UHCW
Medical Education
Innovation Through Education



NHS
University Hospitals
Coventry & Warwickshire
NHS Trust

# Foundation Year 1 Information Booklet

August 2025

# Useful Contacts

## Consultant contacts

| Title: | Name: | Email Address: | Tel no: | Bleep: |
|---|---|---|---|---|
| Director of Medical Education | Professor Sailesh Sankar | Sailesh.sankar@uhcw.nhs.uk | 26006 | 4108 |
| Manager of Education & Training | Marie Midgley | Marie.midgley@uhcw.nhs.uk | 28807 | N/A |
| FY1 Training Programme Directors (TPD) | Dr Peeyush Kumar<br><br>Mr Dheeraj Karamchandani | Peeyush.Kumar@uhcw.nhs.uk<br><br>Dheeraj.Karamchandani@uhcw.nhs.uk | 25871<br><br>25607 | <br><br>5032 |
| Guardian of safe working | Dr Tim Robbins | Timothy.Robbins@uhcw.nhs.uk | | 2533 |

## UHCW Medical Education Admin

Medical Education Department, Room 00053, Ground Floor, Clinical Sciences Building, UHCW.

| Title: | Name: | Email Address: | Tel no: |
|---|---|---|---|
| Medical Education Manager | Marie Midgley | Marie.midgley@uhcw.nhs.uk | 28807 |
| Lead Post Grad Administrator & FY1 Administrator | Danielle Peach | Danielle.Peach@uhcw.nhs.uk | 28713 |
| FY2 Administrator | Jo Madras | Jowita.Madras@uhcw.nhs.uk | 28747 |
| IMT Administrator | Maya Mistry | Maya.Mistry@uhcw.nhs.uk | 28603 |
| Clinical Attachment Administrator | Sowmya Jayasankar | MedicalEducation@uhcw.nhs.uk | 28719 |
| Travel Expenses Administrator | Karen Stanley | Karen.Stanley@uhcw.nhs.uk | 28719 |

## UHCW Medical Workforce team contacts

| Title: | Name: | Email Address: | Tel no: |
|---|---|---|---|
| Medical Workforce Advisor | Simran Randhawa | Simran.Randhawa2@uhcw.nhs.uk | 27660 |
| Senior Medical Workforce officer | Chloe Shackell | Chloe.Shakell@uhcw.nhs.uk | 27650 |
| Senior Medical Workforce officer | Jamie Bedding | Jamie.Bedding@uhcw.nhs.uk | 27964 |
| Medical Workforce Manager | Caroline Taylor | Caroline.taylor@uhcw.nhs.uk | 27649 |

## Coventry and Warwickshire Partnership Trust contacts

| Name: | Email Address: | Tel no: |
|---|---|---|
| Medical Staffing | Medical.Staffing@covwarkpt.nhs.uk | 02476 588858 |
| Chris Loveland (HR Lead) | Christopher.Loveland@covwakpt.nhs.uk | 02476 844 004 |
| GUM – Huda Taha | Huda.taha@covwarkpt.nhs.uk | N/A |

**E Portfolio Requirements/Recommendations**

| Section: | Requirement: | Guidance / Timescale: |
|---|---|---|
| ALS (Advanced Life Support) | 1 Recommended | -Before / start of FY1<br>-Please upload in mandatory certificates |
| PSA (Prescribing Safety Assessment) (Before end of FY1) | 1 | -Please upload in mandatory certificates<br>Cannot prescribe till PSA positive |
| Educational Supervisor Induction Meetings | 3 | -1 per rotation |
| Clinical Supervisor Induction Meetings | 3 | -1 per rotation |
| TAB (Team Assessment of Behaviour) | 1 satisfactory TAB | -Try to get this done in 1st or 2nd rotation |
| PSG | 1 satisfactory | Min 3 raters per PSG |
| Audit / Quality Improvement | 1 | -Try to get this done in 1st or 2nd rotation |
| Curriculum | Evidence mapped to all sections of the Curriculum | -Throughout the year (shouldn't be left to do at the end) |
| Summary Narratives for HLOs | Curriculum summary narrative for each HLO -<br>1 piece of good-quality reflection per placement (minimum of 3 paragraphs) | -Throughout the year |
| **Supervised Learning Events**<br>Mini-CEX<br>DOPS<br>CBD | No minimum number. Each posting has different requirements for satisfactory sign-off | -Discuss with ES and CS at the beginning of the posting |
| DCT (Developing the Clinical Teacher) | 1 | -Throughout the year |
| Reflections | Appropriate reflective records of learning. | -Minimum of 1 reflection per rotation |
| Personalised Learning log (Teaching attendance) | 60 hours (at least 30 must be core) | -By portfolio completion deadline (end of May) |
| Clinical Supervisor **end of placement** meeting | 3 | -1 per rotation |
| Educational supervisor **end-of-placement** meeting | 2 or 3 | -1 in 1st & 2nd rotation. Meeting in 3rd rotation not mandatory |
| Educational supervisor **end-of-year** meeting | 1 | -1 in 3rd rotation |
| Curriculum ratings by Educational Supervisor | 1 | All sections must be rated as satisfactory at the end of your FY1 |
| Form R | 1 | To be completed in last week before deadline of portfolio completion (end of May/start of June) |

## Foundation Year 1 Teaching

**FY1 Teaching takes place in the Clinical Sciences Building (CSB) 1pm – 2pm every Wednesday.**

This core teaching is a bleep free mandatory protected teaching session.

Your attendance will count towards your 30 hours of 'core teaching'.

You should have received your login and password for the MedEd website so that you can complete the online teaching evaluation.

If you have not received your login and password for the MedEd website, please email webmaster@mededcoventry.com

## Teaching

- Departmental teaching, Grand Rounds, Academic Teaching, E Learning & JDF (Junior Doctor Forum) will count towards your teaching attendance. You will need to document this as non-core teaching on your teaching log on Horus.

- Wednesday 1-2pm in CSB, Simulation sessions, OMS, & PGVLE can be used as core teaching for your Portfolio on Horus.

## E-Learning

We encourage Foundation Doctors to carry out e-learning however only 6 hours can be put towards your 60 hours of non-core teaching (10%).

Please see a list of websites that you could go to for e-learning:

- E-Learning for Health (which you can link to Horus)
- Doctors.org
- BMJ

## Junior Doctors' Forums

Junior Doctors' Forums take place after teaching on selected dates with FY1 TPD and Danielle.

You will have the opportunity to address any concerns.

These are often organised each rotation to follow FY1 teaching to make it easier for those that work off site to attend. Forums can be logged as non-core teaching hours on Horus.

## Exceptional Reporting

To access the exception reporting, please log in to the 'allocate health suite' system - for new users, please email: JuniorDoctors@uhcw.nhs.uk or Caroline.Taylor@uhcw.nhs.uk.

Link: https://www.healthmedics.allocatehealthsuite.com/core

UHCW Guardian of safe working contact: Tim Robbins - Timothy.Robbins@uhcw.nhs.uk

If your Education Supervisor is not listed on the Allocate system when you exception report, please contact Caroline.Taylor@uhcw.nhs.uk who can add them on to the system.

## Absence

If you need to report your absence, you must contact the following people using the contact details listed in the useful contacts section:

- Your department
- Rota Management

At the start of the rotation you should be provided with more information regarding the absence reporting protocol in your department.

## Taster Days/ Taster weeks

Tasters are encouraged for Foundation Year 1 Doctors. Up to a maximum of 5 days of study leave (borrowed from FY2 year) can be used for taster days. There is no budget for study leave. You are encouraged to contact the local department initially to arrange taster days. You will need authorisation from your ES, rota co-ordinator and FY1 TPD.

You will need to provide a timetable of what you will be doing on these taster days along with a reflection on your portfolio after its completion. Tasters in other trusts are considered only if the specialty is not available locally.

## Annual leave

The Medical Education Team do not confirm annual leave. This is completed by your rota co-ordinator.

## Useful Links

https://www.mededcoventry.org/Doctors/General-Post-Graduate-Information/Wellbeing

- **'With Staff in Mind' Hub**
- **Employee Assistance Programme**
- **Trickle**
- **Health and Wellbeing UHCW**
- **Employee Assistance Programme**
- **West Midlands Deanery Support and Wellbeing**
- **Your wellbeing (bma.org.uk)**
- **FreedomtoSpeakUpGuardian@uhcw.nhs.uk**

| Speciality | Group | Report to |
|---|---|---|
| Acute Internal Medicine | Emergency Medicine | Ground Floor MAU (Medical Assessments Unit) |
| Anaesthetics | Clinical Support Services | 1st Floor, Central, Anaesthetics Office |
| Cardiology | General Medicine | 2nd Floor, Cardiology Ward 21 |
| Cardiothoracic surgery | Trauma & Neuro | Ward 11, 1st Floor, East Wing. |
| Clinical Neurophysiology | Trauma & Neuro | Bleep 6203 or call 07591978853 to speak to Raj, the rota co-ordinator |
| Clinical Oncology | General Medicine | 3rd Floor, Oncology Ward 35 (ask for Senthil Athmanathan) |
| Clinical Radiology | Clinical Diagnostics | Ground Floor Radiology Department (follow Route 2) |
| Dermatology | General Medicine | Please contact Adele Leftwich or Dr Eke on ext 33208 |
| Emergency Medicine | Emergency Medicine | 1st Floor Emergency Department |
| Endocrine & Diabetes Mellitus | General Medicine | 3rd Floor, Endo Ward 33 |
| Gastroenterology | General Medicine | 3rd Floor, Gastro Ward 32 |
| General (internal) Medicine- Rugby St X | General Medicine | Rugby St X hospital |
| General Practice | N/A | Relevant GP Practice |
| General Psychiatry | N/A | Relevant Placement site |
| General Surgery | Surgical Services | 1st Floor, General Surgery ward (SAU) |
| Genito-urinary Medicine | N/A | As per CWPT instructions |
| Geriatric Medicine | General Medicine | 2nd Floor, Gerontology Ward 20 |
| Haematology | General Medicine | 3rd Floor, Haematology Ward 34 |
| Histopathology | Clinical Diagnostics | 4th Floor, Pathology Department |
| Intensive Care Medicine | Clinical Support Services | General Critical Care/ITU, 1st Floor Central. |
| Medical Microbiology | Clinical Diagnostics | 4th Floor, Pathology Department |
| Neurology | Trauma & Neuro | Bleep 6203 or call 07591978853 to speak to Raj, the rota co-ordinator |
| Neurosurgery | Trauma & Neuro | Bleep 6203 or call 07591978853 to speak to Raj, the rota co-ordinator |
| Obstetrics & Gynaecology | Women's & Childrens | 2nd Floor, Ward 23 |
| Ophthalmology | Surgical Services | Outpatients, Clinic 9, Education Room |
| Oral & Maxillofacial Surgery | Surgical Services | Bleep 6203 or call 07591978853 to speak to Raj, the rota co-ordinator |
| Otolaryngology | Surgical Services | Bleep 6203 or call 07591978853 to speak to Raj, the rota co-ordinator |
| Paediatrics (Paeds) | Women's & Childrens | 1st Floor, Children's Outpatients (Ward 14,15,16) |
| Palliative Medicine | General Medicine | 3rd Floor, Oncology Ward 35 (ask for Senthil Athmanathan) |
| Plastic Surgery | Trauma & Neuro | 5th Floor, Ward 52 (ask for Haneen or Rehnuma) |
| Pre-Hospital Emergency Medicine | Emergency Medicine | N/A |
| Public Health Medicine | N/A | As per CWPT instructions |
| Renal Medicine | General Medicine | 5th Floor, Renal Ward 50 |
| Respiratory Medicine | General Medicine | 3rd Floor, Respiratory Wards 30 & 31 |
| Rheumatology | General Medicine | Please contact Dr Tim Blake on ext 26704 |
| Stroke Medicine | Trauma & Neuro | Bleep 6203 or call 07591978853 to speak to Raj, the rota co-ordinator |
| Trauma & Orthopaedics | Trauma & Neuro | Ward 53, 5th Floor, Central |
| Urology | Surgical Services | 2nd Floor, Urology Ward 23 |

# FY1 On-Call Shifts

## Medicine

It is important to check which type of acute medicine shift you will be doing. They are colour coded on your master rota, so make sure you know when you are supposed to be doing which shift. There are 5 different types:

- MAU long day: 8:30-21:00
- MAU twilight: 13:00-22:00
- MAU post-take: 17:00-21:00
- MAU night: 20:30-09:00
- Weekend respiratory post-take/MAU: 08:30-21:00

## MAU – Ward 2

The Medical Assessment Unit (also known as the Medical Decision Unit) is a ward for medical patients to be sent to for assessment and ultimately, the decision to admit or discharge.
The patients get a full medical clerking from the junior members of the team, before being post-taken by the consultant or registrar on shift. As the F1, it is your responsibility to clerk the patients, organise any investigations they may need and present to the consultant. If they are discharged, it is your responsibility to prepare the discharge letter for that patient. Patients being admitted will need the relevant referrals made, investigations ordered, and drugs prescribed.
There is a morning "team huddle" at 08:30 in the office to the right of the main reception desk, with the entire team for MAU, SDEC and ED.
The tracker will keep track of which doctor is seeing which patient, where the patients are and anything they are waiting for. It is important to communicate your plans and any important information with them, so they can organise the most appropriate beds and update the site management.
There is at least one consultant on the unit until 20:00, when post-take responsibilities are handed to the SpR.

## Emergency Department – Ward 12

The Acute Medical Unit is attached to ED and will generally receive the sicker patients accepted under the medical team. The patients get a full medical clerking from the junior members of the team, before being post-taken by the consultant or registrar on shift. It is staffed 24hrs a day.
There are typically two handovers – 08:30 and 20:30.

## Post-take Shift

On days where you are rostered 17:00-21:00, you work a normal day on your home ward, before going to MAU at 17:00 to meet the post-take consultant. The nursing staff at the main desk will be able to tell you who it is and where they are. You will then see the patients who need post-taking and complete any jobs generated. If there aren't many patients to be seen, you can clerk the new patients and take any jobs that need handing over from the daytime SHOs. Attend the handover at 20:30 to hand any sick patients or important jobs over to the night team.

## Night Shift

Attend the handover at 20:30, where you will meet the rest of the night team and be handed over any jobs or sick patients from the day shift. There are normally 2 SHOs and an SpR on shift with you. As the F1, it is your responsibility to complete urgent jobs and clerk new patients arriving from ED. Any patients requiring urgent post-take should be presented to the night SpR, otherwise they will wait for the morning ward round. Attend the handover at 08:30 to hand any important jobs or sick patients over to the day team.

## Weekend Respiratory Post-take

Attend the handover in the day room at 08:30, where the respiratory consultant on-call for the weekend will meet you. You will see the respiratory patients in MAU, before going to Ward 30/31 to see the new patients.
It is your responsibility to action any jobs that are generated for these new patients.
There are generally 2 respiratory SHOs on shift to attend to the rest of the patients. When you are done, return to MAU to complete the shift as normal.

Take any jobs that need handing over from the SHOs and clerk new patients. Attend the 20:30 handover as normal.

## MAU Long Day

This is the 8:30-21:00 shift. You should arrive to the MAU handover in the day room and identify yourself as the 'MAU/Medical FY1'. Your role on this shift is either with the 1st on medical SpR to ED to see the medical take patients or to clerk and post-take in MAU.

As the FY1, you will need to use ICR and recent discharge summaries to prescribe relevant medication, ready for admission. You may also have other jobs to complete for that patient (ie. Adding bloods, blood gas, chasing blood results etc).

## MAU Nights

This shift is identical to the MAU long day shift, where you turn up to handover at 20:30 and are expected to go with the 1st on medical SpR to ED or to remain in MAU.

This can be a busy shift, or a very quiet one – to fill time, you can always assist the MAU SHO to complete jobs or clerk new patients who have been admitted directly under the medical team.

## Medical On-Call Tips

- Ask lots of questions! The senior support in both MAU and ED is very good, with lots of consultants around. There is always a friendly, more senior doctor to turn to if you are stuck.
- If you are seeing a particularly sick patient, remember to escalate early. You are expected to have done an A-E assessment and any early interventions (bloods, abg, fluids, oxygen etc), but do not be afraid to bleep the SHO/SpR if you are worried. They are there to support you, especially at night.
- On MAU, if the patient you have clerked is discharged, make sure you do the discharge letter. Don't let them pile up until the end of the shift, or you will be staying late.

- Bring something to eat on a night shift. There is a kitchen on MAU with a fridge, microwave and boiling water. It's a long shift and nothing is open downstairs.
- Get stuck in! The more patients you clerk, the more efficient you become. It also helps the shift go faster as you have a constant, but steady stream of work to do.
- At the beginning of every on-call shift, have paper. Then take a sticker for each patient you see. It helps you keep track of your jobs, with all the information you need for each patient right at hand. It is easy to get lost as you will see a lot of patients; this helps massively.
- Any CT-Head scans that have been ordered will need to be vetted first. This means you must bleep the on-call radiologist vetting CT-heads and explain why you need the scan. It will not happen unless they have agreed. There is a separate CT-body vetting radiologist during the day, but these tend to be automatically vetted. After 5pm, bleep the on-call radiology SpR. The bleep numbers vary, so just ask switchboard.

## Surgery

The surgical on-calls are likely to change given the implementation of integrated wards. However, we have detailed the surgical on calls as they have been done previously.

There were/are several different on call shifts
1st on 08:00 – 20:30 Weekdays
2nd on 08:00 – 20:30 Weekdays

And during the weekend:
1st on 08:00 – 20:30 Weekend
2nd on 08:00 – 20:30 Weekend
Discharge FY1 08:00 – 16:00 Weekend
3rd on 08:00 – 16:00 Weekend

Previously the 1st on used to hold the 2586 bleep and the 2nd on the 2587 bleep. These bleeps are not currently in use and may or may not be used come August.

If you are ever stuck as to what to do on a surgical call, you can always ask one of the SCPs (surgical care practitioners) for help. They are very friendly, have heaps of experience and will usually know what to do!

## 1st on Weekdays 08:00 – 20:30 #2586

Attend the morning handover in the handover room (beginning of W22, room on the right) at 08:00 and obtain the bleep from the night F1. During this shift you will be based on SAU which is now functioning as a surgical ED – patients are sent from ED triage or GP if they are thought to have a surgical pathology.

The shift will depend very much on the registrar in SAU. Some may ask you to clerk patients as they arrive whereas others will want you to scribe and focus on doing jobs.

On occasion, patients won't start arriving until the afternoon. Therefore, you can join your normal surgical team for their ward round until you are bleeped. Once bleeped, handover any jobs from the ward round to your normal team and head to SAU.

## Patients you clerk

Every patient that you clerk should be put on the handover list. The list can be accessed from the shared drive. Access to the drive has usually been requested for you by Simon Jones (surgical manager) so you just need to add the drive:

- Right click on 'My Computer'
- Click on 'Map network drive'
- In the folder box, type '\\uhshares1\gsef'
- Tick 'reconnect at logon' and click finish
  - You can find the list by clicking: My Computer ->\\uhshares1\gsef -> Acute take lists & go to the correct date

Remember to save and close the list when you have finished as it can only be accessed by one person at a time. If you have any questions just ask one of the team.

## Handing over

At 20:00, you attend the handover room in W20. Handover any outstanding jobs to the night F1 including any bloods that need chasing. At night the FY1 on will be assisted by the hospital at night team. This includes specialist nurses and HCAs who can do most procedures - cannulate, catheterise, do bloods,

ABGs etc. They don't cover patients on SAU. However, if there are patients on other surgical wards who needs bloods, cannulas etc you may politely ask them for help.

## 2nd on-call Weekdays #2587:

This is ward cover from 16:30-20:30. You do your normal working day and then collect the bleep from the doctor's room on SAU. From 16:00, other FY1s can contact you to handover jobs. Everyone will have to work this shift and it can be a very busy shift, so it is important to try to not burden the 2nd on with jobs.

From 16:30 you are the first person to be called for any general surgical, urology or vascular patients except for those patients admitted on that day who are covered by the 1st on. You can be contacted for a variety of different reasons – cannulas, bloods, fluid charts prescriptions etc.

At 20:00, you attend the handover in the same room as the morning. Give any outstanding jobs to the night F1 including any bloods that need chasing.

## 1st on call Weekend 08:00 – 20:30 #2586:

Attend the morning handover in the handover room (beginning of W22, room on the right) at 08:00 and obtain the bleep from the night F1. You are responsible for seeing the post-take patients (those admitted overnight) and all the patients on W22 ECU with the consultant.

Once this is done, complete the jobs from the ward round and do not forget to chase any bloods results from both the post-take and ECU patients. After this, you are free to clerk patients who present to SAU. If you're not busy, please offer to assist the 2nd on-call who may be struggling with the very high workload. Everyone has to work the 2nd on-call shift at some point and it is important to help each other out to manage the workload.

## 2nd on call Weekend 08:00 – 20:30 #2587:

This is a notoriously busy shift on the surgical rota. Last year as the 2nd on you did not need to attend the handover. Instead you went to the doctor's office on W22 to collect the bleep and prepare the list whilst waiting for the registrar.

Your role will involve doing a large ward round with the general surgical SpR and SCP to see all the current surgical inpatients except those admitted on the post take/take and those on ECU. You will then have to do all the jobs from the round. It is possible that all the jobs will not be completed by the end of your shift, therefore prioritise the urgent jobs.

You will be contacted around 16:00 by the 3rd on-call who will handover outstanding urology or vascular jobs. The SpR will leave at around 14:00 and you are expected to get on with all the jobs. Don't be afraid of asking the 1st on and SCPs on for help if you are really struggling.

## 3rd on call 08:00 – 16:00:

During this shift, you are expected to cover the urology or vascular patients. Depending on where you have been assigned, go to the urology office or vascular where you will meet the relevant SPR. To get to urology, go onto ward 33 and ask for the urology doctor's office. It is a room on the right-hand side after the side rooms. The vascular office is on W22A.

Access the acute take list as above and add the admitted patients to the correct list.

You will then do a ward round of all the patients with the consultant. Remember to keep a list of jobs during the ward round. After the ward round, prioritise the most urgent jobs. At 16:00, hand over the remaining jobs to the 2nd on-call.

Last year it was emphasised that the vascular SPRs should arrive in the morning at 08:00 to help get the vascular ward round completed. On occasion this may not be possible due to the registrar being in theatre for an emergency or a mandated break following work overnight. However, apart from those circumstances the registrars should be arriving in the morning, and it should be raised if this is not the case.

## Night on call 20:00 – 08:30

The night team is comprised of a senior registrar, junior registrar, SHO and two FY1's. Like the other shifts, the composition and roles of the night team may be different in August.

## Background

Usually, the SHO and junior registrar will clerk patients in SAU while as the FY1 you cover the wards. This will involve assessing unwell patients, writing up fluids, re-writing drug charts and TPN prescriptions. On occasions, you may be called to clerk patients on SAU. If there is a patient who needs to go to theatre overnight, the senior registrar and SHO will usually go.

If you have any concerns or questions about a ward general surgical patient, you can escalate to your SHO and registrars. If it's a urology or vascular patient, then you should speak to the SHO and then contact the vascular or urology registrar. They will likely be off site so you will need to go through switch to contact them.

## Night Handover

Report to the handover room on W22 SAU at 20:00. On arrival, introduce yourself to the night sisters, the night SHO and night registrars. Make sure to get their bleep numbers. You will be given an Ipad which will inform you of the jobs required throughout the night. Speak to the 1st on-call and 2nd on-call FY1 and find out if there are any outstanding jobs. Take the bleep from the 1st on-call as this will be the night bleep.

## Using the iPad

Overnight, ward nurses will log jobs for you to do on the Hospital at Night system. They select a relevant colour code: red (respond within 30 minutes), amber (respond within 2 hours) and green (respond within 4 hours). One of the night sisters on the Hospital at Night team then allocates the job to the relevant doctor.

The colour coding allows you to prioritise your jobs during the night. The nurses on day surgery and on SAU do not use the hospital at night system so

you will be bleeped for jobs there. Your registrar and SHO will also contact you via your bleep.

## Hospital at Night Team

Like the SCPs, the night sisters usually know the answer to most questions. They are very friendly and very skilled. If a patient needs a blood or cannula and you are busy, you can ask the ward nurses to put it on the hospital at night system where it can be picked up by one of the hospital at night team.

## Morning handover

The morning handover takes place in the handover room on W22 SAU. If there were any ill patients overnight, make sure that is handed over to the teams looking after them. Colorectal=colorectal office on 3rd floor between W33 and W32, urology=doctor's office on W33, everyone else=doctor's offices in W22.

## Surgical on call tips

- Post-op patients may require follow up/follow up medications (e.g. clexane for 28 days following a colorectal cancer resection). After a while you will learn what surgical follow up is required for a particular patient/operation, however, it's good practice to always ask what the follow up is and particularly important at the start

- Remember to update TTOs, especially on Friday for patients going home over the weekend. It is very difficult and frustrating as the 2nd on call when you are asked to discharge a patient who's been in for three weeks and the discharge letter is bare
- Work together with your other FY1s and colleagues. Surgical on calls can be very busy and it is important to work as team
- The SCPs and night sisters usually know the answers to most questions.

## Finally……enjoy your training!