

# FY1 Teaching Programme



Anne-Marie Walker

## **Clinical Skills Facilitator**

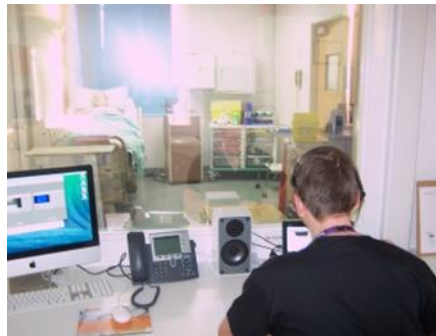
**RGN, Hon Clinical Tutor Liverpool and Lancaster University  
(Foundation Programme and Post Graduate Lead)**

- 20 Thematic days mapped to the curriculum
- Includes simulation
- Evaluation expected
- Registers am & pm
- Venue/Teams
- Ideas/requests: [Anne-marie.walker@nhs.net](mailto:Anne-marie.walker@nhs.net)

# Simulation & Clinical Skills Centre Blackpool



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# Thematic Day



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TIME	GROUP 1	FACULTY	GROUP 2	FACULTY
0900 – 0915	Introduction to day			Anne-Marie walker
0915-11.00	Exam findings for unconscious/seizing pts and impaired consciousness			Dr Al-Idari
11.00-11.15	BREAK			
11.15-12.15	Alcohol Withdrawal <a href="mailto:Julie.spencer-Bennett@bfwhospitals.nhs.uk">Julie.spencer-Bennett@bfwhospitals.nhs.uk</a>			Julie Spencer Bennett Band 7 Alcohol liaison team
1215-1300	LUNCH			
13.00-1400	Seizure Simulation			Mr Al-Idari Anne-Marie Walker Sim team
1400-1500	Seizure Simulation			Mr Al-Idari Anne-Marie Walker Sim team
1500-1600	Seizure Simulation			Mr Al-Idari Anne-Marie Walker Sim team

- FY1 Intro Session
- Seizures (alcohol withdrawal)
- Fine Bore & NG Tube
- Diabetes & Endocrine
- End of Life
- Prep for Surgical On-Calls
- Psychiatry 1
- Radiology
- Community experience
- LP & Ultrasound Guidance
- Psychiatry Day 2
- Resilience
- Team building
- Fluids & O2 Therapy
- Pain Management
- Sepsis
- Acutely Unwell patient/Emergencies
- Respiratory
- Safeguarding Adults L3
- Safeguarding Children L3

# Customised Training



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- Donning and Doffing
- S.C.I.T.T. ( Transfer training)
- VR Suite
- Tracheostomy Emergencies
- ITU – Paediatric emergencies, Rapid sequence induction
- Midwifery Emergency Drills
- Physiotherapists On – Call Training

# Customised Training



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- SAMI (Safe Airway Management ITU)
- ED Sim
- Faculty Development Course
- TILS Trauma
- CALS Cardiac
- Ultrasound Guided Access
- Stroke
- DNACPR



# Teaching Opportunities



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- Year 4 simulation (29 sessions)
- Year 5 simulation (25 sessions – observe)
- UMUST mini bleeps.
- Undergraduate Teaching

# UMUST mini bleep example



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- **S** – Mr Barker is really short of breath
  - **B** – He is a 76yr old gentleman admitted with shortness of breath
  - **A** – the outreach team have just done some gases
  - **R** – I need you to interpret the results please
- 
- Show the candidate the gas results, and the prescription chart
  - The candidate should identify:
    - - The patient is acidotic
    - - The pCO<sub>2</sub> is elevated
    - - The pO<sub>2</sub> is relatively low compared to the FiO<sub>2</sub>
    - - The patient is in type 2 respiratory failure
    - - The HCO<sub>3</sub> is elevated - indicating some chronicity with

# UMUST mini bleep example



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## “What would you do next?”

- The candidate should:
  1. Complete an A to E assessment - can tell the trainee that the patient is tachypnoeic with a resp rate 32 / generally poor air entry / bilateral wheeze all zones / sats 93% on 15l/min NRB
  2. Ask if patient has a history of COPD - can tell the trainee the patient has got COPD
  3. Review medications on prescription chart - note prednisolone 40mg / salbutamol and Atrovent nebs / doxycycline 100mg bd / mucodyne
  4. Should enquire about use of home O2 - can tell candidate the patient is on home oxygen
- With this information - the appropriate care plan would include:
  - ❖ Reduce the oxygen supplied - use nasal specs at 1-6 l/min and adjust the flow to the lowest rate required to maintain sats range 88-92%
  - ❖ Inhaled bronchodilators administered using air
  - ❖ Intravenous bronchodilator therapy - either intravenous aminophylline or intravenous salbutamol
  - ❖ Escalation to senior
  - ❖ Consider for NIPPV based on blood gas

# UMUST mini bleep



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"S – Mr Barker is really short of breath. B – He is a 76yrs old male admitted with SOB. A – The outreach team have just done an ABG on him. R – I need you to come and review the results." The candidate will need the gas results and the prescription chart

Review of ABG							
Candidate asks about Saturation at time of ABG (93%)	0	1					
Identifies the patient is acidotic, with elevated PCO2, low PO2 compared to FiO2 and is in type 2 respiratory failure.	0	1	2	3			
Notes raised HCO3 suggesting chronic compensation	0	1					
"What would you like to do now?"							
Complete A to E assessment ("The patient is tachypnoeic at 32, with generally poor Air Entry, a bilateral wheeze in all zones and is currently saturating 93% on 15L Non-rebreather.")	0	1	2				
Checks patients PMHx ("The patient has COPD")	0	1					
Is the patient on home oxygen or nebulisers ("The patient is on Home O2")	0	1					
Reviews patients medication chart and notes patient on steroids, Nebs, Doxycycline and Carbocisteine	0	1	2				
"What would you like to do now with this patient?"							
Reduce oxygen to Nasal Cannula 4L O2 and titrate the oxygen to target Sats 88-92%	0	1					
Get a CXR	0	1					
Nebulisers should be air driven	0	1					
Involve a senior	0	1					
Further management possibilities: BIPAP and IV bronchodilators	0	1	2				

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# Teaching programme Contacts

Dr M Khan - Foundation Programme YR 1 Director  
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Mr McKenna - Foundation Programme YR 2 Director  
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# Any Questions ?

