

GPSTR ST1/ST2 Specialty Guide

SURGERY

Royal Derby Hospital

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DATE OF COMMENCEMENT	
CONSULTANT/S	
DATE OF COMPLETION	

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NOTES

Late:-May be seen in General Practice

- bowel obstruction due to fibrous adhesions
- incisional hernias
- persistent sinus
- recurrence of malignancy

Minor Surgical skills

If you feel you might want to use minor surgical skills when in practice take the opportunity to learn if it arises e.g. incision drainage abscess/hematoma, aspiration of an effusion, excision of benign skin lesions, suturing skin wounds

INTRODUCTION

This log is based in part on the stated requirements taken from the “New” GP Curriculum but also on the experience of time served GP’s.

The Registrar should familiarise themselves with the relevant sections.

TRAINING AIMS

The Derby GP Specialty Training Surgery ST1 and ST2 posts at RDH provide jobs giving an ideal mix of experience for a future GP.

This guide is designed to help you identify the clinical learning opportunities within the post. The guide should be used in conjunction with the more formal RCS Logbook that the Surgical department will provide you with.

The Surgical teaching staff will be able to help you define and remedy any gaps in your knowledge or experience.

They will provide you with a series of clinical assessments (see below). You are responsible for making sure these take place and that they are properly documented.

To achieve all the aims you may wish to visit a Colorectal Clinic, GI Clinic and Vascular Clinic.

The Surgical team have kindly agreed to ensure that you will be able to attend the GP Training Half Day Release Teaching Sessions. At times this will inevitably clash with your on-call responsibility.

Apart from the Wednesday afternoon GP Training sessions you should try to attend the in-house educational meetings which are usually at lunch time.

ASSESSMENTS

RECORDING ASSESSMENTS

All assessments should be recorded in your e-portfolio. This is your responsibility although your Clinical Supervisor and Educational Supervisor will also have to complete assessments on your e-portfolio. The e-portfolio forms a continuous record of your progress and will be submitted to the Deanery to “sign you off” at the end of your training. If you are having technical problems with the e-portfolio please contact the e-portfolio Enquiries/Help.

WORKPLACE BASED ASSESSMENTS

A series of workplace based assessments are also needed. These are similar to the foundation post assessments you may have already done.

During your 4 months post you will need to do the following Assessments:

- ⇒ **2 x Mini-cex** (Clinical Examination exercises)
- ⇒ **2 x CBSs** (Case-based Discussions)
- ⇒ **1 x MSF** (Multi-source Feedback)
5 Clinicians only
- ⇒ **1 or 2 DOPS** (Direct Observation of Procedures)
(2 every 6 months)

Your **Consultant** will also need to complete a **Clinical Supervisor’s** Report which he/she will discuss with you before submitting.

Postoperative complications: important but only a few directly relevant to G.P.

A GP Registrar should be familiar with and aware of the appropriate management of the following postoperative complications:

Immediate:-Only relevant to hospital

- primary haemorrhage - starting during surgery, replace blood loss and if necessary return to theatre.
- reactive haemorrhage - bleed following an increase in blood pressure postoperatively. Replace blood loss and re-explore wound.
- basal atelectasis - minor lung collapse.
- shock - may be caused by blood loss, MI, pulmonary embolism or septicaemia.
low urine output

Early:-Only relevant to hospital or some possibly after day case surgery

- pyrexia
- paralytic ileus
- secondary haemorrhage often as a result of infection
- pneumonia
- wound or anastomosis dehiscence
- deep venous thrombosis
- urinary retention
- urinary tract infection
- wound infection
- bowel obstruction due to fibrinous adhesions
- Confusion

Diagnosis and management of common emergencies in General Practice. (continued)

Other Emergencies:

Paraphimosis	Unsure <input type="checkbox"/>
	Satisfactory <input type="checkbox"/>
	Confident <input type="checkbox"/>
Ischiorectal abscess (aye caramba)	Unsure <input type="checkbox"/>
	Satisfactory <input type="checkbox"/>
	Confident <input type="checkbox"/>
Perianal / Pilonidal abscess	Unsure <input type="checkbox"/>
	Satisfactory <input type="checkbox"/>
	Confident <input type="checkbox"/>
Torsion testis	Unsure <input type="checkbox"/>
	Satisfactory <input type="checkbox"/>
	Confident <input type="checkbox"/>
Aortic aneuysm	Unsure <input type="checkbox"/>
	Satisfactory <input type="checkbox"/>
	Confident <input type="checkbox"/>
	Unsure <input type="checkbox"/>
	Satisfactory <input type="checkbox"/>
	Confident <input type="checkbox"/>

**Remember: “The E-portfolio is King”
You must keep a copy of all assessments as
they will be needed in the future**

HOSPITAL JOB ASSESSMENTS

You will be contacted by the Deanery (via your E-portfolio) to complete an on-line assessment of your hospital post. (Bristol on-line Survey) This is mandatory and is a requirement of training.

General Learning Objectives

To know how to take a surgically orientated history .	Unsure <input type="checkbox"/>
	Satisfactory <input type="checkbox"/>
	Confident <input type="checkbox"/>
To be able to perform a competent surgical examination .	Unsure <input type="checkbox"/>
	Satisfactory <input type="checkbox"/>
	Confident <input type="checkbox"/>
To be able to explain in language appropriate for that patient the options in that situation.	Unsure <input type="checkbox"/>
	Satisfactory <input type="checkbox"/>
	Confident <input type="checkbox"/>
To be able to convey in an impartial way the concepts of risk .	Unsure <input type="checkbox"/>
	Satisfactory <input type="checkbox"/>
	Confident <input type="checkbox"/>
To understand the principles of valid consent .	Unsure <input type="checkbox"/>
	Satisfactory <input type="checkbox"/>
	Confident <input type="checkbox"/>
To know how to recognize and manage common postoperative complications (many of which require more medical knowledge).	Unsure <input type="checkbox"/>
	Satisfactory <input type="checkbox"/>
	Confident <input type="checkbox"/>

Theatre experience – It is anticipated that theatre experience would be minimal, enabling the trainee to understand and explain what involved in common operations only

Diagnosis and management of common emergencies in General Practice (continued).

Pancreatitis	Unsure <input type="checkbox"/>
	Satisfactory <input type="checkbox"/>
	Confident <input type="checkbox"/>
Diverticulitis	Unsure <input type="checkbox"/>
	Satisfactory <input type="checkbox"/>
	Confident <input type="checkbox"/>
Renal calculus	Unsure <input type="checkbox"/>
	Satisfactory <input type="checkbox"/>
	Confident <input type="checkbox"/>
Strangulated hernia	Unsure <input type="checkbox"/>
	Satisfactory <input type="checkbox"/>
	Confident <input type="checkbox"/>
	Unsure <input type="checkbox"/>
	Satisfactory <input type="checkbox"/>
	Confident <input type="checkbox"/>
	Unsure <input type="checkbox"/>
	Satisfactory <input type="checkbox"/>
	Confident <input type="checkbox"/>

REMEMBER ECTOPIC - DON'T GET CAUGHT OUT
BEWARE THE PATIENT ON STEROIDS.

Diagnosis and management of common emergencies in General Practice.

As always in medicine history it is crucial to make the correct diagnosis. Be aware of the not very scientific, but remarkably useful “3 strikes and you’re in rule” i.e. seriously consider admission when visiting someone for the third time for an undiagnosed but significant problem.

Abdominal Pain:

Appendicitis	Unsure <input type="checkbox"/> Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>
Peptic ulceration	Unsure <input type="checkbox"/> Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>
Biliary colic	Unsure <input type="checkbox"/> Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>
Intestinal obstruction	Unsure <input type="checkbox"/> Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>
	Unsure <input type="checkbox"/> Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>

General Learning Objectives (continued)

To know when to seek help from senior surgical or medical colleagues always remembering patient safety should be a priority.	Unsure <input type="checkbox"/> Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>
To know how to counsel patients with regards to their convalescence/ rehabilitation including basic advice with regards to their occupation, travelling, driving etc.	Unsure <input type="checkbox"/> Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>
To know what information a good surgical referral letter should contain.	Unsure <input type="checkbox"/> Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>
To know what information a good surgical discharge letter should contain.	Unsure <input type="checkbox"/> Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>
To know how to manage postoperative analgesia in a safe efficient humane and holistic way.	Unsure <input type="checkbox"/> Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>
To learn to break bad news in a sensitive humane way should the need arise.	Unsure <input type="checkbox"/> Satisfactory <input type="checkbox"/> Confident <input type="checkbox"/>

To be familiar with common surgical conditions requiring routine referral, some of which are:

Hernias	Unsure <input type="checkbox"/>
	Satisfactory <input type="checkbox"/>
	Confident <input type="checkbox"/>
Other lumps and bumps (not purely cosmetic) too difficult for GP in house surgery.	Unsure <input type="checkbox"/>
	Satisfactory <input type="checkbox"/>
	Confident <input type="checkbox"/>
Haemorrhoids	Unsure <input type="checkbox"/>
	Satisfactory <input type="checkbox"/>
	Confident <input type="checkbox"/>
Severe varicosities	Unsure <input type="checkbox"/>
	Satisfactory <input type="checkbox"/>
	Confident <input type="checkbox"/>
Upper GI problems e.g. dysphagia reflux where surgical input may be wanted.	Unsure <input type="checkbox"/>
	Satisfactory <input type="checkbox"/>
	Confident <input type="checkbox"/>
Lower GI problems e.g. fissures, fistulae rectal prolapse.	Unsure <input type="checkbox"/>
	Satisfactory <input type="checkbox"/>
	Confident <input type="checkbox"/>
	Unsure <input type="checkbox"/>
	Satisfactory <input type="checkbox"/>
	Confident <input type="checkbox"/>

Be familiar with some common reasons for “Two week wait” referral

Progressive dysphagia	Unsure <input type="checkbox"/>
	Satisfactory <input type="checkbox"/>
	Confident <input type="checkbox"/>
Unexplained Iron deficiency anaemia	Unsure <input type="checkbox"/>
	Satisfactory <input type="checkbox"/>
	Confident <input type="checkbox"/>
Abdominal mass	Unsure <input type="checkbox"/>
	Satisfactory <input type="checkbox"/>
	Confident <input type="checkbox"/>
Persisting “change in bowel habit” to loose stools	Unsure <input type="checkbox"/>
	Satisfactory <input type="checkbox"/>
	Confident <input type="checkbox"/>
Melaena or rectal bleeding	Unsure <input type="checkbox"/>
	Satisfactory <input type="checkbox"/>
	Confident <input type="checkbox"/>
Unexplained lymphadenopathy	Unsure <input type="checkbox"/>
	Satisfactory <input type="checkbox"/>
	Confident <input type="checkbox"/>
	Unsure <input type="checkbox"/>
	Satisfactory <input type="checkbox"/>
	Confident <input type="checkbox"/>