#TEXTDrQureshi
Consultant - Elderly Medicine 9.1.02
#CODED2
Covers Dryad since Nov 2001.
#ENDCODE
#CODEC6
Good place - clean.
#ENDCODE
#CODEC1
Nicely managed.
#ENDCODE
#CODEC4
Nicely managed.
#ENDCODE
#CODEC5
On the whole, the emphasis seems to be on the patients.
#ENDCODE
#CODEC1
Nurses are hardworking.
#ENDCODE
#CODEC2
The sort of problems that came to continuing care - bed sores... Most of the patients fare quite well gave eg of bed sores - healing.
#ENDCODE
#CODEC1
Caring place
#ENDCODE
#CODEC6
Clean place - nice smelling. "Distinctly top class place".
#ENDCODE
#CODEI5
Don't know what went wrong before my time here.
#ENDCODE
#CODEC4
The systems are there. There are policies there in office. Nurses and Doctors know of it - follow it. In some instances, better than seen elsewhere.
#ENDCODE
#CODEE5
Eg - system of recording - eg form provided - completed monthly by team.
#ENDCODE
#CODED2
Timetable. Looks after acute ward at QA (18 beds) 2-3 ward rounds per week. Some responsibility to see others referred. Domiciliary visit requests from GPS.
#ENDCODE
#CODEC4
Continuing Care beds here. The rehab beds - stroke patients - 2 types. Rapidly progressing ie fast stream and St M and then slow stream - beds with all the different places, some here, Daedalus.
#ENDCODE
#CODEE11
Continuing Care beds here. The rehab beds - stroke patients - 2 types. Rapidly progressing ie fast stream and St M and then slow stream - beds with all the different places, some here, Daedalus.

#ENDCODE
#CODED2
So 1/7 per week at GWMH.
#ENDCODE
#CODED7
Colleagues = Dr Lord, Dr Reid, Dr Pulia, and Joseph Akona.
#ENDCODE
#CODED2
Two meetings every week Wednesday and Friday lunchtime (held at) QA that all Drs attend Radiology conference meetings Wednesday am all Consultants attend with Radiology consultants. Opportunity to discuss problem cases. All junior Drs, SpRs, juniors and staff grade can attend.
#ENDCODE
#CODEI2
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#ENDCODE
#CODED7
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#ENDCODE
#CODEG4
Two meetings every week Wednesday and Friday lunchtime (held at) QA that all Drs attend Radiology conference meetings Wednesday am all Consultants attend with Radiology consultants. Opportunity to discuss problem cases. All junior Drs, SpRs, juniors and staff grade can attend.
#ENDCODE
#CODEI1
Opportunity for feedback from training, he has been funded to do course at RCP, etc. CPR mandatory.
#ENDCODE
#CODED7
Ward meetings? Ward Round x 1 per week in continuing care and more frequently in acute.
#ENDCODE
#CODED7
Any meeting with all staff oh yes, I like to have a multidisciplinary meeting with OT and PT as well - but in continuing care site where patients have finally come to rest that is not so necessary .
#ENDCODE
#CODEE1
But many of the patients do not fulfil the continuing care criteria, waiting placement, pressure on beds in which case need to continue with physio and others.
#ENDCODE
#CODEE10
But many of the patients do not fulfil the continuing care criteria, waiting placement, pressure on beds in which case need to continue with physio and others.
#ENDCODE
#CODED8

Not had MDT meetings since he arrived but would like to have more.
#ENDCODE
#CODED2
Presence of a regular, good resident Doctor has been a real boon - Josph (Dr Akona) is excellent, asks advice as needed. If a good Doctor is present - the consultant's work is easer.
#ENDCODE
#CODED7
Presence of a regular, good resident Doctor has been a real boon - Josph (Dr Akona) is excellent, asks advice as needed. If a good Doctor is present - the consultant's work is easer.
#ENDCODE
#CODED6
Any concerns about medical cover after five o clock.? If somebody medically unwell and needing active intervention then more beds to acute.
#ENDCODE
#CODEE1
Any concerns about medical cover after five o clock.? If somebody medically unwell and needing active intervention then more beds to acute.
#ENDCODE
#CODED6
Any concerns re out of hours service? Has not used.
#ENDCODE
#CODEC4
Bed pressures - are you seeing patients in ward transferred inappropriately? Continuing care criteria - usually would expect somebody coming into continuing care to stay there until RIP, but other who could -> residential care but finding recently that some in continuing care setting are those who are not suitable and can be discharged.
#ENDCODE
#CODEE11
Bed pressures - are you seeing patients in ward transferred inappropriately? Continuing care criteria - usually would expect somebody coming into continuing care to stay there until death, but other who could -> residential care but finding recently that some in continuing care setting are those who are not suitable and can be discharged.
#ENDCODE
#CODEF1
Drug policies - any worries? Not really, the policies are quite clear.
#ENDCODE
#CODEF2
Drug policies - any worries? Not really, the policies are quite clear.
#ENDCODE
#CODEE3
They are concise. Tell you what to do in black and white. They are on the ward and need to consult if come across problem. I haven't come across any problems.
#ENDCODE
#CODEF1
Admin of opiates via syringe drivers? If need for palliation need to use, guidelines in BNF - so clear and concise and shouldn't go wrong.
#ENDCODE
#CODEE3
Admin of opiates via syringe drivers? If need for palliation need to use, guidelines in BNF - so clear and concise and shouldn't go wrong.
#ENDCODE

#CODEF2
What about pre-emptive or anticipatory, what is the current policy? We go step by step, need to control systems if needed - would supervise. Have not used here year.
#ENDCODE
#CODED2
No experience of working with clinical assistants.
#ENDCODE
#CODEG4
Interface with acute? 4 elderly medicine consultants visit GWMH - all involved with acute - people referred - part of continuing management includes day hospital as well.
#ENDCODE
#CODEC4
It is the same process of looking after patients throughout their illness - need different settings at different times.
#ENDCODE
#CODEE1
What is transfer process? Process controlled by office at QA (10 secretaries) 9 - 5 - oversee all admissions / transfers. Do not send patients to GWMH unannounced.
#ENDCODE
#CODEC4
Other end of discharge process eg discharge to nursing homes.
#ENDCODE
#CODEG7
Complicated process - not only our team, but social services involved as well. Some need funding - social services decide and sometimes patients have to wait. Some fall short of the amount that social services can give. Some need 'top up' of finance from DoH - even longer.
#ENDCODE
#CODEE1
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#ENDCODE
#CODEG7
On top of funding - st has to be topped up.
#ENDCODE
#CODEG7
Role of social services - not much experience of it yet, social services the same everywhere
#ENDCODE
#CODEH1
End of life. Patients who want to go home? Feels patients / relatives wishes most important if want to go and GP/services can take the responsibility of the best thing to do.
#ENDCODE
#CODEH2
End of life. Patients who want to go home? Feels patients / relatives wishes most important if want to go and GP/services can take the responsibility of the best thing to do.
#ENDCODE
#CODEG1
End of life. Patients who want to go home? Feels patients / relatives wishes most important if want to go and GP/services can take the responsibility of the best thing to do.
#ENDCODE

#CODENC
Sometimes I don't know how we can do it, but we do it.
#ENDCODE
#CODEH1
Breaking bad news. In continuing care setting by time patient comes to their end, relatives usually have a fair idea. A regular dialogue is necessary and should be at consultant level - can be very satisfying / relaxing. One can never forecast exact date/time. Be clear, honest, assure that no pain/distress.
#ENDCODE
#CODEH2
Breaking bad news. In continuing care setting by time patient comes to their end, relatives usually have a fair idea. A regular dialogue is necessary and should be at consultant level - can be very satisfying / relaxing. One can never forecast exact date/time. Be clear, honest, assure that no pain/distress.
#ENDCODE
#CODEH5
Breaking bad news. In continuing care setting by time patient comes to their end, relatives usually have a fair idea. A regular dialogue is necessary and should be at consultant level - can be very satisfying / relaxing. One can never forecast exact date/time. Be clear, honest, assure that no pain/distress.
#ENDCODE
#CODEG2
Breaking bad news. In continuing care setting by time patient comes to their end, relatives usually have a fair idea. A regular dialogue is necessary and should be at consultant level - can be very satisfying / relaxing. One can never forecast exact date/time. Be clear, honest, assure that no pain/distress.
#ENDCODE
#CODEH2
Difficult relatives eg want relations to have different treatment. Treatment is duty of physician to decide and up to him to put to the patients/relatives properly - if they have issues take them into account if possible eg when deciding DNR but ultimately Dr's responsibility.
#ENDCODE
#CODEG1
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#ENDCODE
#CODEG2
Difficult relatives eg want relations to have different treatment. Treatment is duty of physician to decide and up to him to put to the patients/relatives properly - if they have issues take them into account if possible eg when deciding DNR but ultimately Dr's responsibility.
#ENDCODE
#CODED8
Liaison and Dr Banks? Of course. We regularly get the psychogeriatricians involved in care of our patients. Hardly any of these patients (ie with memory problems, anxiety) are not seen by Psychoger.
#ENDCODE
#CODENC
He has been here as locum consultant since Jan 2001 until March 2002. Has worked in Trust on/off.

#ENDCODE
#CODEI5
Full Induction Pack from Dr Jarrett
#ENDCODE
#CODED11
Appraisal is provided for locum consultants and his is due anytime.
#ENDCODE
#CODEI1
Education Programme - he has done around 10 things since here.
#ENDCODE
#CODED7
Asked re continuum of care - how are decisions made/ communicated re: progression to next stage? By MDT / discussion and then told to relatives/ patients.
#ENDCODE
#CODEG1
Asked re continuum of care - how are decisions made/ communicated re: progression to next stage? By MDT / discussion and then told to relatives/ patients.
#ENDCODE
#CODEG2
Asked re continuum of care - how are decisions made/ communicated re: progression to next stage? By MDT / discussion and then told to relatives/ patients.
#ENDCODE
#CODEE11
Says that when patient is transferred to continuing care bed that a letter is issued administration outlining that being moved to continuing care bed, what that means and includes that status may change.
#ENDCODE
#CODEC6
I asked him about activities / occupational opportunities on the ward - not sure he initially understood - referred to rehab - clarified that meant stimulation, activities etc in general - not sure he really understood question, but I understood him to say that not so important in continuing care as type of patients, feels pattern/level similar to other continuing care environments; says relatives can take the initiative, can take on outings etc.
#ENDCODE