**Medicine for the Elderly Training in Tayside**

This document outlines the Medicine for the Elderly (MFE) training programme in NHS Tayside. The following gives a broad outline of each of the attachments that will make up your training program and provides a list of the educational opportunities available to you as you go through your training. The document will be updated regularly as you go through your training and will be available on-line.

Your training will be composed of the following attachments. There will be some variability but this is the basic structure. The programme is designed to match your increasing experience and seniority as you progress through your training.

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|  | First or second 6-month block | | First or second 6-month block |
| Year 1 | MFE Ninewells or PRI | | MFE RVH |
| Year 2 | Stroke Ninewells | Subspeciality | MFE Angus |
| Year 3 | AFT / MFE Ninewells | | Orthopaedics + DECSA (3 months each) |
| Year 4 | GIM Ninewells | | MFE PRI |

**Ninewells Hospital**

Ninewells is the teaching hospital at the centre of NHS Tayside and you will spend a significant amount of your training here, both in General Medicine (GIM) and Medicine for the Elderly (MFE). Your attachments in Ninewells will include.

**General Medicine (GIM)**

*Educational supervisor Dr Gavin Francis* [*Gavin.Francis2@nhs.scot*](#)

Your time in GIM in Ninewells in the early part of your training will be a generic experience of ward work including reviews of AMU referrals and a focus on getting independent practice established with more discrete clinical supervision, while leading the junior medical staff day to day. You will get out-patient experience in DVT Clinics and Vascular Medicine and will have opportunities to arrange clinic experience in the medical sub-specialties. This is also a good time to gain experience in other portfolio areas such as Incontinence and Tissue Viability as outlined below. Overall mornings are busy with ward rounds and other clinical work, while you have more freedom in the afternoons to gain non-ward experience. Your attachment to GIM in Ninewells in the final year of training will follow the same basic pattern, although you will work more independently and can act-up as a consultant, with ongoing supervision. You will have more opportunities to focus on your own interests and ensuring your GIM portfolio needs are met as you come to the end of your training.

**Medicine for the Elderly**

*Educational supervisor Dr Simon Laidlaw* [*Simon.Laidlaw@nhs.scot*](#)

You will be based in the general medicine for the Elderly wards (5 and 6), in the early part of your training. These are male and female MFE wards, respectively.  These wards look after patients who require a more prolonged admission to an acute hospital site due to medical complexity.  This attachment will give you an introduction to the fundamentals of MFE in an acute hospital setting.  You will be allocated to a specific Consultant team and participate in Consultant wards rounds, carry out your own ward rounds, attend and contribute to the daily MDT meetings and contribute to general ward work. You will also have allocated days when you contribute to the Acute Frailty Team – see below. You will also attend outpatient clinics in Royal Victoria Hospital, and join them in attending MDT meetings in local GP practices.

**Orthopaedics**

*Educational supervisor TBC*

Orthopaedic services in Tayside are now centralised, so all trauma patients requiring surgery are admitted to the trauma wards in Ninewells, before stepping down, if needed, to local hospitals. You will spend at least 3 months in orthopaedics in the middle of your training and see patients throughout their acute orthopaedic journey from admission onwards.

**Stroke**

*Educational supervisor Dr Matt Lambert* [*Matthew.Lambert@nhs.scot*](#)

Stroke services in Tayside are now centralised, with all new patients referred to the acute stroke team in Ninewells. Your stroke attachment is based mainly in the acute stroke unit at Ninewells (ward 33). This is a 20 bedded unit and takes admissions of people having had a stroke direct from the Emergency Department and (in hours) from GPs and paramedics. You will have experience delivering hyperacute care including thrombolysis and thrombectomy as well as management of acute haemorrhage. You will also gain experience in looking after patients in the acute phase of their stroke care including: investigating the aetiology of their stroke and therefore selecting appropriate secondary prevention, multidisciplinary discharge planning, management of complications of stroke. You will also review patients referred with possible TIAs or stroke mimics. There is a weekly neuroradiology meeting which provides great educational opportunities. Although the attachment is mainly based in the acute unit there is also the chance to see patients in the stroke rehabilitation wards and observe the work of the stroke liaison team in the community to allow you to experience the entire patient pathway.

**Acute frailty service**

*Educational supervisor Dr Helen Elder* [*Helen.Elder3@nhs.scot*](#)

The Acute Frailty Team (AFT) assesses frail patients presenting acutely to the Ninewells Acute Medical Unit, either via GPs or the Emergency department. It is linked to the Acute Medicine for the Elderly ward (AME), which acts as a short stay unit for patients not requiring a long hospital stay. You will be attached to the service in the middle part of your training. This post will give you the opportunity to assess frail patients at the “front door” and, in AME, work with the multidisciplinary team managing patients who only need short hospital stays.

**Royal Victoria Hospital**

The Royal Victoria Hospital is located 0.5 miles from Ninewells. This is the main MFE rehabilitation and assessment hospital for Dundee city for patients who require longer hospital admissions. Most patients are transferred from Ninewells. The Dundee Hospital at Home service and Dundee palliative care services are also based on the RVH site.

Your attachments in RVH will include;

**Ward 6**

*Educational supervisor Dr Chandra Poudel* [*Chandra.Poudel@nhs.scot*](#)

RVH is the specialised rehabilitation and assessment hospital for MFE and Stroke patients in Dundee. You will be attached here in the early part of your training, based in ward 6. This attachment will focus on MFE assessment and rehabilitation in an urban community hospital setting contrasting that with assessment in the community. Experience will be gained managing inpatients on the RVH site. These patients commonly have multiple comorbidities and frailty. Most admissions are transfers from Ninewells Hospital. Discharge planning is often complex. You will gain outpatient experience in a weekly Movement Disorders clinic, as well as an MFE clinic. You will also gain early experience in Community MFE by spending time with the DECSA (see below) service. You will have plenty of opportunities to obtain evidence for specific geriatric medicine, as well as generic, competencies.

**Hospital at Home (DECSA)**

*Educational supervisor Dr Louise Burton* [*Louise.Burton@nhs.scot*](#)

The Dundee Hospital at Home service (Dundee Enhanced Community Support-Acute - DECSA) is based at RVH. This has evolved in a short time to a fully dedicated team of specialist nurses and GPs that cares for patients throughout Dundee, led by Dr Louise Burton. The service takes referrals directly from both the community, and the acute frailty service. The goal of the service is, where possible, to provide acute care for patients in their own homes, including full MDT assessments and diagnostics, with hospital based services provided on an out-patient basis at RVH Day Hospital. You will spend part of your training attached to the service full time towards the end of your training. You will carry the ’hot’ referral phone and assess patients in their own homes. You will also spend time with DECSA in the early part of your training in a more supervised role to give you early experience of this evolving and growing part of our speciality.

**ANGUS**

The MFE service in Angus is provided in three hospitals – Stracathro, Arbroath Infirmary and Whitehills. The in-patients are a combination of transfers from Ninewells hospital and some direct admissions. Much of the service is also community based. You will spend 6 months in Angus in the middle part of your training, when you have gained experience and can work more independently.

*Educational supervisor Dr James Shaw* [*James.Shaw@nhs.scot*](#)

This attachment gives you a broad experience in community and rurally based MFE. The Angus block is a mix of acute, community hospital, community (outpatients, GP MDTs, home visits and care homes). Patients’ journey of care is locality-based from the point of admission and you will be involved in all aspect of this. You will be based in North West Angus to become familiar with a locality, their patients, staff, and GPs but educational opportunities will be spread across Angus. Your community hospital base will be Whitehills in Forfar. Whitehills has three wards (2 MFE and one psychiatry of old age) and a 4-bedded hospice for non-complex palliative care (run by MFE services). Junior doctor support is provided by GPST1 trainees. Outpatient opportunities will be at Whitehills on Thursday afternoon and Arbroath Infirmary on Friday morning and include Movement Disorders, general MFE, and falls. You will also be able to spend time with the Angus Parkinson’s specialist nurse in clinics and on home visits and with the MFE advanced nurse practitioners (ANPs) on community visits.

GP MDTs in Angus follow the Enhanced Community Support (ECS) model. You will have the opportunity to attend the regular practice MDT meetings with the GPs, DNs and wider primary care team in different areas of Angus. This will give you the opportunity to see things from the GPs side of the interface. You will have the opportunity to provide input into local care homes, including annual reviews and as required visits. Finally you will also provide input to the Acute Frailty Team based in Ninewells (see above), which will give you an opportunity to follow Angus patients on their journeys of care from acute admission onwards.

**Perth and Kinross**

The main hospital is Perth Royal Infirmary (PRI), a traditional District General Hospital. There are four community hospitals (Crieff, Pitlochry, Auchterarder and Blairgowrie), largely cared for by the MFE consultants.

**MFE**

*Educational supervisor Dr Donna Clark Harper* [*Donna.Clark3@nhs.scot*](#)

You will also have an attachment to MFE in Perth and Kinross towards the end of your training when you will be given the opportunity to work more autonomously, and if in the last 6 months of your training, to act-up as a consultant. Your training at this stage will focus on your training needs, and you will have the opportunity to focus on your areas of interest and ensure you have completed your Portfolio requirements. Possibilities include working with the front door frailty team, orthopaedics step down, MFE and movement disorder clinics, liaison with community-based teams and community hospitals. This attachment is also a good opportunity to attend the meetings that will form such an interesting part of your life as a consultant, covering areas such as management, complaints, the interface between health and social work, and incident reviews.

**Non-clinical training**

You will have the opportunity throughout your training to cover non-clinical parts of the curriculum such as quality improvement, management, teaching and research. This includes both direct experience and support for study days and other courses. This can extend from fulfilling curriculum requirements to gaining greater experience and knowledge if you have an interest in one of these areas.

Towards the end of your training you may wish to focus on a sub-specialty interest, as is detailed in the existing and new curriculums. Attachments can be tailored to meet this.

**Non-core clinical experience**

You will have the opportunity in most of your attachments to gain experience in other parts of the curriculum. You should take these opportunities throughout your training, remembering that trainees in other specialties have dedicated sessions away from their base wards. Given the nature of our specialty, and how we work, this can often be hard to do in practice. It is worth your while to cover these areas throughout your training. Otherwise the last 6 months of your training can be a very tedious exercise of tramping from one observation experience to another, when that time is much better used in other ways! The following lists these topics and the contacts you need to make in each area.

**Psychiatry of Old Age (POA)**

**Perth**

Dr John Harper [John.Harper@nhs.scot](#) Liaison visits to POA wards, link to other services in Perth and Kinross

Charge Nurse Gill Irving POA liaison PRI wards

[Gillian.Irving@nhs.scot](#)

**Dundee**

Dr Cara McDonald [Cara.Mcdonald@nhs.scot](#) POA liaison Ninewells, link for other POA experience in Dundee

**Angus**

Dr David Rooke [David.Rooke@nhs.scot](#) Links for POA experience in Angus

Dr Lian Paci [Carmelaliana.Paci@nhs.scot](#)

**Tissue viability**

**Leg ulcer clinics**

**Perth**

[Julie.Dunn@nhs.scot](#) (Lead community nurse). Julie can be contacted to arrange attendance at leg ulcer clinics. She is also a good contact for arranging spending time with one of the community nurses on their home visits.

**Dundee**

Cathy Cook [Cathy.Cook@nhs.scot](#) (Lead nurse for leg ulcer clinics)

Cathy has outlined how Dundee clinics operate:

“assessment day on a Thursday…. good day to attend. ….involves the vascular/doppler assessment….health education and our partnership with patients.

The other days are follow up bandaging days,  ongoing assessment and continued health education…Wednesday is "stocking" day…we measure patients for compression hosiery,  teach them and their carers how to apply them …in preparation for discharge from the clinic.”

Dr Alyson Bryden [Alyson.Bryden@nhs.scot](#) does a consultant led leg ulcer clinic every 4th Tuesday afternoon.

**Diabetic foot clinics**

Every Monday afternoon in diabetes centre, Ninewells. Contact diabetes team to find which consultants doing as this varies.

**Vascular clinic**

Jackie Smith [Jacqueline.Smith6@nhs.scot](#) and Ailsa Herron [Ailsa.Herron@nhs.scot](#) run the vascular tissue viability clinics that trainees have found very helpful to attend.

**Nutrition**

**Ward rounds**

Dr Jackie Paterson [Jacqueline.Paterson@nhs.scot](#) – gastroenterologist, Ninewells – does a nutrition ward round, and also runs a weekly nutrition MDT. She is always happy for trainees to join.

**Continence**

**Dundee**

Nurse and physio led clinics in Kings Cross and Wallacetown Health Centre. Lisa Henry [Lisa.Henry@nhs.scot](#) is the lead nurse and Carolyn Davie [Carolyn.Davie@nhs.scot](#) is the physio team leader.

Urology – Alison Robertson nurse specialist [Allison.Robertson@nhs.scot](#)

Urogynaecology clinics and urodynamics. Dr Zbig Tkacz [Zbigniew.Tkacz@nhs.scot](#) is very helpful and a good teacher. He has clinics in Perth (some Tuesdays) and Dundee (Thursdays). Julie Christie [Julie.Christie2@nhs.scot](#) also does urogynaecology clinics.

**Palliative Care**

**Dundee**

Ninewells palliative care Dr Deans Buchanan [Deans.Buchanan@nhs.scot](#)

Roxburgh house (Inpatient unit), RVH Dr Elinor Brabin [Elinor.Brabin@nhs.scot](#)

**Perth**

Hospital palliative care team, and Dr Claire Douglas [Claire.Douglas5@nhs.scot](#)

Cornhill (Inpatient unit, PRI)

**Movement disorders**

Participation in Movement Disorders clinics will be a time tabled part of attachments to RVH and Angus when you should also take the opportunity to spend time with the specialist nurses.

You can also get more experience when you are based in PRI, by contacting Dr Dirk Habicht [Dirk.Habicht@nhs.scot](#), MFE consultant, and Lorna Gillies [Lorna.Gillies@nhs.scot](#), the Parkinson’s specialist nurse.