FY2 Survival Guide
2017-2018

Updated by Dr Akua Aboraa and
Dr Aty Arumuham
Contents

3. A&E
4. Anaesthetics/ITU
5. General medicine (on call)
6. AMU
7. Care of the Older Person
8. Haematology (medicine)
9. Cardiology
10. ENT surgery
11. General surgery
12. Obstetrics & Gynaecology
13. Paediatrics
14. Psychiatry
14. General Practice
A&E

Consultants:
Dr Argall, Dr Kearns, Mr Tucker, Mr Kidner, Mr Al-Idari, Dr Guest, Dr Robinson, Dr Fernando

FY2 shifts: Subject to change with contract changes
- 0800 - 1600
- 0900 - 1700
- 1300 – 2200
- 1600 - 0000
- 1700 – 0100
- 1900 - 0300
- 2100 - 0800
- 2200 - 0900

Expectations as an FY2:
- Manage acutely unwell patients
- To use Vision for all documentation
- Experience in Paediatrics and Emergency Room
- Lead cardiac arrests
- Manage minor injuries e.g. stitching, joint/fracture reductions
- Audit and research opportunities
- Supervise juniors – hold the obs ward bleep for a short time each morning
- Liaise with ITU/HDU

Tips for A&E:
- 8 hour shift = one half-hour break
- 12 hour shift = two half-hour breaks
- Try to space these 4 hourly
- Remember to eat!
- Nights = two registrars, two or three FY2s/CTs and one FY1
- Leave is mainly pre-assigned but can be booked over anything other than a night or weekend; and you can still swap these.
Anaesthetics/ITU

Consultants:
Dr Lord is your supervisor, you will have some theatre lists with her, but you will be with all the anaesthetists in theatre.

On ITU Dr Nichani is your supervisor - the consultant for ITU changes weekly.

Split two months in ITU, two month in theatres.

First 2 months will be ITU
- Daily ward round
- You will see patients yourself
- Opportunity to see acutely unwell patients with ITU reg- in A+E/wards
- You will get lots of teaching on physiology and how to manage various conditions

Tip - read up on physiology before you get there.

2 months in theatres
- Your job is to write the drug charts for the patients that will be staying overnight- inc VTE assessment, regular meds- this is done at 8am for the morning patients and 11am for afternoon patients
- The rest of the time is spent in theatres- you will have lots of experience in practical procedures- airway management, cannulation (peripheral and central), arterial lines, spinal analgesia - nearly always supervised by consultant, lots of 1-1 teaching on physiology, drugs used in anaesthesia
- The more enthusiastic you are, the more efficient you are at writing up the regular drugs the more interesting things you will get to do, the anaesthetists (trainees and consultants) are keen to teach.

At present it’s 1A banding- but there are no on calls, night shifts or weekends- so this may be subject to change.
**GENERAL MEDICAL ON CALL**

**731**

- This is the ‘referrals’ bleep for admitting patients with medical problems from A&E and GP out-of-hours.
- Usually hold for 12 hours, on a weekday (Monday- Thursday) for 2/4 allocated shifts and then you swap with 732.
- Shifts that are allocated over the weekend (Fri, Sat and Sun) mean you carry it for 12 hours over the whole 3 days.
- This can be stressful but don’t panic – listen carefully to the story spoken by the referee.
- Handover is at 9am and 9pm daily, in the AMU Charge nurse station.
- Hints and tips for the job
  - Most medical conditions need to be accepted.
  - Stroke – usually goes directly to the stroke ward, if a bed is available. If not then accept to AMU
  - Cardiac sounding chest pain, awaiting second trop with no cardiac Hx or ECG changes could potentially go to CAT UNIT (Mon- Fri 8am-8pm – note that the trop results must fit this window or they have to come to AMU)
  - If the patient is exceptionally unwell, should ideally be reviewed (in A&E) by the on-call registrar on bleep 997
  - If you’re unsure about referrals speak to a senior (bleep 997)
  - Upper limb cellulitis – Orthopaedics not medics.
  - Abdominal pain – if suspecting acute abdomen get Surgical SHO input if this hasn’t been done already.
  - When free, clerk patients in AMU or accepted ones in A&E
  - Can be hectic, have fluid and sweets on standby.
  - Get a break by giving bleep to 732 to hold.
  - Accepted patients uploaded to AMU patient board via Nexus. Login to nexus. Press the CAT unit icon. Then press that patient other tab on the home page. Type in hospital number or NHS number of the patient and continue to fill out referral form as it appears in front of you.

**732**

- Also usually held for 12 hours, same patterns as 731
- Weekday – Clerk patients in AMU and sometimes told to go to CAT Unit
- Weekend – Clerk patients
- Night – Clerk patients and crash cover (part of crash team and must get the grab bag from AMU in the event of a crash)
Crash (Daytime)

- Weekday (9-5pm): Do normal day job from 9-5pm and hold your own bleep. Respond to crash calls and then continue your normal day work.
- Weekday (5-9pm) and Weekend – hold your bleep, provide ward cover and respond to crashes.

Ward Cover and Crash

- Transitioning from paper to electronic records mean that you may not always be bleeped with jobs to do on call.
- Some jobs are uploaded onto the on call job list on NEXUS. To access this, sign into nexus and click on the ward tracker icon. Select a random ward and you will see an amber icon in the top left corner that has ‘On call’ on it. Next to this button is a drop down menu describing the type of cover available. Click the one appropriate to yourself and then press the on call button. Jobs on the ward you cover will automatically how up. You can click in the jobs individually and complete them.
- If you forget what wards you cover, check the daily on call list on the BVH Homepage.
- At the weekends, liaise with the 600 team so they can help out with jobs.
AMU

Consultants:
Dr Al-Najjar, Dr Kollipara, Dr Foy, Dr Alam, Dr Gopal and Dr Ashraf

Who’s on AMU?:
- Call Taker FY2/CT (731)
- AMU Clerking FY2/CT (732)
- AMU Home Team FY2
- AMU Home Team FY1
- GP Trainee
- AMU Day Registrar
- AMU Twilight Registrar
- Hospital On Call Medical Registrar (997)
- Consultants

Expectations of an FY2:
- On call shifts (731/732)
- Post take ward rounds
- Clerking patients
- Teaching/presentations (Friday meeting in handover room)
- Evening ward cover
- Crash cover

Tip: Use this rotation to learn as many new practical skills as possible. You’re constantly surrounded by senior staff who are happy to teach.
Care of the Older Person

Consultants:
- Dr Mark Taylor and Dr David McGhee – Ward 23
- Dr Talab, Dr Wong and Dr Adegepo (based on Ward 25/26) – you have little interaction with them except at the Thursday lunchtime teachings.
- Dr Taylor’s Team – 1 SpR, 1 CT1/CT2 and two F2s.
- Dr McGhee’s team – 1 SpR, 1 SHO (GPST usually) and 1 F1.
- Locum Consultant (variable) and Registrar (Dr Becera)
- As of December 2016 there are two F2’s assigned to Dr Taylor. This is to help run the frailty (unit and assessment). The last two are in brackets as people usually refer to it as frailty.

What is the Frailty Unit?
- It is a dedicated facility in the hospital that acts as the focus for acute medical care of elderly or frail patients that have presented to hospital. It involves a comprehensive geriatric assessment with physiotherapy and occupational therapy input. Think of it as an AMU/SAU for the elderly.
- The day room on Ward 23 in the designated Frailty room and side room 2 on the ward is the assessment room. Traditionally patients are referred to Dr Tylor or Dr McGhee from A&E or AMU (the patient must have presented to hospital within 48 hours and fulfil frailty criteria to be referred). They are brought to the frailty room. The juniors (CT/F2) clerk the patients using the frailty proforma, examine in the assessment room and usually present to the SpR or Consultant. They will then assess the patient and along with PT/OT decide where they will be admitted or discharged. Any patient admitted will come directly to ward 23.
- Recently consultants and SpR’s have gone to A&E themselves and picked up patients that they deem appropriate. Majority of the time they are clerked in A&E before arriving to Ward 23.

Typical ‘normal’ day (9-5pm)
- 09:00 – Ward Round. This could either be consultant/ SpR led or you have patients assigned to you and you do a ‘mini’ ward round.
- 11:00 (every day except weekends) - Board Round. The electronic patient board (ward tracker) is updated, each patient is discussed with input from the nursing, PT/OT and social services. A list of critical activities is generated for each patient. The patient is deemed ‘green’ if all activities have been met or ‘red’ if they haven’t. It is usually the juniors job to update it the ward tracker using the computer or the tablet (password 2016).
- 11:30 – 12.30/13:00 – Finish ward round/ start on jobs/Clerk patients for frailty
- **LUNCH BREAK** – The team like to eat together in the canteen and talk over lunch.
- After lunch - Finish ward round/ start and complete on jobs/clerk patients for frailty
- 15:30 – 17:00 – This is a good time to chase up any blood or investigation results. Print out blood cards for the following day/over the weekend.

**Expectations as an FY2:**
- Thursday lunchtime teaching – attend at present at least once. Lunch provided
- Frailty unit – clerk*, examine patients and assign a frailty score (see attached pdf)
- Encouraged to go to clinic but realistically won’t have time to
- Encouraged to attend Grand Round on Wednesday Lunchtimes – Lunch served, get there before 12.30 for this!
- Detailed clerking in a set order which will be shown to you.
- General medical on calls (see section on this)

**Hints and Tips**
- 15:30 – 17:00 – This is a good time to chase up any blood or investigation results. Print out blood cards for the following day/over the weekend
- Don’t be late!
- Steve Amir the ward clerk is truly a fountain of knowledge and will help you out with most things or point you in the direction of someone who can
- Listen to the nursing staff! *golden rule*
- Thursday lunchtime teaching - Useful to sign off as a DCT on Horus E portfolio
- Presenting frailty patients to SpR/Consultant – Good for CEX/CBD. Please let them know beforehand so you can be assessed appropriately
- A unique chance to practice holistic medicine and understand more about rehabilitation in the elderly
- Chase scans/ do bloods before lunch if possible – saves a lot of time in the afternoon.
Haematology (Medicine)

Consultants:
Dr Macheta, Dr Cahalin, Dr Grey, Dr Kolade

Expectations as an FY2:
- Punctuality: there is a handover at 9am every morning
- Ward rounds: two big ward rounds, Monday at around 4pm (late finish), Friday at around 10 am
- MDT: Mandatory to attend, Monday at 2pm and Friday 9am
- Most patients need daily bloods; therefore, blood cards need to be printed for every day.
- Bloods needs reviewing 1st thing in the morning and all blood products need to be requested by 11am
- There is a registrar in the ward all time
- Cross cover the other CT

Do Not: (Very Important!!)
- Prescribe any chemotherapy
- Be in the room in which spinal chemotherapy is given

Handover:
As a team you are expected to get handover from the nursing staff in the morning and to give handover to the nurses before the end of the day.

On Calls:
- AMU- not expected to cover ward
- Wards/ Crash – cover ward until 1700


**Cardiology**

**Consultants:**
Prof Chauhan, Dr Roberts, Dr Galasko, Dr Eichoffer, Dr Goode, Dr More, Dr Brack, Dr Seed, Dr Chalil, Dr Gall, Dr Abozguia and more

**Expectations as an FY2:**
- To help in clinics
- On calls
- Ward rounds - independently
- Ward rounds of new patients with the consultant of the week
- To cover Day Case Unit – clerking, cannulating and writing drug charts for patients attending for procedures, such as angiogram
- To cover Cardiac Investigations Unit – Observing the Exercise Tolerance Test
- Assist in cardioversion
- You will be expected to consent for cardiology procedures that you have been told to at induction. DO NOT consent for cardiothoracic procedures.

**On-call (888 Bleep):**
- Cover all the cardiology wards including CCU and Lancashire suite
- Clerk in new patients, review sick patients
- Do not accept patients! All referrals go through the registrar.
- When covering cardiothoracic discuss every patient with the registrar, even if simple
- When on cardiothoracic you carry the trauma bleep.
- Hand over is 8:00 and 20:00 in the doctors study room, just inside ward 39.

**Night and weekends**
- On nights you also hold the cardiothoracic unit bleep.
- On call 8:00- 20:30- cover cardiology all of the shift and cardiothoracic as well from 16:00- 20:30.
- On call 8:00-16:00- cover just cardiothoracic.
ENT Surgery

Consultants:
Mr Nigam, Mr Kazmi, Mr Hans, Mr Malik

Expectations as an FY2:

- Clinics in Yellow reception
- Opportunity to gain skills in flexible nasopharyngolaryngoscopy and microsuction
- To assist in theatres 5, 6, 12 and 14
- To attend the head & neck MDT meetings - Friday afternoon

Ward Cover and ENT Referrals: 0800 – 2000 (personal bleep)

- Verbal handover In orthopaedic trauma room just off ward 34
- When oncall, after you collect bleep, print out the patient list for the day for ward round (Found on S drive - need authorising by rota coordinator)
- When oncall, you will receive bleeps from A+E, GP and any ward job

Nights ENT and Orthopaedics Cross Cover: 2000 – 0800 (920)

- Go to T+O meeting room off ward 34 for handover before and after nights
- You should not be expected to work after handover in the morning (ie. Go on ward round - discuss with rota coordinator if this occurs regularly)
- Update both T+O and ENT list on the S-drive for the morning team

Hints and Tips:

- Anyone with airway difficulties - call the Middle Grade on call!
- Tracheostomies call the head and neck nurse

Admit:

- Non-settling epistaxis
- Tonsillitis/Quinsy - septic or not tolerating oral intake
- Acute dysphagia
- Post-tonsillectomy bleeds
- Labyrinthitis not settling with stemetil
- Septal haematoma
General Surgery

Consultants:
Mr Ravi, Mr Khurshid, Mr Heath, Mr Pettit, Mr Barker, Miss Douglas, Mr Linn

Expectations as an FY2
- To assist in theatre
- To assist in ward rounds
- Do the jobs from ward rounds

On-calls
SAU Day on-call 0800 – 2030 Bleep 806
- Cover SAU with the FY1. Cover general surgery and urology.
- Follow post-take ward round
- Take referrals from A+E
- GP general surgery referrals go to SRAC from 0900-1700. You only need to take Urology referrals from GP till then.
- You may be asked to assist in emergency theatre
- Handover at 2000 to the night team

Ward Cover night on-call 2000 – 0830
All of the above as day on-call and also review sick patients on the wards.

Hints and Tips:
- Ward referrals should normally be discussed with the registrar.
- Prepare the list early for handover; ensure all details for patients are up to date.
- Referrals for abdominal for paediatric patients should go to paedics first and they will assess the need for surgical review.
- All paediatrics cases should be discussed with registrar or consultant.
- Any woman should have urine pregnancy test and if positive should be reviewed by gynaecology first.
- Head injury cases should be discussed with Preston first and have a foolproof plan by neurosurgical team before admission to SAU. Ensure there are no medical causes for their fall/injury.
- Urologist on-call will be onsite 0800-1700. For emergencies outside these hours you will need to call them and explain clearly the issue.
- Vascular surgery patients will go to Preston and emergencies should be reviewed by registrars.
- A+E patients in the resus room should be reviewed by registrar before admission.
- Bleep the on-call ODP to list patient for theatre out of hours.
Obstetrics and Gynaecology

Delivery Suite On-Call 0800-2000 Bleep 706
- Handover on delivery suite at 0800.
- Ward round with consultant and registrar in morning.
- Assist with elective caesarean sections/assisted deliveries by registrar.
- Cover delivery suite patients, mainly prescribing, taking bloods, cannulas.
- FY2s not expected to deliver babies but encourage to observe midwifes and registrar.
- Seeing patients on maternity day unit and discussing with registrar.
- Significant antenatal problems go straight to delivery suite.
- Covering post natal ward if ward SHO busy.

Ward cover On-Call 0800-1700 Bleep 855
- Handover on delivery suite at 0800, 1300 and 1700.
- Discharges and debriefs on postnatal ward D.
- Reviewing gynae patients either on ward round with consultant or alone and then discussing with seniors.
- Reviewing and discharging elective gynae surgery patients.
- Referrals from GP/A&E/PCAU/EPAU for all gynae patients and pregnant women less than 16 weeks gestation.
- Accept and clerk patients with: pelvic pain, PV discharge, heavy bleeding outside menstruation with haemodynamic compromise, non-specific pelvic pain that have been seen by surgeons with no surgical findings.

Night On-call 2000-0800 Bleep 706
- Handover at 2000 on delivery suite with registrar.
- Covers gynae and obstetrics and referrals.
- Pregnant women < 16/40 assesses on SAU or EPAU the following day.
- Pregnancies >16 weeks seen on delivery suite.
- Review unwell patients on gynae wards and delivery suite.
- Assist when needed in theatre with the registrar.
- Not expected to do a routine postnatal or gynaecology ward round before handover at 0880 – will be done by the day team.
Paediatrics

Consultants:
Dr Goldberg, Dr Rawlingson, Dr Laycock, Dr Rowlands, Dr Mohanty, Dr Verma, Dr Curtis, Dr Ahmed, Dr Tang

Expectations as an FY2
Attend handover at 0830, 1630 and 2100 in the paeds doctors’ room

Shifts:
- Wards: 0830-1630, ward round, ward jobs and carrying the referral bleep (179) until 1300
- Ward Cover: Go to handover meeting and see what is needed
- SCBU: Join the registrar/consultant ward round and then help out with jobs. Also carry the delivery suite bleep (543)
- Postnatal Ward: Do new born baby checks
- Admissions: 1300-2100, take referrals from GP and A&E, (179)
- Long days: 0830-2100, ward round and ward jobs. You only carry your individual bleep except for in the evenings, when the SCBU will pass 543 on to you. Update the handover sheet in time for 1600 handover and then again for 2045
- Weekends – do all the above jobs (carry 149 & 543)
- Nights – all of the above (carry 149 & 543)
- Clinic - you can spend time in outpatients (initially usually just shadowing the consultant/registrar) unless you are needed elsewhere

Hints and Tips
- When holding referral bleep accept everything for assessment
- CAU closes at 2030, any referrals after this need to be seen in A&E
- Weekend shift are often busy: You should prioritise CAU patient over attending ward round.
- At night you should doing baby checks on Friday, Saturday and Sunday nights although this may not be a clinical priority
- Go over baby checks with Liz (ANNP)/ another SHO. It’s important for find out certain things e.g. antenatal radiology, maternal virology, cord bloods before you do the baby check
Psychiatry

Ward based with one consultant per ward at The Harbour- Part of Lancashire care.

Expectations of FY2

- Attend morning board rounds and give your opinions on how the patient is doing / said in your reviews and take minutes (Depends on consultant)
- Attend to the patient’s physical health needs.
- Ensure blood tests and ECG are completed on admission and when required for monitoring of medication
- Carry out reviews of patients psychiatric wellbeing.
- Arrange discharge medication / write discharge letter.
- May be asked to sit in on meetings with patients, their relatives, care- co-ordinators and the consultant lead.
- Each week you have to check all PRN prescriptions are required and re-sign the prescription.
- Every Wednesday afternoon you have teaching.

On calls

1A banded currently. You do 7 night shifts, one weekend on call (9am-21:30) and 5 evening on calls (17:00-21:30) per 8 weeks.

During this you cover half the wards and the Psychiatric core trainee covers the other half. Ward are pre allocated.

You are expected to

- Clerk in new admissions,
- Review patients that need sedation/ medical review.
- Review patient post ligaturing.
- Review patients who are in seclusion every 4 hours.
- Carry out 136 assessments and discuss with a registrar or consultant.
- Carry out ward jobs.
General practice (GP)

The working pattern is very variable, depending on what practice you are allocated to.

Some practices offer a full or half day off during the week – check with were you are.

You make have a few days/ a week of supervised sessions before flying solo. Remember that you will always have help in the form of your GP supervisor and other GPs/ ANPs in the practice.

Expectations as an FY2:

• To see patients on your own, in your own surgery and feedback to a GP.
• Other responsibilities vary a lot between practices
• Please check with Foundation team regarding home visits – as far as I’m aware F2s should not be doing these!
• Signing lots of repeat prescriptions
• To review and follow up patients’ investigations.

Hints and Tips:

• Find out who was at your practice before you, and speak to them about what will be expected of you
• Get the contact details of your practice manager in case needed.
• You should go through your patients at least every day with a senior GP*
• Some are more helpful and approachable than others, but always get help if you’re not sure
• Read up a bit on dermatology, you’ll see a lot of rashes
• Sort leave early so clinics can be re-arranged if necessary.

*You should go through patients – this is the ideal but might not always be possible if your practice is busy. You are free to discuss at leisure in terms of number and complexity of patients. Through experience I found that I could handle relatively simple cases and sought advice when things were more complex or challenging.
This is an excellent placement to catch up on you E-portfolio (as long as it isn’t your last rotation!), study for any membership exams, go to conferences/do posters - as most practice will be accommodating if advanced notice can be given.

Unbanded job, so make sure you budget appropriately to compensate for this. But no on calls or weekends!