Survival Guide – FY1 – Part 1: General
2018-19

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Contents

INTRODUCTION ........................................................................................................................................... 2
CONTACT DETAILS ....................................................................................................................................... 3
THE BASICS .............................................................................................................................................. 4
EMPLOYMENT ............................................................................................................................................ 7
EDUCATION ................................................................................................................................................ 8
2016 JUNIOR DOCTOR CONTRACT ........................................................................................................... 11
SURGICAL JOBS ...................................................................................................................................... 12
MEDICAL JOBS ......................................................................................................................................... 19
OTHER JOBS .............................................................................................................................................. 27


Introduction

Hello new FY1s!

*This is a little booklet that has been put together to give you some useful information about FY1 at Blackpool Victoria Hospital.*

*Some of it is pretty general, but we have included a specific section about each of the FY1 jobs here at the Trust.*

*It has been written by the FY1s who have undertaken each of these rotations, and we have hopefully included some information about what will be expected of you and any helpful tips we could think of that will make your life just that little bit easier.*

*Remember that in general, most people at the Trust are very friendly and understand that you are new to this, so if ever in doubt, just ask and people will point you in the right direction.*

*Good luck and enjoy your first Foundation Year…*

*From the current FY1s (soon to be your FY2s!)*
Contact details

This is not an exhaustive list. Other numbers can easily be found using the Search section at the top of the BFW intranet page.

If you cannot find a number, you can always go through switchboard by pressing “0” and asking to be put through to them.

<table>
<thead>
<tr>
<th>Service</th>
<th>Number</th>
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<tbody>
<tr>
<td>A&amp;E X-ray</td>
<td>53400</td>
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<td>Acute response team</td>
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<td>53747/53746</td>
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<td>53657</td>
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<td>2222</td>
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Computer systems
As in any NHS hospital, there are many different computer systems that aren’t very intuitive and are frustrating to use to begin with.

Here is a general list of what you will use each of them for, and they are found on the intranet page:

- **CyberLAB**: Looking up blood results
- **PACS**: Looking up (most) scan results
- **Nexus**: This is a difficult beast to tame with. It consists of a number of “apps”, some of which you have to request to have access to. You may also need to request the Clinical Hub (used to look up regular medications and previous diagnoses), ADAS (for organising Warfarin/DOAC follow up in the community), e-referral, Base Tracker (for AMU & SAU) and Ward tracker (for all the other wards!)

How to Bleep

1. Dial 50 (you will hear two beeps)
2. Dial the number you want to bleep (wait for another two beeps)
3. Dial the number of the phone you are on (number in top right of screen), followed by a # (you will hear many beeps)
4. Hang up

Bleep Etiquette:

Usually wait at least 5 minutes before bleeping again - obviously if it is really urgent you might need to bleep again more quickly.

For very urgent scenarios remember you can fast beep on 2222 (this takes you to the operator FAST!)
The basics

**Things to remember day to day**
- Get familiar with local equipment and admin tasks during shadowing i.e. venepuncture, drug charts, discharge letters, how to refer to other specialities, etc. You will inevitably forget all this though, don’t be afraid to ask anyone on your team where things are or how things are done
- Create a patient list, or find out if a template is already in use for the department- some people like to use ward tracker to quickly obtain a list of all patients on a ward.
- When prescribing IV medication or fluids, make sure they have a cannula!
- TTOs aka E-Discharge Summaries - be efficient, pharmacy closes at 5pm
- If you request a test – review it, or hand over to review

**Before going home**
- Put blood forms out for next day
- Check blood results from that day and prescribe all the warfarin and IVF for the next 20 hours if required. You will forget to do this to begin with, but after a night on-call doing endless warfarin doses you won’t forget
- Handover to on-call team any patients that are unwell or who require jobs doing/chasing- this can be done by phoning them/finding them in person or uploading jobs onto the ward tracker (accessed via Nexus)- if you are unsure, just ask someone.

**Prior to weekend**
- Ensure plan in place for the weekend, i.e. ask the Specialty Trainee or Consultant during a ward round
- Rewrite any drug charts that are due to run out

**Ward rounds**
- Create a patient list and leave space for your jobs - organisation will make your day easier
- This is a good chance to raise any concerns about patients
- Make sure you look at the drug chart and observation chart
- Handover nursing jobs verbally (you will learn which ones to trust in completing certain tasks)
- If you’re doing your own ward round, don’t panic, just be logical and go through each patient. Remember A-E, history, examination, investigations, results, management. If you’re concerned, escalate to your FY2/CT1-2/ST3+/Consultant – you can ask for advice or ask them to be reviewed. Everyone is lovely and here to help you!

**Intranet**
- Document library: Intranet homepage left hand side purple box search document library. Helpful local protocols. Very handy if you can’t quite remember how to prescribe sliding scale, heparin infusion, etc.
- The intranet also has the local antimicrobial formulary, various local pathways, an electronic BNF, and advice on prescribing end of life medications.

**Things you will need:**
- Stethoscope
- Pen torch
- ID badge
- Bleep – to be collected from switchboard – 2nd floor, Telecommunications
- Pens
- Tape
- A smile!
**e-discharges**

E-discharge summaries are very important, but dealing with clinically unwell patients is more important.

These are online documents you have to fill in, which need to be completed in order for a patient to be discharged. Other members of the team can get obsessed with e-discharges and will badger you to do these immediately after a ward round, especially when you’re new and rely heavily on everyone else.

You will gradually learn to prioritise, and most of them time if you explain that you are going to deal with the very sick patients first, then you will do the e-discharges, then most people are reasonable and will understand.

- Click on e-discharges in purple box, on the [intranet homepage](#)
- Check for duplicates – may have already been done/started
- Discharges are self-explanatory proformas, but don’t forget to include:
  - Admission and discharge bloods
  - Reports from scans
  - Follow up plans for the patient
  - All medications – including those they came in on.
  - Warfarin and insulin amounts
- When discharging on warfarin an anti-coagulation referral needs to be made (NEXUS® ADAS® Self-explanatory proforma) and warfarin prescribed in the patient’s yellow book up until their anti-coagulation appointment. This is difficult to explain via text, you will be slow in doing this the first time.

**Discharge tips**

- Check with nurses if it needs pharmacy verification as some can be discharged straight from the ward. Selecting ‘yes’ pharmacy verification means that the pharmacy will supply the drugs. Selecting ‘no’ is sometimes appropriate when patients don’t need any need medications/have a supply at home. Note- once you press ‘yes’ this locks he drug section and cannot be edited unless discussed with a pharmacist.
- Some medical wards have pharmacy lead discharges which can save a lot of time. Enquire as to whether your ward has this service. This basically means you don’t have to fill in all the medications that the patient is to be discharged on, the pharmacist will do this for you.
  Thank them for this joyous favour!
- Be efficient - pharmacy closes at 5pm
- If able write discharges a day in advance, save and submit to pharmacy on the day.
- When able write discharges in advance of the weekend – your colleagues on weekends will thank you!

**Fast track discharges** – when patient only has short amount of time left to live

- The first time you do this, ask a pharmacist to help you out. Pharmacists as a whole are a friendly bunch, so get one from the ward on your side and they’ll happily guide you. Here’s some general tips that may stick in your noggin:
  - A senior must document for a 24hr discharge that the patient has less than a week to live, based on a consultant’s decision
  - The GP needs to be rung and informed
• If the patient is going home with a Community DNACPR the GP also needs to be informed and the consultant in charge of the patient has to sign the back of the in hospital DNAR form for the ambulance – write on e-discharge letter
• HDT are helpful with this process as are the Palliative Care team
• If placed on AMBER care bundle, there are 2 separate, self-explanatory forms needing to be filled out for this (nurses have them) as well as writing it in the discharge letter
• If the patient needs anticipatory medications then this requires an additional prescription in the dedicated book - again the pharmacist will help you with this.
• DO NOT PRESCRIBE A SYRINGE DRIVER TO GO HOME WITH 'ANTICIPATORY'- unless your patient is already requiring one.

Referring between specialities
• Intranet e-referrals Information about which type of referral the departments use
• Most referrals are now done on e-referral via NEXUS
• Some are still paper consultant to consultant referrals so you will need a senior signature and then to fax it to the relevant secretary. Ask your friendly ward clerk for help if you’re not sure how to do this.
• Very confusingly, if you want to talk to a Microbiologist, you have to refer to them via a different program, called “Nerve Centre”. You leave your bleep and then they bleep you back. A microbiologist will ask you lots of questions about the patient, so have the notes, drug chart and the patient’s observations at ready whenever you answer your bleep to them.
Employment

**Annual Leave**
You are entitled to 9 days of Leave (excluding weekends) per rotation.

You are responsible for booking your own leave, usually 6 weeks in advance.

You should discuss when your planning leave with other member of your team, otherwise book it well in advanced (before you begin your rotation) to avoid any clashes with team mates.

There will be some days where you will be working on national holidays, when this happens you will receive a day off in return (a day in lieu).

You are not permitted to roll-over Leave days to the next placement- so use it before you lose it!

**Study Leave**
As an FY1 you are not entitled to Study Leave (except from some activities which your FPA will clearly advertise!). Check out oneHR for full guidance around the Leave you are entitled to and the forms to apply for it.
Education

Meeting your Clinical/Educational Supervisor
Your Clinical Supervisor will expect you to contact them before a given rotation starts. You should introduce yourself to your Supervisor asap.

A good idea is to ask the secretary to book you in for the 3 meetings (induction, midpoint review and final) early on so that you are not chasing your Supervisor. If this is not possible, find out when and where you can find your Supervisor should you need them.

You must have your initial meeting with your CS within 2 weeks of starting your rotation and should meet with your ES at the end of EVERY rotation.

Your meetings are logged on HORUS and form part of the FY1 requirements for the year. Failure to record the meeting in a timely fashion, will see the placement ‘locked down’ and you will be unable to log the record.

Check out oneHR for more information.

HORUS
Your portfolio, HORUS, is an integral part of your training as a Foundation doctor and is worth getting familiar with in the first week.

Supervised Learning Events
These are to be completed during each rotation. FY2s cannot supervise them for you. You need to get at least one per rotation completed by your Clinical Supervisor, and another completed by a different Consultant. Get a few Specialty Trainees on board too, as some Consultants can be very elusive and difficult to chase up, so getting a few of these out the way with higher level trainees is handy.

The minimum required per rotation are as follows:
- **3 x Mini Clinical Experiences (Mini CEXs)**. This involves being observed taking a history and examination and ideally forming a management plan. These are best done in AMU/SAU
- **2 x Case Based Discussions (CBDs)**. This just means a discussion about a patient with a senior. I got these out the way during my night shifts when on medicine. For example, if you discuss a patient with the medical registrar on call, that’s a CBD

You will also need 1 x Developing the Clinical Teacher (DCT) per year at least. Do not leave this until the last minute. Look for opportunities within the department, with the Medical Students via the Undergraduate team, etc.

Core procedures
There are 15 clinical core procedures to get signed off by the end of FY1. *These ARE NOT the same as the 15 Core Skills you were asked to complete at your Induction.* See HORUS for the full list.

If time is running out and you have not covered a particular task, talk to the folk in the Simulation & Skills Centre. They will usually have a course on the subject and you may be able to get it signed off by performing it on a mannequin. Nurses and FY2s can sign these off for you, but it’s better to complete the Core Procedures within the department.
Inductions and sign offs
Make sure the following is done for each placement:
- Initial meeting - Complete within 1 week of starting. This is done on HORUS with your Clinical Supervisor
- Local Induction form - Hand in to your FPA, again within 2 weeks of starting - this form is NOT available on HORUS

Once the placement is finished
- End of Placement Meeting - Completed on HORUS with your Supervisor (try to get this arranged as early as you can in your placement)

Linking/mapping curriculum evidence
There is a list of 20 curriculum areas that must have at least two pieces of evidence mapped to them during FY1.

Take a look at them early in each rotation so you have some idea of how you can obtain the relevant evidence.

Evidence can take the form of:
- Experiences on the ward – you can reflect on these and use this as evidence, or you can add smaller events as ‘additional evidence’/free text
- Teaching sessions- use the feedback you give as evidence of attendance and link these to evidence
- E-learning - If you are struggling to find evidence, you can use the relevant e-learning packages. Links to these are found beside each curriculum point
- Courses/training days/additional evidence of achievement - all of these forms are available on the ‘Forms’ section

Team Assessment of Behaviour (TAB)
You need at least 1 satisfactory TAB (an assessment completed by your colleagues and staff you have worked with) done in the year. It is a good idea to try to get this done early on. You will require 15 email addresses in total from different disciplines in the department (full details of these can be found in the TAB section on Horus). You must receive at least 10 replies within 45 days or the TAB will expire.

Reflections
You must complete at least 2 shared reflections each rotation. Try and get these done whenever something has gone wrong and you genuinely would naturally reflect in your head. The form on HORUS will guide you through it.

You can complete as few or as many private Reflections as you like. These are not required and will not be seen by the Foundation tea or the ARCP panel.
Teaching and Training

- Fortnightly teaching sessions take place in the Education Centre or the Simulation & Skills Centre from 9:00-17:00 and is protected teaching time (so hand in your bleeps to the receptionist)
- The only times you will not be expected to attend are if you are on-call, on nights or annual leave (or other extenuating circumstances)
- If you cannot attend, (including if you are on-call or nights) you must inform the FPA beforehand by email
- Attendance is monitored (sign in and out forms are required) and you must reach a 70% minimum attendance to be signed off at the end of FY1
- There are Grand Rounds at 12.30 on Wednesday in the Education Centre, with lunch included beforehand
- If on General Surgery/ Urology, check with your Consultant if you are expected to attend the ward round at 8:00am before teaching. Check with your team beforehand!

Teaching Medical Students
This is an excellent way to develop your confidence and add to your CV. Various ways that you can engage with students are:
- On the wards
- Organised revision/teaching sessions/presentations
- One to one sessions

Audit & Research
There are Audit projects going on in every department and research projects going on in most. Each department has an audit lead that should be able to help you if you wish to take part in any.

Evidence of active involvement in an Audit is a requirement of FY1. Use the QI/Audit form on HORUS to demonstrate exactly how you contributed (lots of people had to go back and fix this AFTER ARCP- don’t get burnt!). Don’t just state the nature of the Audit and mention that you were there!
2016 Junior Doctor Contract

The new contract was designed to provide:

- An agreement to replace the banding system for unsocial hours with marginally increased payment for all work carried out
- A series of new limits on working hours
- The replacement of an incremental pay system with a series of nodal pay points based on attainment and responsibility rather than time served

If you have any questions about the Contract, speak to the Trainee Doctor Support Team, located in the Education Centre.

The Guardian of Safe Working and Exception Reporting

The BMA, the government and employers confirm have jointly appointed a Guardian in each NHS trust. This allows monitoring of total hours worked by junior doctors.

If you are found to be working over the number of contracted hours you are eligible to either receive payment for these extra hours or claim this time back in lieu using the online system, this is known as Exception Reporting.

The doctor can carry out additional activity over and above the standard commitment set out in the doctor’s work schedule up to a maximum average of 48 hours per week (or up to 56 hours per week if the doctor has opted out of the Working Time Regulations).

If you have any questions about this process, contact bfwh.gosw@nhs.net
Surgical Jobs

General Surgery

Teams & consultants:
- Mr Khurshid (MK) – Upper GI
- Mr Heath (JH), Mr Ravi (SR), Mr Pettit (SHP), Mr Linn (TL), Mr Barker (JB), Mr Blackmore (AB), Miss Douglas (LD) - Lower GI
- Nearly all Consultants have a higher level Specialty Trainee and FY1

Duties:
Each FY1 will cross cover another Consultant’s team and will cover for that FY1 when they are on leave/busy etc.

However, it’s generally nice to help out whichever FY1 is on post-take that week as they are likely to be the busiest, and if everyone helps each other out it will make it easier when it is your turn!

In general though you won’t be that busy, this is a chilled first job to have. Get involved with an Audit, go to theatre, or watch Love Island in the Doctor’s Mess!

Day jobs include:
- Attend and participate in ward rounds
- Make sure the management plans from the ward rounds get put in place (i.e. checking bloods, X-rays, chasing up scans, liaising with other teams)
- Attend to patients that become unwell during the day
- Update the handover list
- Complete the e-discharges

On-call:
- Stay on SAU 0800-2000 - clerk patients and start initial management
- If doing a weekend of 0800-2000, you will be on SAU Fri, Sat and Sun, but will have the Thursday before and the Monday after off

Ward cover:
- This will either be a 1000-1700 weekend, or a set of twilight shifts (Thurs-Wed 1700-0000 on weekdays and 12-0000 at the weekend). If on twilight, you have the Wednesday before off, and the Thurs, Friday off afterwards
- You will be expected to cover wards 14, 15A, 15B, 16, 34 and 35
- Jobs include mopping up any jobs left throughout the day- each ward had a ‘doctor jobs’ book which should contain most jobs
- I would advise that you work your way through the wards and the jobs lists to try and keep on top of it (no doubt you will be bombarded with bleeps about non-urgent jobs throughout the shift- prioritise as you go).
- Review patients that become unwell

Locations

- Ward 15B
- Ward 15A (mostly urology)
- Day Surgery Unit (DSU)
- Ward 14 (SHCU- Surgical High Care Unit)
- Ward 16 (usually ortho-day/short stay)
- Ward 34, 35 orthopaedic wards
The Job:

- **Clinics:** You will not be scheduled into clinics as an FY1. However, it is a good opportunity to get CBD’s and Mini-CEX’s with your consultant. Each consultant has a set day for out-patient clinics.
- **Theatre:** Theatre lists and which consultants are operating can be found on the intranet. If the wards aren’t busy, it may be possible to participate in more theatre sessions.
- **MDT meetings:** MDTs occur on a weekly basis. It is a good idea to experience these during your rotation. Discuss with your team where these occur and how often you are expected to attend (usually none).

Ward rounds & handover:

- When your team is on take, handover starts at 8:00am on SAU. The list of patients for your team can normally be found on the computer in SAU. Print this off each morning. Patients from the night shift will be added on to the already existing list if your team is on ‘take’ for that week.
- Take starts on a Friday at 1pm and continues until the next Friday.
- During the round, check the observation and drug charts, and document the findings and plan of care as instructed by the Consultant/Reg. The SHO/Registrar and consultant tend to have commitments in theatre/clinics etc, so the ward round is the best (and sometimes only) opportunity to ask questions, raise concerns and get scan request cards signed by the consultant.
- It is a good idea to have spare continuation sheets, investigation (CT, MRI) cards, ERCP/MRCP forms, endoscopy request forms, and consent forms available for more efficient rounds. Surgeons are often very quick and you may struggle to keep up initially.

Recommended literature:

- Oxford handbook of Clinical specialties (surgery)
- Oxford handbook of Medicine (surgical emergencies)

Audit:
You should speak to either your registrar or consultant about current audits.

Mr Heath is the Audit Lead for General Surgery – you will need your paperwork signed by him.

Teaching:
Speak to your consultant about this.

There is a journal club at Friday lunchtimes – 1-2pm. Lunch usually provided. You will all be expected to present at journal club one week, this is good for your e-portfolio, and you will usually get free pizza kindly supplied by Mr Linn and Mr Ravi!

This is a good opportunity to get the DCT signed off on your HORUS.

Hints and Tips:

- Before you go home make sure you have prescribed any warfarin or fluids for overnight.
- If you have any outstanding investigation results or poorly patients hand them over to the FY1 covering twilights.
- This also applies to any patients that you feel will need to be seen or bloods done over the weekend, hand it over to the FY1 on twilights so that they are aware and can make sure that this gets done. If you think a patient needs a more senior review, a senior member of your team can hand it over to the consultant on call for the weekend.
When on over the weekend, there will be two FY1s, one on 12-midnight and one on 10-5. It usually works well to split the wards geographically, so one covers 14, 15a, 15b and 16, and one covers 34 and 35. Otherwise you will spend hours walking back and forth between the wards.
Trauma & Orthopaedics

Teams & consultants:
- Team 1: Mr P Charalambous (CPC)/Mr A Javed (AJ)
- Team 2: Mr P Dunkow (PD)/Mr S D Fewster (SDF)
- Team 3: Mr Mr S Mannion (SM), Mr Shetty(VS)
- Team 4: Mr V Kamath (VK), Mr Sreekumar (RSK), Mr Shah(ABS)

Your duties:
- Develop your knowledge with regards to the commonly performed orthopaedic procedures such as hip fractures, surgery, and get a better understanding of the procedures, interpreting X-rays and management of orthopaedic conditions
- You will be quizzed on x-rays in the initial orthopaedics trauma meetings, but this usually dies down towards the end of the rotation. These meetings are probably the only opportunity for teaching so don’t be afraid to ask your questions there. If you get stuck in you will be pretty good at interpreting pelvic X-rays and will have some experience with shoulders, knees, ankles, wrists and spine

The job:
You are team based and will be expected to review your patients on a daily basis, but don’t worry if you don’t have time as it’s particularly difficult to see everyone. Make sure you prioritise unwell patients. You aren’t timetabled for theatre and will have to make your own opportunities to go. Ward work will mostly consist of reviewing patients daily, preparing them for theatre, prescribing fluids and their regular medications, completing e-discharges and referrals to other specialities, taking bloods and inserting venflons. On call shifts are as per general surgery. For those on orthopaedics as their first rotation, it is challenging however you will build skills to work independently.

Ward rounds & handover:
- The consultant of the day will review the new patients after the trauma meetings in the morning, other consultants and teams will turn up any time during the day, and the orthogeriatrician will do a daily ward round. The orthogeriatric team are very useful so be sure to ask them for medical advice
- If, after your shift has finished, there are still jobs to be done, you can either write it on the doctors’ job list for the on call FY1 to do, or you can bleep and inform them if it’s a higher priority. Prioritise the important jobs and get these done. It is tempting to stay late to finish everything, but don’t get too sucked in. Get good rest and finish the jobs the following day

Recommended literature:
- Pocketbook Of Orthopaedics And Fractures (2nd Edition, Ronald McRae),
- Apley’s Concise System Of Orthopaedics And Fractures (3rd Edition, Louis Solomon),
- Orthopaedics And Trauma: An Illustrated Colour Text, Ronald Mcrae
- Rockwood And Green’s Fractures In Adults 3rd Edition: Editor C A Rockwood, D A Green
Audit:
Your clinical supervisor can help instruct you and provide some advice.

Mr Fewster is Audit Lead

Teaching:
Trauma meeting is when most teaching occurs. There will be minimal on ward rounds. Use this opportunity to ask questions. They involve a bit of a grilling from consultants.

Final tips:
- Patient handover sheets will be provided daily on wards: 34, 35, 15a
- Learn a basic system on how to present an x-ray – you will be expected to present them at trauma meeting
- Things to learn prior to being grilled: Gardener’s classification of #NOF and types of management, Salter-Harris classification, patterns of neurological deficiencies post-fractures i.e. common peroneal nerve palsy – foot drop. Use the orthobullets website, this is what most consultants recommend. It is thorough and, best of all, free
- If a patient is ill, you should escalate to their team’s Specialty Trainee Reg Consultant
- Referring to the Med Reg will be a common occurrence – make sure you know your patient before you refer and that you have done the common simple steps in advance of their arrival (bloods, ordered x-rays etc). You can simply ask them for advice
- The 600 Acute Response Team are your friends – they will be more than happy to help you with an acutely ill patient if you do not feel confident
- Ask the nurse in charge who needs to be seen first – ill people take priority above all other jobs!

Orthopaedics is a demanding post with a heavy workload. It will improve your organisation and time management skills. It is hard, but once you’ve finished the rotation your prioritisation skills will be great. You need to learn what is and what is not important to complete in your working hours. See the sick patients first. Social issues will not be solved by the medics – these patients can wait (unless they’ve become ill).
**Urology**

**Team:**
There are 4 consultants, 2 Associate specialist Urologists (Mr Rao and Mr Ghosh), and possibly a locum Specialty Trainee and 2 FY1s.

There is no registrar in Urology so unwell patients usually have to be either directly escalated to Consultant or medical registrar if the ST is not available.

**Ward rounds:**
There are two ward rounds daily - Acute and Elective. Decide among yourselves (FY1s) who will do which side and normally you will switch the next week. If there's only 1 only of you on, the acute round takes priority.

- Acute ward round starts on SAU at 8am. There is an outlier book in ward 16 which will have the names of outlier patients and it is your duty to get a list of outliers to be seen (ring the ward or go there earlier). Either Mr Ghosh/Mr Rao and the consultant on-call the previous day will attend the ward round.
- Elective ward round starts on Ward 16. You can get a list of patients on the ward from the ward clerk if you ask nicely! Outliers are written in the outlier book. Either Mr Ghosh/Mr Rao will be doing the ward round.

You will be expected to attend ward round at 8am prior to attending fortnightly teaching at 9am and let everyone know you have teaching earlier in the week. On-call shifts are as per general surgery.

**Jobs:**
- Mainly ward work. Do the jobs/tasks as per ward round. If there's only 1 of you, you will cover both sides.
- Manage unwell patients and escalate to seniors as appropriate, do bloods and cannulas, and order and chase up any investigations.
- E- Discharge letters - There's quite a few to do due to quick elective operations. There's generally 4 parts; 1) Operation 2) Indication 3) Procedure (Have a look through the notes to see if there were any complications) 4) Post op (How the patient has been doing, any follow up etc)
- Do NOT accept patients from SAU, they need to be directly referred to the on-call urology consultant.
- There are various clinics (general out-patient, haematuria, urodynamics, cystoscopy), theatre, and MDT meetings. These are not scheduled in your timetable, so you will have to make time from your ward work to attend these.
- If patients who have recently had surgery develop the following YOU MUST contact the surgeon who performed the surgery; 1) Haematuria 2) Decreased urine output 3) Any signs of sepsis.

**Handover:**
At the end of your shift, any important outstanding investigations or any unwell patients to review or to make the on-call team aware of should be handed over to the on-call surgical FY1 at 5pm.
A good tip is to ask the nurses when they finish their shift (usually around 19:00) and relay onto them any important bloods/tasks that are outstanding to see if they can perform them or bleep the on-call about them as well.

**Recommended literature:**
- Urology - Read up on haematuria, testicular torsion, various urological cancers (penile, prostate, bladder and renal), BPH, Epididymoorchitis, Ureteric calculi- fairly straight forward

**General:**
ATSP book is a good point of reference when reviewing patients.

**Audit:**
All the consultants are very friendly. If you speak to any of them they will guide you in the right direction.

**Teaching:**
No specific Urology teaching, but there are MDT meetings on Thursday and Friday afternoon, which you are expected to attend.

You will also be expected to present at the surgical journal club.
Medical Jobs

There are 4 kinds of shifts in medicine:

- Normal days (0900 to 1700) – wards, clinics
- Long days (normal day + 1700 to 2200 on AMU) You will be clerking medical patients
- Weekend days - 0900 to 1700 ward cover, or 0900 to 2200 on AMU
- Nights (21.00 to 09.00) – all medical wards/AMU cover (TAKE LOTS OF FOOD- IT’S SO HARD TO FIND FOOD IN THE HOSPITAL AT NIGHT!)

On ward cover shifts and nights you will be given a BlackBerry – wards send jobs via “nervecentre”, which then appear on the BlackBerry and are shared between the on-call doctor and the acute response team.

The acute response team (bleep 600) are really good and very approachable. Don’t hesitate to call them up, especially on nights if you have any problems or worries, or if you just need a bit of moral support or to run something past them. You will also carry the crash bleep.

When doing a 0900-2100 shift, you cover your normal wards 0900-1700, then go to AMU to collect the crash bleep from the day FY1 and take a handover of any outstanding jobs from the day.

On weekends, long days or night shifts, you will be expected to attend official handover meetings at 2100 and 0900, which are held in AMU.

Similarly to surgery as an FY1 you will be based mainly on the wards and so the same rules apply (completion of general jobs/dealing with unwell patients/completing doctor’s job list etc).

The majority of medical wards have some form of formal teaching, so you will get lots of opportunities to present and to learn.

There is also a Grand Round on Wednesday lunchtime in the Education Centre. Most of these meetings/teachings will have a free lunch. You also get a certificate for attending (great for Horus!).
Acute Medical Unit (AMU)

There will be two FY1s on AMU.

The day job on AMU:

- This is a great placement for learning as there are always seniors about, lots of ward rounds, lots of ward jobs to be done, and you will carry the crash bleep during the day. Crash is a great way to get involved in acute situations.
- You should get 1 or 2 days in the week to clerk patients yourself. This is a great opportunity to hone your clerking and presentation skills.
- There is a ‘board,’ which is a big computer screen with all of the admissions to AMU on it. If you clerk a patient you can assign your name and seniors will review in order of how long they have been waiting, or how sick they are. It’s possible to add any outstanding jobs to the screen and these can be ticked off as they are done. Ask someone how to use this system as it isn’t the most intuitive.
- If towards the end of a shift you feel like you don’t have time to clerk a patient consider helping out colleagues with some of the jobs- you’ll always find a cannula or ABG that needs to be done!

Handovers:

- There is a handover every morning on AMU from the night team (0900), try to handover your own jobs and then when you are happy, leave! Most consultants will encourage you to go whenever you have done this, waiting around for the whole handover to finish can be tiresome and can mean leaving late.
- There is a 'board round' every day between 12 and 1pm, depending on how busy the day is. Everyone meets in the small hub room with the screen in it and the Consultants goes through their patients. If you have clerked a patient it’s your opportunity to present it to everyone - try and have all the information to hand such as observations or any treatment you may have started in case you are asked. For the rest of the meeting make sure you have plenty of paper with you to note down jobs.
- At 1700 you will hand over any outstanding jobs to whoever the on-call FY1 is and will give them the crash-bleep.
Respiratory

Teams & consultants:
Team 1: Dr Li Kim Wa and Dr Parache
Team 2: Dr Mirakhur and Dr Bhatta
Team 3: Dr Saba and Dr Bongers

Each team has 2 consultants, 1 registrar, 1 Specialty Trainee and 1 FY1. There is also a ‘floating SHO’ who isn't working for any particular team – they will often cover when teams are short of staff as well as help out with the discharges and then help out with jobs where needed.

A ‘Floating Reg’ will cover when low on senior staff members as well as seeing any resp referrals on other wards.

The job:
Your duties are to review your patients daily, complete jobs on the doctors’ job list and from the ward round, submit e-discharges and referrals. You will improve your knowledge of how to diagnose and manage common respiratory problems such as: COPD Exacerbations, Acute Severe Asthma, Bronchiectasis and Pneumonia.

Ward rounds & handover:
• Ward rounds can take quite a long time in Respiratory. Consultants will review new patients each day as well as problematic patients. The registrar and ST(accompanied by the F1) will tend to see the existing patients.
• Bleep the on-call ST with any important jobs that are left outstanding at the end of the day.
• Respiratory Clinics are not scheduled into the weekly rota, so if interested in attending you will have to organize an opportunity with your consultant.
• There is a weekly multidisciplinary meeting every Friday at 12:30 PM in the teaching room next to the respiratory consultant’s offices above the chest clinics. There is also a weekly x-ray meeting Monday lunchtimes in the same place.

Recommended literature:
• British Thoracic Society (BTS) Guidelines
• Oxford Handbook of Respiratory Medicine
• The Respiratory System at a Glance

Audit:
Your Clinical Supervisor can help instruct you and provide some advice.

Teaching:
There are weekly Respiratory Unit Clinical Meetings. These are every Tuesday at 12:30-13:30 in Education Centre, lunch is provided.

Everybody has a chance to prepare a case/topic to present.

Know in advance when to do so and be well prepared.

Locations

• Ward 7: Male Respiratory Patients,
• Ward 5: Female Respiratory Patients,
• Ward 10 – Possible acute NIV (tbc)
• Ward 3/23/24 – Escalation/medical outliers
Final tips:

- Create your own patient's list to help keep track of your patients and their investigations and management plans.
- There are very good learning opportunities and by the end of the rotation you will become very competent at taking ABGs.
- Know how to differentiate between pleural effusion Transudate Vs Exudate - According to Light's criteria.
- Know how to predict Community Acquired Pneumonia mortality - Via using the CURB-65 criteria.
- Know how to interpret ABG results and act upon abnormal results.
- No ABG machines/analysers on the ward. The best thing is to go to AMU/ITU/HDU and get a sister/nurse in charge to analyse the sample
- This and Gastro are probably the two busiest medical jobs, so it may be a bit daunting to begin with, but you will quickly learn how to be efficient and effective and become a good doctor!
Care of the Older Person (COOP)

Teams & consultants:
- There are four consultants, and therefore four teams. There are 3 FY1s, two will be assigned to a particular team each, and one will be shared between the other two.
- Dr Talab and Dr Gbadebo look after ward 25 and Dr Taylor looks after the patients in ward 23 along with Dr McGhee. This is known as the acute frailty unit. They deal with less complex admissions hand selected from AMU with the brief to aim for discharge as soon as possible.
- Patients are evenly split between the consultants each day.
- Dr Taylor summarises the history of each of his new patients before ward round starts. This can take quite a while, so you can use that time to be pre-empting discharge letters and making sure bloods are requested/done to save yourself time later on.

The job:
- You are expected to be on daily ward rounds and then you will be mainly doing ward jobs- venepuncture, cannulation, discussing results with specialties i.e. microbiology, talking to patients and families about plans and progress, and reviewing any sick patients.
- Each team has a cross-cover team who you can ask for help. It is a supportive environment with someone around you can ask for help if you need to. Different teams will be busy on different days/weeks, so help each other out to avoid one FY1 always staying late.
- Some consultants like to write in the notes themselves, some like you to write instead. If you are on ward round with Dr Talab he likes you to write the date, time, ward, and observations in and he will write the rest.

Shifts:
- On a normal 9-5 day, you will be on the care of the elderly wards. Try to get all your jobs done by 5pm, but if you’re consistently staying late, have sick patients, or are awaiting results at the end of your shift, you can hand things over to the evening ward cover Specialty Trainee (you can find the bleep number on the daily on call rota on the intranet homepage) and don’t forget to exception report!
- On a 09.00-21.00 shift, at 5pm you need to hand over anything outstanding to the on-call Specialty Trainee and go down to AMU to collect the on-call crash bleep from the AMU FY1, and they will hand over any jobs to you. You will be on AMU 5-10pm.

Teaching:
Departmental teaching is every Thursday lunchtime in the Education Centre. It includes case discussions followed by Q&A. Each new junior member has to present one case. This can count as your DCT and as a CBD on your e-portfolio, and a free lunch is provided!

Audit
Dr Taylor is the Audit Lead.

Tips
It is a busy job but nonetheless, one where you can learn a lot. Dr Ade, Dr Taylor and Dr Talab are always happy to teach you. Ward rounds are consultant led mostly and a good opportunity for you to learn as everyone is actually willing to teach you. You learn a lot about poly-pharmacy and there are always good clinical signs in the patients. Try to present your cases earlier in the rotation and apply for Annual Leave with plenty of notice.
Gastroenterology

Teams & consultants:
- Everyone works for the ward, there are no consultant based teams.
- Usually one F1 will look after the men and the other the women, swapping after 2 months.
- The SHOs will interchange depending on staffing levels.
- There is a consultant and registrar of the week who will both lead ward rounds in the morning covering half the ward (male/female) and then alternate the following day.

Your duties:
- The day starts with a board round in the doctors’ room at 9am. It is preferable that you know your patients to be involved in discussions during this and subsequently on the ward round. A jobs list is very useful and there is currently a list for both sides of the ward. Aim to arrive 9AM - you can always start prepping ward round notes (e.g. bloods, current issues, NEWS score) before consultant arrives.
- After the ward round you are left to carry out the ward jobs as the consultant and registrar go to clinic etc.
- If there are any problems you can always bleep the registrar, do not be afraid to do this. Gastro patients can very quickly deteriorate, so getting senior involvement early is important. Trust your instincts when a patient looks like they are getting worse and bleep the reg.
- Can be a very busy job, so do your best to manage time efficiently to avoid going home late.
  - Important Issues to Bear in Mind: Sepsis (especially with ALD/Hep C/IVDU), acute AKI (?hepatorenal - may need ascitic tap/albumin/terlipressin urgently - cannot leave overnight); GIB (G+S, PR exam, inform seniors etc).
- Quickly learn how to do ascitic tap and drains.
- Print bloods for the next day. Ensure bloods for ERCP always done before procedure, especially for INR.
- Delegate tasks - give a list to the ward clerk for things they can do e.g. changing CT to be done as outpatient and ask them to feed back to you if they have done it.

Handover:
From 5pm the ward is covered by an Specialty Trainee who also covers half of medicine. You can find who is on-call via the trust intranet page and you should bleep them to hand over any outstanding blood results, poorly patients or any issues they may encounter. Remember that there are two SHOs covering all the medical wards in the hospital so they may not be able to complete non-urgent jobs.

Teaching:
- Tuesday and Wednesday lunchtimes there is teaching in the gastro seminar room in the gastro unit, here you have a chance to present interesting cases and get CBDs signed off.
- On a Thursday lunch time there is an X-ray meeting in the radiology department. All of these have free lunch. The lunch is top quality, munch on some M&S muffins and drink freshly squeezed orange juice whilst learning how to identify pancreatitis on a CT scan

Final tips:
This is a really enjoyable job with some proper medicine and a high turnover of patients. Stay calm, work hard and take the opportunity to do ascitic taps and drains. It’s one of the busiest medical jobs,
so can be daunting in the first couple of weeks, but it becomes good fun and you’ll be a good doctor at the end of it.
Endocrine & Diabetes

Teams & consultants:
• Dr Aye
• Dr Mhadi
• Dr Qazi

The Job:
• Complete ward rounds with your consultant/Reg.
• Complete the tasks from the ward round; including chasing scans/bloods/referrals, TTOs and identifying/managing unwell patients. You will be expected to cross cover if another team is short
• If interested in going to clinics, arrange with consultant/reg.
• Weekly Diabetes meetings take place in the respiratory seminar room on Tuesday at 12.30 (with free lunch!).
• On call shifts as described in the general description of medicine above.

Handover:
From 5pm the ward is covered by an Specialty Trainee who also covers half of medicine.

You can find who is on-call via the trust intranet page and you should bleep them to hand over any outstanding blood results, poorly patients or any issues they may encounter at the end of your day shift.

Final tips:
Arriving 20-30 minutes early to go to wards on your consultant take days to identify new patients and familiarize yourself with their background, can help.

Keeping track of your patients with a handmade list is also very useful.

Remember to do an Hba1c for diabetic patients on admission to wards.
Other Jobs

Paediatrics

Teams & consultants:
- Dr Laycock
- Dr Goldberg
- Dr Rawlingson
- Dr Rowlands
- Dr Verma
- Dr Ahmed
- Dr Cable

Consultants operate Consultant of the Week rota.

Shifts:
No on-calls/nights/weekends/bank holidays.

One week of 11.15-18.55 shifts on CAU, followed by one week of 8.30-16.30 on the wards.

The job:
- CAU shift (11am-7pm): Clerk patients in on CAU and start initial management plans. All patients must be reviewed to a senior (reg/consultant) after clerking. CAU closes at 8.30pm.
- Ward shift (8:30am-4:30pm): Ward round in the morning. Complete jobs/management plans/tea time reviews in afternoon. Update handover list before handover at 4:00pm.
- SCBU/neonatal unit: To spend time on these areas, you have to specifically ask for exposure. You may have the opportunity to help out with baby checks (must be reviewed). However, this may not be possible if you are needed on the ward. It could be possible to ask to go on ward rounds when short on Specialty Trainee cover.
- Clinics: Try to spend some time in clinics during the rotation if the ward is not busy. Check which consultant is doing a clinic that day. Will generally just be sat in on consultations with consultants/reg.
- Child protection meetings: These happen one Friday of each month at around 12:30.
- Ward rounds: Morning handover is at 8:30am in the doctors room. A full handover list will be updated and given to you from overnight. Ward rounds usually last until around midday. It is your job to ensure the tasks/jobs from the round are completed and to complete any 'tea time reviews' (patients requiring review in the afternoon before handover). Evening handover is at 4:00pm in the doctors room. Ensure the handover list is fully updated and copies printed in time for handover.

Recommended literature:
- Oxford handbook of clinical specialities
- Paediatrics Illustrated textbook of paediatrics (Lissauer, Clayden)

Audit:
Ask your consultant/reg who will direct you.
Dr Mohanty is Audit Lead.
Teaching:
No official teaching sessions, often teaching on Friday lunchtime, but plenty of opportunity for learning on the job!

Tips:
- Try to get TTOs done as you go along on the ward round/after patients are discharged from CAU, or they will soon pile up in the office!
- Sort out annual leave between yourselves, so long as one FY1 is in to cover CAU, it’s fine.
- Ask to get involved in clinics/meetings, people will be happy to have you along. May also get chance to be involved in NLS/PLS.
- Good chilled placement in which you can do audits or quality improvement projects that can really bump up your CV.
ITU/Apnaesthetics

Location:
- There are no on calls. You will spend 2 months in pre-op anaesthetics and 2 months in ITU.
- For Anaesthetics, you will be based mostly in theatres 6-12, which is the top floor of the surgical block (Wards 14, 15a, 15b and 16 on the bottom floor)
- For intensive care, ITU, HDU and occasionally A&E. You will also see patients throughout the hospital on a regular basis.

Teams & consultants:
There are no fixed numbers of consultants and you will not belong to a ‘team’ – the entire department is your team.

The job:
- **Pre-op anaesthetics**: You will be based in theatre mainly but you can also participate in other related tasks (cardiac stress testing, post-op care etc). Complete pre-admission documentation (drug cards, VTE forms etc). You will be expected to join an anaesthetist in theatre – you are allocated to one every day, however if there are longer lists elsewhere where the turnover is higher, you could ask to go to the other theatres to do more intubations or airways - important to ‘shop’ around for skills.
- **ITU**: you will be expected to assess at least one patient a day and present them on the ward round, of which there are 2 daily. As with all other specialities you will then implement the plan agreed on the ward round. You will also be expected to join senior members of the team on ward calls and A&E visits.

Ward rounds and handover:
- Pre-op: no ward rounds or handover.
- ITU: ward rounds are very detailed. Make sure you know your patient(s) well. Be familiar with the A-I Approach in examining patients:
  - Airway, Breathing, Circulation, Disability, Exposure (cannulas/lines), Fluids, Gastro (abdo/bowel sounds, stool, nutrition), Haematology (blood results), Infection (abx type and day, inf markers)

Recommended literature:
- Lecture notes in Anaesthetics
- Physiology at a glance
- ALS

Audit:
There are plenty of audits going on, ask a reg or consultant and they will gladly help.

Teaching:
The entire block is a teaching session. You will learn a massive amount throughout this rotation. There are official audit meetings every month as well as weekly teaching sessions with your team.

Tips:
Brush up on your physiology!
Do not hesitate to get stuck in, it’s an excellent rotation if you like doing things with your hands e.g. lines, airway etc
It is a great rotation, you will get a lot of teaching and you will get to do a lot of practical procedures. Try and get these signed off as DOPS on HORUS.
Psychiatry

**Location:**
The Crisis Resolution and Home Treatment Team (CRHTT), located at The Gateway Centre on Bloomfield road.

**Consultants:**
There are two consultants in the department and one registrar, but the personnel in these posts keep changing.

**The job:**
- The first two days will be Trust induction, for this job you will be under Lancashire Care Trust rather than Blackpool Teaching Hospitals
- You will be expected to attend daily MDTs at 0900 at the Gateway where you will all discuss a particular consultant’s patients. If you have seen patients, you can feed back about them in this daily meeting
- You will see patients with the nurses and consultants and eventually see patients by yourself, in both the outpatients department and their homes
- You will be expected to write to the GP on behalf of the consultants about your meetings with patients, and collate patient summaries for the consultants from e-CPA, the electronic database. (You will be inducted on how to use this)
- You are not allowed to prescribe ANY medication (Lancashire Care Trust policy).
- You cannot section patients
- Don’t see patients alone

Your job is 9-5 with bank holidays off. No on-calls.

You are supernumerary, so it is really up to you to get involved with the team and ask people if you can go on visits etc. with them.

The whole team are really friendly and the more you get stuck in and approach them for things to do, the more you will enjoy this job.

**Teaching:**
Psychiatry teaching is every Wednesday afternoon either at The Harbour or at the Lantern Centre in Preston.

You will be expected to do a case presentation, a critical appraisal of a journal, and a 555 presentation at these teaching sessions.

**Audit:**
There are opportunities for getting involved in audits.

Dr Vohra is Audit Lead.
Obstetrics & Gynaecology

Teams & consultants:
- 7 consultants
- 7 registrars
- 9 Specialty Trainees
- 1 FY1

Duties:
- Attend morning handover meeting at Delivery Suite and proceed to ward round with Consultant of the day at Ward D. There is another handover at 1300 every day. You are expected to attend.
- See patients in OP gynaecology and antenatal care clinic. (In clinic we are expected to see all patients and at least learn how to do triple swab, cervical smear, and fitting of ring and shelf pessary). Discuss each case with a senior member of team and dictate letter to GP about patients’ treatment or further management.
- You can follow the Specialty Trainee oncall of the day to see newly admitted gynae patients on the Surgical Assessment Unit.
- Go to theatre and day case surgery. (assist in surgery, do discharge letters and histology forms).
- Able to assist in C-section if allocated in delivery suite
- Ward D- do discharge letters and medication px, review 1st day C-section patients.
- FY1s can be scheduled on request in early pregnancy care unit, US scan department, and Colposcopy Unit
- FY1s have teaching session every Friday afternoon, but are expected to help on-call (usually to do discharge letters on Surgical Assessment Unit).

Ward rounds & handover:
- Attend morning handover at Delivery Suite – day team and night team present.
- Proceed to ward round on Ward D

Recommended literature:
It is helpful if you have quick look at the oxford hand book of obs and gyn.

Go through all gyn and obs polices, which you will find on Intranet.

Audit:
Contact Miss Haslett (consultant)

Departmental teaching:
Every Friday afternoon from 2-5 pm. Locations changes weekly.

Final tips:
- Consultants, midwifes and all other doctors are very helpful
- If you don’t understand something in clinic do not hesitate to ask senior doctor
- If you need to examine a patient in gynae clinic, always have a chaperone. If you are male doctor and need a senior to help you, try and get a female doctor rather than calling another male doctor
Accident and Emergency (A&E)

Location:
Look on the board when you go in to see where you are placed that day.

If there are no patients in your area then go and see someone in another area.

Shifts:

Weekdays:
- 07:00-15:00, - Mainly based on Observation ward
- 11:00-19:00, - Resus

Weekends:
- 09:00-21:00, - Mainly based on Observation ward
- 11:00-23:00, - Mainly based on Paediatrics

Weekend Nights (Fri-Sun):
- 20:00-08:00 - Anywhere on A&E

Teaching:
Mr Kidner does teaching on a Tuesday.

It is worth remembering interesting patients to discuss.

Hints and tips:
- When requesting x-rays always write on the where the patient is- you now have to print and drop this request off at the radiology room
- The FY1 should hand over their bleep to the next FY1 at the end of their shift
- When sending a patient to obs ward ensure that they have a clear plan documented in the notes, and all the documentation is completed (drug chart completed, VTE, obs ward form)
- You are can have one 30 minute break in an eight hour shift, and two 30 minute breaks in a twelve hour shift
- When in the paediatric area, the nurses are very experienced, useful to ask for their advice
- The ENP’s and ANP’s are very knowledgeable about wounds and fractures- they are great at sharing their skills- you’ll be suturing and reducing Colle’s fractures like a pro in no time!
- Brush up on your ECG interpretation before you start this job. You will have on average 6-8 ECG’s to interpret during one single shift as everyone will be waving them in front of you. It can be sometimes tricky when you know very little about the patient and you are expected to quickly interpret and sign an ECG. Ask questions about the patient. Check, do they have chest pain? Any cardiac history? Request previous ECGs if you feel that this may be useful.
- Chest pain ECGS now have to be reviewed by someone more senior than FY1- you’re off the hook with these ones so also check if there is any chest pain.
- Support is always there if you need it. Consultants like it if you present relevant history rather than listing everything you found about the patient
• It is a challenging job as an FY1 and you will feel the pressure of the four hour waiting time, but don’t get too bothered by it. Take your time and be thorough. If unsure just ask and senior help is always there.
• As an FY1, you must discuss your case with a senior before discharging
• It’s a difficult job, but it’s ultimately the best learning experience. There is less boring ward nonsense and more diagnosing and treating unwell patients. The shift patterns aren’t the best, but the work is interesting!