

Welcome to Blackpool!



Lancaster Year 2 Medical Students Handbook

NHS
Blackpool Teaching
Hospitals
NHS Foundation Trust



Lancaster University
Medical School

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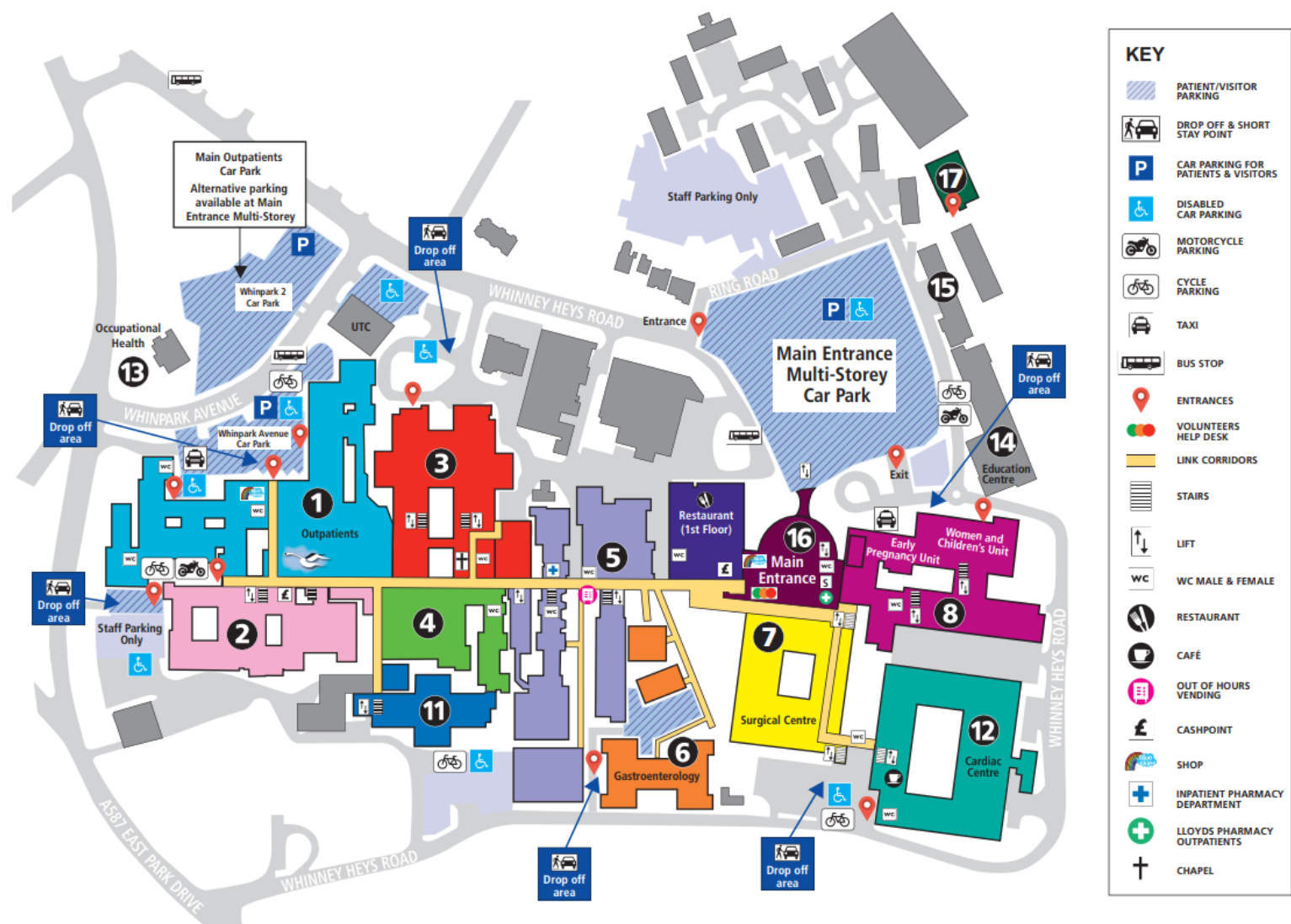
Booklet produced by Dr Bronwyn Woodburn, Blackpool Clinical Teaching Fellow 2023-2024.

If you have any questions regarding the 2023-2024 clinical year, please contact me at Bronwyn.woodburn2@nhs.net

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Welcome to Blackpool Victoria Hospital



KEY

- PATIENT/VISITOR PARKING
- DROP OFF & SHORT STAY POINT
- CAR PARKING FOR PATIENTS & VISITORS
- DISABLED CAR PARKING
- MOTORCYCLE PARKING
- CYCLE PARKING
- TAXI
- BUS STOP
- ENTRANCES
- VOLUNTEERS HELP DESK
- LINK CORRIDORS
- STAIRS
- LIFT
- WC MALE & FEMALE
- RESTAURANT
- CAFÉ
- OUT OF HOURS VENDING
- CASHPOINT
- SHOP
- INPATIENT PHARMACY DEPARTMENT
- LLOYDS PHARMACY OUTPATIENTS
- CHAPEL

Department	Area	Floor
Emergency Department (ED) Accident & Emergency (A&E)	3	G
Accounts Office	1	G
Acute Medical Unit (AMU)	3	1st
Adolescent Ward	8	1st
Adult Cystic Fibrosis Service	4	2nd
Ambulance Liaison Office	1	G
Anti Coagulant Clinic	6	G
Audiology	1	G
Bereavement Office	2	G
Birth Centre	8	G
Blue Skies Shop	1	G
Blue Skies Office	16	G
Breast Care Centre	2	G
Café (Fragles)	12	G
Cardiac Reception	12	G
Cardiac ITU	12	2nd
Cardiac Investigation Unit	12	G
Cardiac Day Case Unit (CDCU)	12	G
Car Parking Office	16	G
Chapel	3	G
Children's Assessment	8	1st
Children's Wards	8	1st

Department	Area	Floor
Coronary Care Unit (CCU)	12	1st
Critical Care Unit	3	2nd
Diabetic Resource Centre	4	G
Dietetics & Nutrition	4	G
Discharge Lounge	1	G
DVT (Deep Vein Thrombosis)	UTC	
Early Pregnancy Unit	8	1st
Education Centre	15	G
Frailty Assessment Area	1	G
Gastroenterology	6	G
Haematology & Oncology Day Unit	5	G
Inpatient Pharmacy Dept	5	G
Lancashire Suite	12	1st
Lloyds Pharmacy Outpatients	16	G
Main Entrance	16	G
MacMillan Windmill Unit	8	1st
Medical Enhanced Care Unit (MECU)	4	G
Medical Retina Unit	5	G
Medical Photography	5	G
Mental Health Assessment Unit	1	G
Mortuary	2	G
Neonatal Unit	8	1st

Department	Area	Floor
Occupational Health	13	G
Occupational Therapy	6	1st
Ophthalmic Surgical Unit (OSU)	5	G
Orthotic Department	1	G
Outpatients	1	G
Pathology & Outpatient Bloods	2	G
Patient & Family Relations Dept	16	1st
Patient Transport Team	3	G
Physiotherapy	1	G
Pre Operative Unit	1	G
Pre Operative Unit	7	G
Primary Care Dept	3	G
Reception A	1	G
Reception B	1	G
Reception - Blue	4	1st
Reception - Cardiac	12	G
Reception - Women & Children's	8	G
Recruitment Offices	15	G
Research & Development	5	2nd
Restaurant	5	1st
Retail Units	16	G
Same Day Emergency Care (SDEC)	3	G

Department	Area	Floor
Safeguarding Unit	8	G
Security Office	1	G
Simulation & Skills Centre	2	2nd
Speech & Language Therapy	17	G
Stroke Ambulatory Unit	11	G
Surgical Appliances	1	G
Surgical Centre	7	G
Surgical Rapid Access Unit (SRAC)	3	1st
Swan Bereavement Suite	1	G
Trust Headquarters	16	2nd
Urgent Care Centre	3	G
Urology	7	G
Volunteers Help Desk	16	G
Ward C (Endocrinology)	8	2nd
Ward D (Maternity)	8	3rd
Ward E (Haematology)	8	4th
Ward 1 (ED Observation)	3	G
Ward 2 (General Medicine)	4	1st
Ward 3 (Oncology)	4	2nd
Ward 4 (Transfer of Care)	5	G
Wards 5 & 7 (Respiratory)	5	1st
Ward 6 (General Medicine)	5	1st

Department	Area	Floor
Ward 8 (Isolation Infectious Diseases)	5	2nd
Ward 10 (Respiratory)	5	G
Ward 11 (General Medicine)	5	1st
Ward 12 (Gastro)	5	2nd
Ward 14 (Surgical Centre)	7	1st
Ward 15 (Surgical Centre)	7	1st
Ward 16 (Orthopaedics)	7	1st
Ward 18 (Surgical Assessment Unit SAU)	3	1st
Ward 19 (Short Stay Unit SSU)	3	1st
Ward 23 (Care of Older Person)	3	2nd
Ward 24 (Care of Older Person)	3	2nd
Ward 25 (Care of Older Person)	3	2nd
Ward 26 (Care of Older Person)	3	2nd
Ward 32 (Stroke)	11	G
Ward 33 (Stroke)	11	G
Ward 34 (Orthopaedic)	11	1st
Ward 35 (Orthopaedic)	11	1st
Ward 37 (Cardiology)	12	1st
Ward 38 (Cardiology)	12	1st
Ward 39 (Cardiothoracic)	12	1st
X-Ray Central	4	G
X-Ray North	1	G

Scan here to download our Patient Travel Leaflet



Sign Offs Required

Of Note – For written clerkings, please supply one every week to allow adequate time for marking between receipt of various clerkings. Please note, clerkings and sign offs received after the placement is complete MAY NOT BE MARKED unless there are extenuating circumstances.

Task	Minimum Requirements			Minimum expected performance
	By end of rotation 1: ELHT/BVH	By end of rotation 1: UHMBT	By end of rotation 2: all students	
All written patient clerkings (including written patient clerkings with feedback and those without)	6	12	18	
Written patient clerkings with feedback <ul style="list-style-type: none"> All to doctors ≥ FY2 	3	5	8	At least 6 must be achieved to the level expected of a year 2 student
Verbal presentations <ul style="list-style-type: none"> All to doctors ≥ FY1 or nurse practitioners/ANPs At least 3 of these MUST be to doctors ≥ FY3/CT1 May be the same ones as written clerkings. 	4	6	10 (≥3 FY3/CT1 or above)	At least 6 of these must be achieved to the level expected of a year 2 student
Additional patient encounters	5	10	15	
Problem-focused examinations				
Observation and feedback on a directly observed appropriate examination in the context of the patient's presenting complaint. (aim for a spread across systems - CVS, Respiratory, GI, Neuro, MSK including GALS - but not limited by this)	5 direct observations of practice (DOPs) - covering a range of systems.	10	15 DOPs including ≥1 of each system at the expected level	At least ONE of each system signed off by any 'competent in the skill practitioner' as a minimum as: Technique (incl. communication): Technique appropriate but exam lacks structure Identification and interpretation of clinical signs: Able to identify some clinical signs but not interpret OR n/a- in simulation
Other examinations				
Rectal, Breast, Lump/ swelling, Neck swelling/ Thyroid exam These may be directly observed either in simulation (on a manikin/ lab) or in clinical practice			Minimum expected is attendance at timetabled lab-based practice	Opportunity for lab-based practise as a minimum. Students can still get signed off if the opportunity arises
Practical Skills				
PPE donning and doffing	Refresher included in local placement inductions			

Task	Minimum Requirements			Minimum expected performance
Clinical observations Respiratory rate, Oxygen saturation, Pulse, Temperature- <i>each must have been observed at least once</i>	1	2	3, including ≥ 1 at the expected level observed by any 'competent in the skill' practitioner	3 including at least one at 'Would have been safe under indirect supervision'.
BP	1	2	3 including ≥ 1 at the expected level observed by any 'competent in the skill' practitioner	3 including at least one at 'Would have been safe under indirect supervision'.
ECG			2 including ≥ 1 at the expected level	At least one at 'Would have been safe under indirect supervision'.
Ophthalmoscopy & Otoscopy			<ul style="list-style-type: none"> Attendance at training 1 at the expected level, observed by any 'competent in the skill' practitioner (can be in the lab) 	At least one of each to the level 'structured exam but technique needs refinement' OR 'technique appropriate but exam lacks structure'
Urinalysis with interpretation			2 (lab/ward/ GP/CCT)	At least two at 'Would have been safe under indirect supervision'.
Blood glucose measurement			<ul style="list-style-type: none"> Attendance at training 1 at the expected level, observed by any 'competent in the skill' practitioner (can be in the lab) 	At least one at 'Ready to move to direct supervision' as minimum. (can be signed off in simulation, if needed).
ANNT/Wound care			1 observation	1 observation of another practitioner performing the skill

Task	Minimum Requirements			Minimum expected performance
Recognition of an unwell patient			<ul style="list-style-type: none"> Attendance at training <ul style="list-style-type: none"> 1 at the expected level by any 'competent in the skill' practitioner (can be in the lab) 	At least one at 'ready to move to direct supervision'
Peak flow measurement			<ul style="list-style-type: none"> Attendance at training <ul style="list-style-type: none"> 1 at the expected level by any 'competent in the skill' practitioner (can be in the lab) 	At least one at 'Would have been safe under indirect supervision'
Basic Life Support			ALL students must complete 'Resuscitation adult level 2' on eLfh, attend the face to face training, and also local updates as part of placement inductions	
Peer assessments				
Observation of either your examination/ practical skills or history taking by a peer (either a fellow year 2 student, or a student from an upper year)	2	4	6	

ALL year 1 skills and examinations may be assessed this year in addition to the year 2 skills. Students should refer to the study guides on Moodle.

In addition to the study guides there are 'Key Points' lists for some skills available on Moodle that may be used as a quick reference guide.

Definitions used in the e-portfolio:

≥ FY2 = Anaesthetist, Consultant, FY2, FY3/ Clinical Teaching Fellow, GP, GP Trainee, GPCTF, Registrar, SAS, CT1-3, ST1->5

≥FY3/CT1 = Anaesthetist, Clinical Teaching Fellow, Consultant, FY3, CT1-3, ST1->5, GP, GP trainee, GPCTF, Registrar, SAS

Verbal presentations can be signed off by the following roles:

Anaesthetist ≥ ST1, ANP, Associate Specialist, Clinical Nurse Specialist, Consultant, FY1-FY3/Clinical Teaching Fellow, GP, GPCTF, GP Trainee, Practice-based Educator, Registrar, SAS, CT1-CT3, Specialist Practice Nurse/Educator, ST1-ST5 or above, Speciality Doctor

Timetable Templates:

- You will be allocated a student number, yourself and your buddy will rotate through the below specialties:
- Anything in red is a Key Clinical Experience (KCE).
- If you have any questions, please contact Bronwyn (Clinical Fellow) or Hayley (Clinical Co-ordinator for Lancaster Medical Students at Blackpool).

Timetable Weeks 1 and 2

Week 1	Wednesday		Thursday		Week 2	Wednesday		Thursday	
	AM	PM	AM	PM		AM	PM	AM	PM
Student 1	Induction	Induction	Diabetes / Endo clinic	Diabetes	1	ED	ED	Gasto	Gastro
Student 2	Induction	Induction	Diabetes / Endo clinic	Diabetes	2	ED	ED	Gasto	Gastro
Student 3	Induction	Induction	SAU	T+O	3	T+O (clinic)	T+O	T+O (clinic)	T+O
Student 4	Induction	Induction	SAU	T+O	4	T+O (clinic)	T+O	T+O (clinic)	T+O
Student 5	Induction	Induction	Gen Surg	Breast	5	Diabetes	Diabetes / Endo clinic	Diabetes	Diabetes
Student 6	Induction	Induction	Breast	Gen Surg	6	Diabetes	Diabetes / Endo clinic	Diabetes	Diabetes
Student 7	Induction	Induction	Gasto	Gastro	7	Gen Surg	Breast	SAU	SAU
Student 8	Induction	Induction	Gasto	Gastro	8	Breast	Gen Surg	SAU	SAU
Student 9	Induction	Induction	Diabetes	ED	9	Gasto	Gastro	ED	ED
Student 10	Induction	Induction	Diabetes	ED	10	Gasto	Gastro	ED	ED
Student 11	Induction	Induction	T+O (clinic)	SAU	11	SAU	SAU	Gen Surg	Breast
Student 12	Induction	Induction	T+O (clinic)	SAU	12	SAU	SAU	Breast	Gen Surg

Timetable Weeks 3 and 4

Week 3	Wednesday		Thursday		Week 4	Wednesday		Thursday	
	AM	PM	AM	PM		AM	PM	AM	PM
Student 1	T+O (clinic)	ED	Gen Surg	Breast	1	SAU	T+O	Gen Surg	Breast
Student 2	T+O (clinic)	ED	Breast	Gen Surg	2	SAU	T+O	Breast	Gen Surg
Student 3	ED	Diabetes / Endo clinic	Gasto	Gasto	3	ED	Diabetes	Diabetes	Diabetes
Student 4	ED	Diabetes / Endo clinic	Gasto	Gasto	4	ED	Diabetes	Diabetes	Diabetes
Student 5	SAU	T+O	SAU	SAU	5	Gastro	Gastro	ED	ED
Student 6	SAU	T+O	SAU	SAU	6	Gastro	Gastro	ED	ED
Student 7	Gastro	Diabetes	ED	ED	7	Gen Surg	Breast	T+O (clinic)	T+O
Student 8	Gastro	Diabetes	ED	ED	8	Breast	Gen Surg	T+O (clinic)	T+O
Student 9	Gen Surg	Breast	T+O (clinic)	T+O	9	T+O (clinic)	SAU	SAU	SAU
Student 10	Breast	Gen Surg	T+O (clinic)	T+O	10	T+O (clinic)	SAU	SAU	SAU
Student 11	Diabetes	Gastro	Diabetes	Diabetes	11	Diabetes / Endo (clinic)	ED	Gastro	Gastro
Student 12	Diabetes	Gastro	Diabetes	Diabetes	12	Diabetes / Endo (clinic)	ED	Gastro	Gastro

Timetable Weeks 5 and 6

Week 5	Wednesday		Thursday		Week 6	Wednesday		Thursday	
	AM	PM	AM	PM		AM	PM	AM	PM
Student 1	SAU	T+O	T+O (clinic)	T+O	1	ED	SAU	SAU	SAU
Student 2	SAU	T+O	T+O (clinic)	T+O	2	ED	SAU	SAU	SAU
Student 3	Gen Surg	Breast	SAU	SAU	3	Diabetes / Endo clinic	ED	Gastro	Gastro
Student 4	Breast	Gen Surg	SAU	SAU	4	Diabetes / Endo clinic	ED	Gastro	Gastro
Student 5	T+O (clinic)	SAU	Gen Surg	Breast	5	Gastro	Diabetes	ED	ED
Student 6	T+O (clinic)	SAU	Breast	Gen Surg	6	Gastro	Diabetes	ED	ED
Student 7	Diabetes	ED	ED	ED	7	Diabetes	Diabetes / Endo clinic	Diabetes	Diabetes
Student 8	Diabetes	ED	ED	ED	8	Diabetes	Diabetes / Endo clinic	Diabetes	Diabetes
Student 9	Gastro	Diabetes / Endo clinic	Diabetes	Diabetes	9	Gen Surg	Breast	T+O (clinic)	T+O
Student 10	Gastro	Diabetes / Endo clinic	Diabetes	Diabetes	10	Breast	Gen Surg	T+O (clinic)	T+O
Student 11	ED	Diabetes	Gastro	Gastro	11	T+O (clinic)	T+O	Gen Surg	Breast
Student 12	ED	Diabetes	Gastro	Gastro	12	T+O (clinic)	T+O	Breast	Gen Surg

Timetable Week 7

Week 7	Wednesday		Thursday	
	AM	PM	AM	PM
Student 1	Diabetes	Diabetes	Gastro	Placement Debrief
Student 2	Diabetes	Diabetes	Gastro	Placement Debrief
Student 3	Gen Surg	Breast	SAU	Placement Debrief
Student 4	Breast	Gen Surg	SAU	Placement Debrief
Student 5	T+O (clinic)	T+O	T+O (clinic)	Placement Debrief
Student 6	T+O (clinic)	T+O	T+O (clinic)	Placement Debrief
Student 7	SAU	SAU	T+O	Placement Debrief
Student 8	SAU	SAU	T+O	Placement Debrief
Student 9	Gastro	ED	Diabetes	Placement Debrief
Student 10	Gastro	ED	Diabetes	Placement Debrief
Student 11	ED	Diabetes / Endo clinic	ED	Placement Debrief
Student 12	ED	Diabetes / Endo clinic	ED	Placement Debrief

Details of Wards / Clinics:

SPECIALTY	WARD	FLOOR
DIABETES/ENDO CLINIC		Ground floor
ENDOCRINE	C	2nd floor in Area 8
T&O CLINIC	Orange Reception	Ground floor in Area 3
GASTRO	12	2nd floor in Area 5
GENERAL SURGERY	14, 15a, 15b	1st floor in Area 7
BREAST	14, 15a, 15b	1st floor in Area 7
SAU	18	1st Floor in Area 3
ED		Ground floor in Area 3

Diabetes / Endo Clinic

Location: Ground floor OPD

Things to practice: History taking, thyroid exam, diabetic foot exam, neuro exam (peripheral neuropathy)

Hints and tips:

1. Get to clinic 10 mins early, introduce yourself at reception and explain who you are and what you are here for. Introduce yourself to allocated clinician (usually consultant / reg), and explain what year you are and if there is anything specific you would like to do (e.g. take a history, examine, have any interesting signs pointed out etc.)
2. Ask between each patient about management plan chosen and why
3. See if you can practice your exam on as many patients as possible
4. If there is a spare room, see if you can use it to take a history from someone who has arrived early, present this to your senior prior to their appointment and get feedback.

Endocrine Ward

Location: Ward C, 2nd floor in Area 8

Things to practice: Scribe on ward round, take histories, examine, venepuncture, cannulation, take obs

Hints and tips:

1. Ward round starts at 9am, try to get to the ward for 8:45am and present at the ward clerk's desk. They should take you to where the doctor handover is and introduce yourself to the

team. Join the ward round, observe the first couple of patients and then see if you can scribe for some later in the ward round.

2. Bring a notebook, if you have a question about a patient / management / another point of interest, write it down and ask it to one of the doctors following ward round
3. See if you can get involved in ward jobs such as venepuncture / cannulation / basic obs
4. Ask the juniors if there are any good historians or signs on examination. If they are free, ask if they will observe you take a history / exam, if they are busy, go and see the patient yourself, introduce yourself and explain how it would be beneficial for your learning to take a history / examine them. Once you have done this, see if you can present it to a junior on the ward and ask for feedback.

Trauma and Orthopaedics (T+O) Clinic

Location: Ground floor in Area 3, please meet at Orange Reception

Things to practice: History taking, MSK exams, neuro exams, plastering,

Hints and tips:

1. Get to clinic 10 mins early, introduce yourself at reception and explain who you are and what you are here for. Introduce yourself to allocated clinician (usually consultant / reg), and explain what year you are and if there is anything specific you would like to do (e.g. take a history, examine, have any interesting signs pointed out etc.)
2. Ask between each patient about management plan chosen and why
3. See if you can practice your exam on as many patients as possible
4. If there is a spare room, see if you can use it to take a history from someone who has arrived early, present this to your senior prior to their appointment and get feedback.
5. Try to spend some time with the plaster techs and learn how to apply plaster
6. See if the clinician will go through the xrays with you of the patients and try to spot the fractures.

Gastroenterology Ward

Location: Ward 12, 2nd floor in Area 5

Things to practice: Scribe on ward round, take histories, examine, venepuncture, cannulation, take obs

Hints and tips:

1. Ward round starts at 9am, try to get to the ward for 8:45am and present at the ward clerk's desk. They should take you to where the doctor handover is and introduce yourself to the team. Join the ward round, observe the first couple of patients and then see if you can scribe for some later in the ward round.
2. Bring a notebook, if you have a question about a patient / management / another point of interest, write it down and ask it to one of the doctors following ward round
3. See if you can get involved in ward jobs such as venepuncture / cannulation / basic obs

4. Ask the juniors if there are any good historians or signs on examination. If they are free, ask if they will observe you take a history / exam, if they are busy, go and see the patient yourself, introduce yourself and explain how it would be beneficial for your learning to take a history / examine them. Once you have done this, see if you can present it to a junior on the ward and ask for feedback.
5. The gastro ward will be a good mix of patients with chronic conditions (e.g. IBD) and acute conditions (e.g. alcohol withdrawal, GI bleeds) – Try to get histories from both groups if you can. For the chronic conditions, try to find out what brought them in for this specific admission, as well as how their condition was first diagnosed and what they initially presented with.
6. Learn about stoma care from stoma nurses

General Surgery and Breast Surgery Wards

Location: Wards 14, 15a, 15b, 1st floor in Area 7

Things to practice: Scribe on ward round, take histories, examine, venepuncture, cannulation, take obs

Hints and tips:

1. Ward round starts at 8am, try to get to the ward for 7:45am and present at the ward clerk's desk. They should take you to where the doctor handover is and introduce yourself to the team. Join the ward round, observe the first couple of patients and then see if you can scribe for some later in the ward round.
2. Bring a notebook, if you have a question about a patient / management / another point of interest, write it down and ask it to one of the doctors following ward round
3. See if you can get involved in ward jobs such as venepuncture / cannulation / basic obs
4. Ask the juniors if there are any good historians or signs on examination. If they are free, ask if they will observe you take a history / exam, if they are busy, go and see the patient yourself, introduce yourself and explain how it would be beneficial for your learning to take a history / examine them. Once you have done this, see if you can present it to a junior on the ward and ask for feedback.
5. For general surgery, try to find a patient to practice your abdominal exam on.
6. For breast surgery, consent the patient and make sure they are comfortable (and ensure you have a chaperone) if you want to practice your breast exam
7. Given there are 3 wards, if multiple pairs are due to be on the wards, try to take 1 ward / pair so that you can maximise the learning opportunities. If you can try to go to a different ward each day you are scheduled here.

Surgical Assessment Unit (SAU)

Location: Wards 18, 1st floor in Area 3

Things to practice: Scribe for senior doing clerking (observe how they structure their history taking), take histories, examine, venepuncture, cannulation, take obs

Hints and tips:

1. Ward round starts at 8am, try to get to the ward for 7:45am and present at the ward clerk's desk. They should take you to where the doctor handover is and introduce yourself to the team. Join the ward round, observe the first couple of patients and then see if you can scribe for some later in the ward round.
2. Bring a notebook, if you have a question about a patient / management / another point of interest, write it down and ask it to one of the doctors following ward round
3. See if you can get involved in ward jobs such as venepuncture / cannulation / basic obs
4. Ask the juniors if there are any good historians or signs on examination. If they are free, ask if they will observe you take a history / exam, if they are busy, go and see the patient yourself, introduce yourself and explain how it would be beneficial for your learning to take a history / examine them. Once you have done this, see if you can present it to a junior on the ward and ask for feedback.
5. SAU covers a range of surgical specialties (and often has medical borders), try to take a history and examine at least 1 patient from each surgical specialty.
6. For acute patients, see if you can attend the clerking and scribe for the senior. Ask them to let you see any signs (palpation of an acute / peritonitic abdomen etc.) and ask them about investigations / management plans.

Emergency Department (ED)

Location: Ground floor in Area 3

Things to practice: Scribe for clerkings, take histories, examine, venepuncture, cannulation, take obs, DOPS

Hints and tips:

1. Handover starts at 8am in Assessment A, try to get to the department for 7:45am and present at the ward clerk's desk. They should take you to where the doctor handover is and introduce yourself to the team. Join the ward round, observe the first couple of patients and then see if you can scribe for some later in the ward round.
2. Bring a notebook, if you have a question about a patient / management / another point of interest, write it down and ask it to one of the doctors following handover
3. See if you can get involved in ward jobs such as venepuncture / cannulation / basic obs
4. Ask the juniors if there are any good historians or signs on examination. If they are free, ask if they will observe you take a history / exam, if they are busy, go and see the patient yourself, introduce yourself and explain how it would be beneficial for your learning to take a history / examine them. Once you have done this, see if you can present it to a junior on the ward and ask for feedback.
5. Try to partner up with a doctor and shadow them for their clerkings. Observe how they take an acute history or a handover from a paramedic / GP, and see if you can scribe for them. See if you can examine the patient and feedback your findings.