#TEXTDrJosephYikona
Staff Grade Physician 9.1.02
#CODED2
Dr Yikona has been in post since November 2000 as general physician in elderly medicine.
#ENDCODE
#CODED2
Post is 9 - 5 Mon - Friday (no weekend work) but can be called on in some circumstances. He often just calls in at weekends to check patients he is worried about. Often in Dr Nattens surgery as Healthcall takes over.
#ENDCODE
#CODED6
Post is 9 - 5 Mon - Friday (no weekend work) but can be called on in some circumstances. He often just calls in at weekends to check patients he is worried about. Often in Dr Nattens surgery as Healthcall takes over.
#ENDCODE
#CODEE1
If patient becoming poorly before he leaves will ask ward manager to inform acute trust and arrange for transfer.
#ENDCODE
#CODEI1
If patient becoming seriously unwell, Dr Yikona will speak to Dr Lord and make arrangements for finding bed at QA.
#ENDCODE
#CODED2
If patient becoming seriously unwell, Dr Yikona will speak to Dr Lord and make arrangements for finding bed at QA.
#ENDCODE
#CODEE2
If patient becoming seriously unwell, Dr Yikona will speak to Dr Lord and make arrangements for finding bed at QA.
#ENDCODE
#CODEE1
If immediate panic, will ring A + E at QA and call for ambulance.
#ENDCODE
#CODED2
Dr Yikona does two sessions a week in day hospital. Otherwise occupied solely with wards at GWMH "it's a lonely place to work here".
#ENDCODE
#CODED7
So feels its essental to attend weekly departmental meetings (usually held at QA) every Friday, attends lunchtime meetings (12 - 2:30).
#ENDCODE
#CODED2
No cover while he is away. Dr Yikona is very concerned about that - carries no bleep, is about 1 hour away.
#ENDCODE
#CODEE1
Agreed with nursing staff that in emergency, ambulance will be called. Has happened in only one case since he's been at GWMH.
#ENDCODE
#CODED6
Holiday and study leave = staff grade locum will cover - difficulty in finding them but quite

lucky recently as someone has been available. Only has 15 days study leave and 20 days holiday a year. Has had to use holiday leave time to do courses.
#ENDCODE
#CODEI1
Fortunately, has been able to call on same locum recently. Dr Yikona has been in UK for five years, has worked at QMC, Sheffield, Cornwell, Manchester.
#ENDCODE
#CODEE3
All care of elderly posts (he has specific palliative care training)
#ENDCODE
#CODEI1
All care of elderly posts (he has specific palliative care training)
#ENDCODE
#CODEE3
Get second opinions on palliative care - Rings consultants at Countess Mounbatten - They will sometimes then visit (however Dr Yikona must still get permission from patients GP before he does so, - has had to get such advice every 4 -8 weeks.
#ENDCODE
#CODEE3
However can also consult Palliative Care Manual (prepared by Countess Mounbatten Doctors).
#ENDCODE
#CODEE3
Also consults Portsmouth Healthcare Trust Manual on Palliative care on administration of drugs.
#ENDCODE
#CODEF1
Unique aspect of Drugs Admin at GWMH was prior prescription of palliating opiates. Feels that it should be done only exceptionally (it's against standard practice).
#ENDCODE
#CODEF1
The practice has now stopped. He does not allow anticipatory prescriptions.
#ENDCODE
#CODEF2
The practice has now stopped. He does not allow anticipatory prescriptions.
#ENDCODE
#CODEF1
There has been pressure from nursing staff on both wards to prescribe in advance. His change in policy resisted by nurses - "but I made it clear I was uncomfortable with the practice" I have got them to agree.
#ENDCODE
#CODED3
There has been pressure from nursing staff on both wards to prescribe in advance. His change in policy resisted by nurses - "but I made it clear I was uncomfortable with the practice" I have got them to agree.
#ENDCODE
#CODEF2
There has been pressure from nursing staff on both wards to prescribe in advance. His change in policy resisted by nurses - "but I made it clear I was uncomfortable with the practice" I have got them to agree.
#ENDCODE
#CODEI1
No formal appraisal but has had two "discussions" about his objectives with Dr Lord -

accepted now that they should be done every six months.
#ENDCODE
#CODEF1
Dr Yikona raised his concerns with Dr Lord about anticipatory prescribing and she agreed with him that it should stop. He was encouraged to change the policy. Old drug prescribing practice came as 'no surprise' to Dr Lord.
#ENDCODE
#CODED2
Dr Yikona raised his concerns with Dr Lord about anticipatory prescribing and she agreed with him that it should stop. He was encouraged to change the policy. Old drug prescribing practice came as 'no surprise' to Dr Lord.
#ENDCODE
#CODED8
Consultant Psychiatrists regularly called upon for advice and to see patients. Nurses can also seek advice from them.
#ENDCODE
#CODED2
Psychotherapists see cases of dementia, agitation, disruptive behaviour, depression.
#ENDCODE
#CODEC3
Wandering patient would be more likely to get psychiatrist quickly. However, if patient bed-ridden, would not seek psychiatrist unless being disruptive.
#ENDCODE
#CODEC4
Wandering patient would be more likely to get psychiatrist quickly. However, if patient bed-ridden, would not seek psychiatrist unless being disruptive.
#ENDCODE
#CODEF2
Current standard practice is to administer miazulan to agitated patients.
#ENDCODE
#CODEF1
Psychiatry Department has produced guidelines about management of agitated patients.
#ENDCODE
#CODEK2
Clinical risk reports: Has never filled in any of them - leave it to nursing staff here.
#ENDCODE
#CODEK2
He does ask nurses to fill in risk event forms were necessary.
#ENDCODE
#CODEK2
Agrees that there have been instances of adverse incidents (while he was at departmental meetings at QA) in which he should have completed report but did not (eg patient falling out of bed and becoming distressed).
#ENDCODE
#CODEE1
Has been aware of sicker patients coming in from QA.
#ENDCODE
#CODEE1
Rarely informed in advance of transfer of complex serious cases.
#ENDCODE
#CODEE10
Often patients transferred for rehab who are completely incapable of rehab.
#ENDCODE

#CODEE2
Patients arrive at GWMH from QA with care plan - Dr Yikona follows advice set out in it.
#ENDCODE
#CODEE2
Concerned about activity of patients coming over recently - he's ended up with more unstable patients than his colleagues at QA. Could have as many as 22 seriously ill, dependent patients at a time.
#ENDCODE
#CODEE2
Some patients so unstable they are sent back.
#ENDCODE