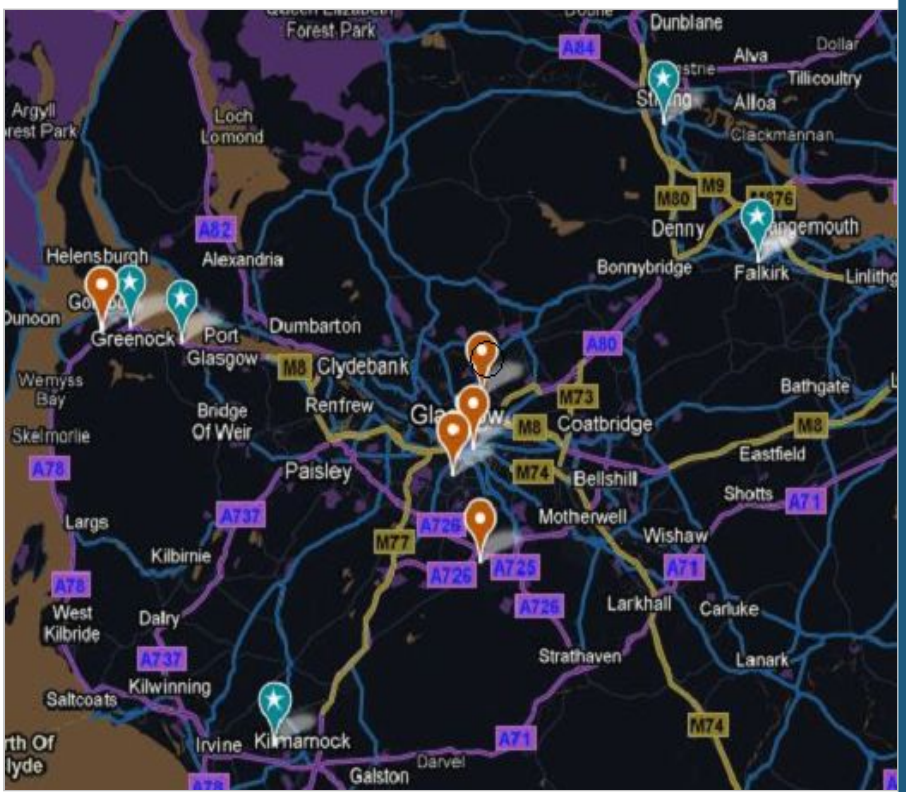
2019

Key Unit in Pain Medicine

A Handbook For Trainees



Dr Ajit Panickar

Pain Education Group

West of Scotland School of Anaesthesia

Amendments 6/19

Dr Clare Bridgestock

Key Module Supervisor

Welcome to your Key Unit in Pain Medicine (KUPM). This document contains all the information you should need to get you going.

What is the Key Unit in Pain Medicine?

The KUPM is one of six mandatory units of training for anaesthetic trainees in years ST3-ST4. Satisfactory completion of the Key Unit is mandatory for issue of the Intermediate Level Training Certificate and progression to ST5.

Your attachment will last 4-5 weeks (depending on the month), always starting on the first Wednesday of the month and ending on the first Tuesday of the next month.

What am I expected to accomplish during the Key Unit?

The broad competencies in terms of Knowledge, Skills and Attitudes are drawn from the Annex C of the Curriculum for Anaesthetics, revised July 2014, from the Royal College of Anaesthetists. Please have a look. You will see that the requirements are extensive, but briefly the aims include:

- **To build on the competencies gained during Basic Level Training**
- **To be fully competent in the assessment and management of acute surgical and non surgical and acute on chronic pain in most patient groups and circumstances, including infants, children, the older person and those with communication difficulties**
- **To be an effective member of the acute pain team**
- **To have a knowledge of the assessment, management and wider treatment options for chronic pain and cancer pain in adults**
- **To be aware of the need for multi-professional input and to embrace this in the management of chronic and cancer pain**

We hope to leave you with a solid foundation on which to build this knowledge. We would also aim to make the specialty as interesting as possible and perhaps encourage you to seek Higher and Advanced Training in Pain Management.

We would encourage you to work through the LearnPro Module
GGC: Chronic Pain https://nhs.learnprouk.com/

Specific workplace training objectives and details of required Workplace Based Assessments are given in Appendix B.

How do I know where I'm supposed to be and when?

The Key Module Supervisor, Dr Bridgestock, co-ordinates the monthly rota. You should be emailed a monthly rota for daytime sessions. Information can also be found at https://jet5.com/wossa/pain.php
and further Pain Management information for your reference is available at www.paindata.org/

Each trainee will have a Local Pain Medical Education Supervisor (LPMES). This is the person you should approach if you have particular issues or queries. We will endeavour for you to spend a few sessions with them to ease completion of assessments.

Appendix F contains details on where to go in each hospital and how to find clinics/ specialty clinics/ MDT etc

How is the KUPM structured?

Have a look at the monthly rota that is emailed to you and acquaint yourself with what you are doing. Key features are detailed below.

Admin

You will have been contacted asking for all dates within the month you are available to attend Pain Medicine sessions.
Prior to your module commencing, you will be emailed a number of useful documents including the main monthly rota, this book and a logbook summary sheet. The name of your LPMES is noted on the top left of the rota. Please email either your LPMES or Dr Bridgestock with any queries.

Count your session total (a morning or an afternoon count as one session); if this is less than 20, you should let the Dr Bridgestock know.
All trainees should attend one acute pain round per week, depending on oncall etc. There should also be opportunity to attend Psychology, Physiotherapy and possibly Palliative Care sessions dependent on availability

1. **Note your Local Pain Medicine Educational Supervisor** (LPMES)- you should have at least one session with them near the beginning of your block and one near the end.
2. **Identify a topic to present on the tutorial session-** begin planning your presentation.
3. **Look through the paperwork and be clear about what you need to get signed off**. Plan how you will do this and when.
4. For **CBDs and A-CEX**, it's best to give the clinician you have identified some notice. A few days prior should be adequate.
5. **DOPs** should be agreed prior to undertaking a procedure.

Clinical exposure

Clinical exposure is distributed across the main centres providing acute and chronic pain management in Greater Glasgow and Clyde.

Different centres do different things. While most centres will provide the full range of core services, certain services are restricted to certain centres. For example, spinal cord stimulators are implanted exclusively at the New Victoria ACH.
In broad terms your clinical exposure will consist of the following:

1. Chronic Pain Clinics
2. Theatre Lists
3. Treatment Room Sessions
4. Hospital Rounds:
    i. Acute Pain
    ii. Palliative Medicine
5. Physiotherapy
6. Clinical Psychology
7. Multidisciplinary Team Meetings

There is no minimum or maximum for each of these. It is the responsibility of your trainers to make sure each trainee has broadly equal exposure. Your logbook should contain at least 70 patients by the end of your block.

Further details of individual sessions are given in Appendix A.

Tutorial session

The tutorial session is supervised by a Consultant in Pain Medicine. Details of the Tutorial session are given in the appendices. **It is very important that Key Module trainees attend along with Higher trainees.**

The time and venue will be confirmed to you at the start of your block and marked on the rota in the notes column.

This is a chance to demonstrate and receive feedback on your teaching and presentation skills. You should submit a CBD for your presentation to the consultant leading the tutorial. This can count as one of your required WPBAs.

If, due to exceptional circumstances, you cannot attend, then please discuss this with Dr Bridgestock.

Sign-off

At the end of your module, each trainee is required to meet with the Consultant co-ordinating the KUPM, Dr Bridgestock, in order to 'sign off' the module and complete a CUT form. This is essential to complete the KUPM.
Upload all WPBAs, logbook and any other relevant information to the RCOA eportfolio and trigger a CUT form. Dr Bridgestock will review this paperwork and usually arrange to contact you by phone at a mutually convenient time to complete the sign off.

This is meant to be a formative process as well as a summative assessment. To put it more simply, the idea is to give you a sense of what we think you've done well and what could be done differently. There are certain key things you need to have achieved (see below).

How much travelling is involved?

In order for individual trainees to obtain the broadest exposure, some travel is inevitable. We would encourage you to use public transport, a bicycle or foot power where feasible.

Cut and paste the link below which will take you to the GG&C bicycle users group on the Staffnet site where you can get information on cycle routes between hospitals.

http://www.staffnet.ggc.scot.nhs.uk/Corporate%20Services/SupportServices/Transport/Pages/Cycling.aspx

What is expected of me during my Key Unit?

We appreciate that for many this will be their first concentrated exposure to Pain Medicine in all its spheres. We do not expect particular expertise, knowledge or technical proficiency beyond the average for a trainee at your level. Nor do we expect that all trainees will find Pain Medicine to be their life goal - for many, it may initially seem far from this.

It is important that you are punctual, appropriately dressed (smart clothes or theatre scrubs are acceptable) and treat all patients with the respect they deserve. This is especially important when you are attached to professional colleagues from within the multidisciplinary team who have been very helpful in supporting this teaching module. Please communicate problems and changes clearly and in good time.

Do try to glean something from your time with us that will be of use to you in your further anaesthetic and/or subspecialty career. For example, recognising psychological distress and communicating effectively and empathically are not just core skills in Pain Medicine - they have broad relevance, be it dealing with difficult relatives in Intensive Care, distressed partners in Obstetric Anaesthesia or any patient who has suffered a misadventure in which you've been involved.

There will be something in Pain Medicine that will be of relevance to you. The challenge is to identify it. We will help where we can.

What can I expect from my trainers during my Key Unit?

You can expect to be treated like an adult and a colleague. Your opinions and questions are always welcome. Please do not feel awkward about asking. We like to think of ourselves as generally friendly and non-judgemental. We acknowledge we don't have all (or even most) of the answers but that doesn't mean it can't be fun.

You will see a broad range of personal styles and approaches in dealing with patients, reflecting the position that Pain Medicine is as much art as science. Don't let this disconcert you.

Enjoy the diversity and enjoy your block.

Appendix A: Clinical Sessions

Key contacts

Rota issues: painrota@gmail.com
Key Unit Supervisor: Dr Clare Bridgestock Clare.Bridgestock@nhs.net
Additional Key Unit Sing Off: Dr Margaret Owen Margaret.Owen@ggc.scot.nhs.uk
Regional Advisor in Pain Medicine:
Dr Pete Paisley Peter.Paisley@nhs.net
Tutorial Co-ordinator: Dr Clare Bridgestock
LPMES New Stobhill: Dr. Lisa Manchanda, Dr. Mick Serpell, Dr. Mike Basler
LPMES New Victoria: Dr. Ryan Moffat, Dr. Lars Williams
Audit and Research: Dr Lars Williams, Dr Mick Serpell
https://jet5.com/wossa/pain.php
www.paindata.org/

Notes on Clinical Sessions

Psychology

Psychology clinics present a unique challenge, because of the sometimes sensitive nature of consultations. As a general rule, the psychologists are happy for one trainee to sit in on 'new patient' consultations, but not 'return' clinics, where patients might be in the middle of a course of psychological therapy.

Please contact the supervising psychologist in advance of your attending the clinic to ensure suitability and to allow you time to arrange an alternative session if not.

We would hope for one session of exposure to psychology during your Unit but this may not be feasible due to timing constraints.

Palliative Medicine

We are sometimes able to offer a Palliative Medicine session.

Physiotherapy

The physiotherapists have recommended the physiotherapy pain specialist website (www.ppaonline.co.uk) and general physiotherapy association (www.csp.org.uk) as useful sources of information. We usually schedule trainees for a session with the physiotherapy team.

Appendix B: Assessment

The Royal College of Anaesthetists mandates one each of A-CEX, CBD and DOPS during each Key Unit. The guidance below is to facilitate application of these requirements within clinical settings of Pain Medicine. These are available from the RCOA website.
Bear in mind that it is your responsibility to have these completed by the end of your KUPM. **Failure to complete may mean you need to come back again to complete these.**

Anaesthesia Clinical Evaluation Exercise- A-CEX (A)

This needs to be directly observed by a supervising consultant. Options detailed below. Bear in mind that direct observation may not be feasible in a busy outpatient clinic, which is why the option of an acute pain round is included.
Options:

i. New patient assessment in outpatient clinic
    1. History taking OR
    2. Neurological/musculoskeletal examination OR

ii. Assessment (including examination) of acute/postoperative pain on Pain Round

Case-based Discussion- CBD (C)

Towards the end of your KUPM, you should see a new patient in an outpatient clinic, formulate a diagnosis and treatment plan then discuss this with the supervising consultant. This can form the basis of a CBD. Additionally, your case presentation at the tutorial session can form a CBD.

Direct Observation of Procedural Skills- DOPS (D)

Any indicated procedure is appropriate for DOPS, for example, simple injection procedures, drug infusion tests, application of TENS. Bear in mind you are required to demonstrate your knowledge of relevant basic science and ability to communicate in addition to performing the procedure.

Examination (E)

All competencies annotated with the letter ‘E’ can be examined in any of the components of the Final FRCA examination.

You will be expected to have attended **a minimum of 20 sessions** in order to complete your KUPM. If you do not achieve this number, you may need to return to make up the deficit.

Logbook

If you have an interest in further training in Pain Medicine, either chronic pain or acute pain, we would encourage you to use the Faculty of Pain Medicine logbook available from the Royal College of Anaesthetists website:
https://www.rcoa.ac.uk/faculty-of-pain-medicine/training-examination-and-assessmen/fpm-logbook
Otherwise, record details in your general logbook, and please complete the logbook table supplied by Dr Bridgestock, and submit with your CUT form

Knowledge			
Competence	***Description***	**Assessment methods**	**GMP**
PM_IK_01	Describes the assessment and management of acute pain in all types of surgery	A, C, E	1
PM_IK_02	Describes the assessment and management of acute non surgical pain	A, C, E	1
PM_IK_03	Describes the assessment and management of acute pain in special groups to include children, infants, the older person, the cognitive impaired, those with communication difficulties, the unconscious and critically ill patient	A, C, E	1, 2, 3, 4
PM_IK_04	Describes the basic assessment and management of chronic pain in adults	A, C, E	1
PM_IK_05	Describes the basic assessment and management of cancer pain in adults	A, C, E	1
PM_IK_06	Recalls advanced pharmacology of drugs used to manage pain including neuropathic pain	A, C, E	1
PM_IK_07	Explains the rationale for the use of opioids in the management of chronic non malignant pain	A, C, E	1
PM_IK_08	Describes the requirement for the multidisciplinary management of chronic pain	A, C, E	1
Skills			
Competence	***Description***	**Assessment methods**	**GMP**
PM_IS_01	Demonstrates the ability to undertake a significant role in an acute pain team	A, C, M	1
PM_IS_02	Demonstrates the ability to assess and manage acute pain for all surgery	A, C, D, M	1, 2, 3
PM_IS_03	Demonstrates the ability to assess and manage acute non-surgical pain	A, C	1, 2
PM_IS_04	Demonstrates the ability to assess and manage acute pain for special groups to include children, infants, the older person, the cognitive impaired, those with communication difficulties, the unconscious and critically ill patient	A, C, M	1, 2, 3, 4
PM_IS_05	Demonstrates proficiency in techniques for the management of acute pain in those on background large dose opioids	A, C	1, 2
PM_IS_06	Demonstrates the ability to assess [to include thorough structured history taking, physical examination and interpretation of investigations] and carry out basic management of chronic pain in adults	A, C, D	1, 2, 3, 4
PM_IS_07	Demonstrates the ability to assess [to include thorough structured history taking, physical examination and interpretation of investigations] and carry out basic management of cancer pain in adults	A, C, D	1, 2, 3, 4
PM_IS_08	Demonstrates the ability to assess the need for and appropriately prescribe opioids to those with chronic non-malignant pain	A, C	1, 2, 3
PM_IS_09	Demonstrates the ability to recognise and manage neuropathic pain	A, C	1, 2
PM_IS_10	Demonstrates the ability to: ● Ensure appropriate continuity of care and communications occurs in the management of pain ● Embrace multi-professional working in the management of pain	A, C, M	1, 2, 3, 4

Appendix C: Pain Tutorial

What is the tutorial?

The Pain Tutorial session is a compulsory educational component of Pain Training for Key Module and Higher Trainees. Advanced Pain trainees are also expected to attend where commitments permit. The session will be supervised by a Consultant in Pain Medicine.

Attendance by other members of the Pain Team, such as Nurse Specialists, Physiotherapists and Psychologists, is welcome as is attendance from any other professional with an interest in Pain Medicine.

Proposed timetable

Time	Presentation	Details
0900-1000	KUPM Presentation	
1000-1015	Coffee break	
1015-1045	Higher presentation	
1045-1115	Advanced presentation	

Trainees will prepare and present on topics of relevance to their stage of training in Pain Medicine.

Key modulists should prepare a 10 minute case presentation, followed by a 10-15 minute talk on a core topic. You can choose from the following list, or choose a more specific topic, based on a patient that you have seen.

Each presenter will receive feedback on their presentation, with the emphasis being on **style, content and relevance,** from the supervising Consultant. You should also submit an CBD form to the consultant leading the tutorial session for completion.

Topics

Cancer Pain Acute Pain Neuropathic Pain Geriatric pain Paediatric pain Chronic Pain Perioperative gabapentin Acute neuropathic pain	CRPS Intervention in back pain Spinal Cord Injury Trigeminal Neuralgia Spinal Cord Stimulation Opioid rotation Intrathecal pumps	Placebo Depression & Chronic Pain CBT Pharmacology of non-opioids Opioids & Opioid induced hyperalgesia Cancer-induced bone pain

Higher Trainees are expected to provide one presentation up to 30 minutes. This should be more detailed than Key Unit presentations.

Advanced Trainees would be expected to cover areas not covered elsewhere, the emphasis being on evaluation of research and basic science. The challenge will be to make high science attractive and relevant to more junior trainees.

Appendix D: Sign off

Checklist of documentation to complete your KUPM:

- **A-CEX**
- **Case-based Discussion**
- **DOPS**
- **Logbook summary**
- **End of Unit training form (CUT)**

Things you need to have completed in addition:

- **Presentation at tutorial session (with complete CBDX, which may count as above)**

All paperwork should be completed uploaded to the RCOA e-portfolio. A CUT form should also be created and sent via the system to Dr Bridgestock, who will then arrange a mutually convenient time to complete the CUT by phone. Any questions, contact clare.bridgestock@nhs,net

Appendix E: History taking, physical examination & dictation

As part of your training you may be expected to see a patient in a Pain Clinic. The following is a guide on things to cover during your consultation. It is meant as an 'aide-memoire', not as the definitive way to do things. You may find it useful to follow the format when dictating letters so that you don't get lost.

History
Most of this should be covered in Form A that the patient should have filled in – it's often useful to go through the form with the patient and fill in bits that are missing.

Pain problem: onset, duration, site, radiation, precipitating & aggravating factors
Past medical history **of relevance** – exercise judgement. You don't need to include everything but be sure you cover **red flags** ie. Infection, tumour and fracture
Drug therapy: current (does it work?) and previous (why was it stopped?)
Previous therapies: physiotherapy? Chiropractor? Acupuncture? Etc

Beliefs: why does the patient think he has the pain? How does he see the future? Worries? Mood? Relationship with partner/significant others?
Expectations?
PHQ/ GAD scores – useful corroboration of suspected anxiety and depression and distress

Limitations: what can the patient not do now because of the pain that they could previously? What is a typical day like?
Getting in/out of bed, washing, dressing, toileting, bathing
Cooking, shopping, socialising,
Pleasurable activities
Sleep disturbance

Physical examination
Use your judgement but in most cases you will wish to perform a musculoskeletal and neurological examination. Be sure to mention important **negative** as well as **positive** findings eg. No reproduction of leg pain on straight leg raise, no exacerbation of pain on lateral spine rotation and extension.

You may not have done this since medical school. Ask your LPMES about educational resources to help you refresh your skills.

Diagnostic formulation
This is key. By making a diagnostic formulation from all this data you are identifying the key problems that need to be addressed. Include **biological, psychological** and **functional** problems, for example:
Biological: Mechanical low back pain with neuropathic right lower limb pain

Psychological: anxiety, low mood, anger, fear avoidance, catastrophising
Functional: housebound, requires assistance with personal care

By doing this, you are making it clear to clinicians seeing the patient later what issues need to be addressed and how.

The formulation will also give you an idea of where the thrust of your management should lie. For example, if most of the problems seem to be functional/psychological then involvement of Pain Physiotherapists and Psychology may be indicated. By contrast, if the major problem is biological, with minimal functional and psychological impact, a more 'medical' approach using drugs and injections may be better.

In practice, most patients will have problems in all three domains. The skill lies in identifying these and targeting therapy accordingly.

Treatment plan
You should discuss your diagnosis and planned treatment with a named Consultant. It is important to mention this in your dictation.

GPs and other health professionals find it easier to know what to do if you lay your treatment plan in point form eg.
Drug treatment: start Gabapentin as per regime given to patient
Pain Physiotherapy
TENS machine trial
Diagnostic facet joint injection

Where relevant, remember to copy the relevant person in to your letter eg if referral comes from secondary care.

If an intervention is part of your treatment plan, discuss with the consultant and follow your local protocol.

For referrals to pain management physiotherapy, psychology or the pain management programme, discuss with the clinician to arrange a TrakCare referral.

Appendix F: Hospital Information

Stobhill ACH

- Car parking- is available on the hospital site, limited to 4 hrs if you do not have a staff permit. You can usually park out on Balornock road and walk along the side of the park into the hospital
- ID Badges- are required to get into the theatre suite and dept/ library. Get the form signed by a consultant, the office for photos is on the first floor, through clinic area A and to the right (follow minor injuries unit signs), take a left through the automatic doors and security office on the left
- Clinics- on first and second floors, start at 9am and 1:30pm (except on MDT days)
- DSU- on ground floor to left, there is a patient reception desk who will let you in if you don't have a Stobhill badge. Female changing room code- C345X. Male changing room unlocked. Pain lists are in theatre 5, the patients will be in the patient area, at the end closest to theatre suite.
- Treatment room- sessions are either in minor ops room in DSU area, or in treatment room in clinic B area
- MDTs- On third floor, in one of the two rooms facing you at the top of the stairs on Tues 12:30, Weds 1:30, seminar room 1, on the 3rd floor
- Physiotherapy is on the ground floor, by the main rear entrance to the hospital. Please arrive and present yourself to the reception desk in time for a 9am start
- Psychology- see rota for clinic details
- Rheumatology clinic is in clinic A with a 9am/ 13:30 start
- Dept.- Third floor, follow signs to library, continue straight ahead, pain area is to left. There are two offices on left opposite the library for "hot-desking"
- Food- Aroma coffee shop on the ground floor and also 3rd floor

Victoria ACH

- Car parking- is available on the hospital site, limited to 4 hrs if you do not have a staff permit. You can usually park out on the road round Queens park without too much difficulty.
- ID Badges- are required to get into the theatre suite and dept/ library. Get the form signed by a consultant, the office for photos is in the basement. Take the main lift to -1(car park) and security desk is opposite. If you have a QEUH badge, the ACH can be added on to this
- Clinics- on ground, first and second floors, start at 9am and 1:30pm
- DSU- on first floor
- MDTs- On second floor, room 2.17B. Thurs- SCS 12:30pm, General MDT Thurs at 2:30pm. There is often an educational component to the meeting
- Physiotherapy is on the ground floor, to the left as you come through the main entrance
- Dept.- Second floor, follow signs to library, pain offices are to the left
- Food- Aroma coffee shop on the ground floor and also 2nd floor in staff facilities

Royal Hospital for Children at QEUH

- Car parking- Patient and visitor car parking for 4 hrs within QEUH campus
- ID Badges- Ensure you carry standard photographic NHS ID
- Clinics- Clinic area 5, starts at 2pm

Queen Elizabeth University Hospital Acute Pain Round

- Car parking- Patient and visitor car parking for 4 hrs within QEUH campus
- ID Badges- Ensure you carry standard photographic NHS ID, available in labs building
- Acute Pain ward round- Meets at HDU 1 office, 1st floor, next to bed 5. Meet at 0845, round starts at 9am prompt. Any problems, call the pain nurse 83726

Hairmyres Acute Pain Round

- Car parking- Free car parking surrounds the hospital
- ID Badges- Ensure you carry standard photographic NHS ID
- Acute Pain ward round- Starts in the ITU coffee room, around 9am with Dr Haldane and Sr Ramage. ITU is signposted, on the 1st floor, buzz for entry and coffee room is round
- to right before you enter the main unit.
- Contact- Dr Grant Haldane grant.haldane@lanarkshire.scot.nhs.uk

Wishaw

- Car parking- Free car parking surrounds the hospital
- ID Badges- Ensure you carry standard photographic NHS ID
- Contact- Dr Stephen May Stephen May sggcmay@aol.com

Forth Valley Royal Hospital, Larbert

- Car parking- Free car parking, limited to 4hrs, surrounds the hospital
- ID Badges- Ensure you carry standard photographic NHS ID
- Clinics- Main outpatient department on the ground floor
- DSU- Theatres are on the 2nd floor, towards the back of the hospital
- Food- A starbucks and M&S simply food! (you can even pick up something for dinner)
- Contact- Dr Judith Wilson judithwilson@nhs.net

Falkirk Community Hospital

- Car parking- is available
- ID Badges- Ensure you carry standard photographic NHS ID
- Clinics- In the front door and go up the ramp, then turn right the pain clinic is on your right along with opthalmology
- Food- Apparently there is an old-style WRVS
- Contact- Dr Judith Wilson judithwilson@nhs.net

Inverclyde

- Car parking- is available
- ID Badges- Ensure you carry standard photographic NHS ID
- Clinics- clinics are at the main hospital at Inverclyde Royal Hospital site at the Main Out Patients' Department
- DSU- all interventions are at the Day Surgery Unit at the main Inverclyde Royal Hospital site. Lists start at 1.30pm. If you arrive a bit earlier, please come up to the anaesthetic department to have a chat about the list
- Dept.- When you get to the main hospital, enter via the main entrance, and take lifts to Level N. At N, come out the lifts and turn left- go to the end of the corridor where you will find the anaesthetic secretary. You can have your lunch at the common room.
- Contacts Anaesthetic/Pain Clinic Secretary: Telephone: 01475 633 777 ext 64525
- E-mail contact:
- Secretary: mariesa.clenaghan@ggc.scor.nhs.uk, louise.dearie@ggc.scot.nhs.uk
- Consultants: lew-chin.chee@ggc.scot.nhs.uk, grant.tong@ggc.scot.nhs.uk
- If you are stuck, you can also call either Dr. Tong or Dr. Chee via the hospital
- switchboard.

Port Glasgow Health Centre (PGHC)

- ID Badges- Ensure you carry standard photographic NHS ID
- Clinics- clinics alternate between two Health Centres and start at 9am. Depending on when you are assigned to come, it may be at Greenock Health Centre (GHC Duncan Street, Greenock PA15 4LY) or Port Glasgow Health Centre (PGHC 2 Bay St, Port Glasgow PA14 5EW- from main car park enter via west entrance and look for hospital out patients clinic). You need to check this before travelling out. The morning clinics are consultant clinics, acupuncture and pharmacist (GHC only)
- Contact- as above

Crosshouse

- Car parking- Free car parking surrounds the hospital
- ID Badges- Ensure you carry standard photographic NHS ID
- Clinics-
- DSU- Meet in the anaesthetic dept by 8:30. Park on the far left of the car park by the maternity building, follow the path and go in through the first door, which brings you to the anaesthetic secretary, Sylvia's office.