



**Foundation**

**Year 1**

**Information**

**Booklet**

## Useful Contacts

### Consultant contacts

Title:	Name:	Email Address:	Tel no:	Bleep:
Director of Medical Education	Professor Sailesh Sankar	<a href="mailto:Sailesh.sankar@uhcw.nhs.uk">Sailesh.sankar@uhcw.nhs.uk</a>	26006	4108
Foundation Programme Director	Dr Rashmi Manjunatha	<a href="mailto:Rashmi.Manjunatha@uhcw.nhs.uk">Rashmi.Manjunatha@uhcw.nhs.uk</a>	28747	N/A
Manager of Education & Training	Marie Midgley	<a href="mailto:Marie.midgley@uhcw.nhs.uk">Marie.midgley@uhcw.nhs.uk</a>	28807	N/A
FY1 Tutor	Dr Peeyush Kumar	<a href="mailto:peeyush.kumar@uhcw.nhs.uk">peeyush.kumar@uhcw.nhs.uk</a>	26006	1929
FY2 Tutor	Dr Buddhavarapu Murthy	<a href="mailto:Buddhavarapu.murthy@uhcw.nhs.uk">Buddhavarapu.murthy@uhcw.nhs.uk</a>	24569	2459
Guardian of safe working	Dr Tim Robbins	<a href="mailto:Timothy.Robbins@uhcw.nhs.uk">Timothy.Robbins@uhcw.nhs.uk</a>	25892	1481

### 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	<a href="mailto:Marie.midgley@uhcw.nhs.uk">Marie.midgley@uhcw.nhs.uk</a>	28807
Lead Post Grad Administrator & FY1 Administrator	Claire Barnett	<a href="mailto:Claire.barnett@uhcw.nhs.uk">Claire.barnett@uhcw.nhs.uk</a>	28747
FY2 Administrator	TBC	TBC	28713
IMT Administrator	Maya Mistry	<a href="mailto:maya.mistry@uhcw.nhs.uk">maya.mistry@uhcw.nhs.uk</a>	28603
Clinical Attachment Administrator	Sowmya Jayasankar	<a href="mailto:MedicalEducation@uhcw.nhs.uk">MedicalEducation@uhcw.nhs.uk</a>	28719
Travel Expenses Administrator	Karen Stanley	<a href="mailto:Karen.Stanley@uhcw.nhs.uk">Karen.Stanley@uhcw.nhs.uk</a>	28719

## UHCW Medical Workforce team contacts

Title:	Name:	Email Address:	Tel no:
Medical Workforce Advisor	Simran Randhawa	<a href="mailto:Simran.Randhawa2@uhcw.nhs.uk">Simran.Randhawa2@uhcw.nhs.uk</a>	27660
Senior Medical Workforce officer	Chloe Shackell	<a href="mailto:Chloe.Shakell@uhcw.nhs.uk">Chloe.Shakell@uhcw.nhs.uk</a>	27650
Senior Medical Workforce officer	Jamie Bedding	<a href="mailto:Jamie.Bedding@uhcw.nhs.uk">Jamie.Bedding@uhcw.nhs.uk</a>	27964
Medical Workforce Manager	Caroline Taylor	<a href="mailto:Caroline.taylor@uhcw.nhs.uk">Caroline.taylor@uhcw.nhs.uk</a>	27649

## Coventry and Warwickshire Partnership Trust contacts

Name:	Email Address:	Tel no:
Shirley Sephton / Angela Topp	<a href="mailto:Shirley.Sephton@covwarkpt.nhs.uk">Shirley.Sephton@covwarkpt.nhs.uk</a> / <a href="mailto:Angela.Topp@covwarkpt.nhs.uk">Angela.Topp@covwarkpt.nhs.uk</a>	024 76 932440
Medical Staffing	<a href="mailto:Medical.Staffing@covwarkpt.nhs.uk">Medical.Staffing@covwarkpt.nhs.uk</a>	02476 588858
Chris Loveland (HR Lead)	<a href="mailto:Christopher.Loveland@covwarkpt.nhs.uk">Christopher.Loveland@covwarkpt.nhs.uk</a>	02476 844 004
GUM – Huda Taha	<a href="mailto:Huda.taha@covwarkpt.nhs.uk">Huda.taha@covwarkpt.nhs.uk</a>	N/A

### E Portfolio Requirements/Recommendations

<b>Section:</b>	<b>Requirement:</b>	<b>Guidance / Timescale:</b>
ALS (Advanced Life Support)	1 Recommended	-Before / start of FY1 -Please upload in mandatory certificates
PSA (Prescribing Safety Assessment)	1	-Before end of FY1 -Please upload in mandatory certificates
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 1 <sup>st</sup> or 2 <sup>nd</sup> rotation
Audit / Quality Improvement	1	-Try to get this done in 1 <sup>st</sup> or 2 <sup>nd</sup> rotation
Curriculum	Evidence mapped to all sections of Curriculum	-Throughout the year (shouldn't be left to do at the end)
Summary Narratives for HLOs	3	-Throughout the year
Mini-CEX and DOPS (Mini-Clinical Evaluation Exercise & Direct observation of procedural skill)	Recommended requirement 2 x per rotation	-2 Mini-CEX per rotation -2 DOPS per rotation
CBD (Case Based Discussions)	Recommended requirement 2 x per rotation	-2 per rotation
DCT (Developing the Clinical Teacher)	1	-Throughout the year
Reflections	Recommended requirement 2 x per rotation	-2 per rotation
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	-1 in 1 <sup>st</sup> & 2 <sup>nd</sup> rotation
Educational supervisor end of year meeting	1	-1 in 3 <sup>rd</sup> 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 as a Hybrid session in the Clinical Sciences Building (CSB) 1pm – 2pm every Wednesday.**

This core teaching is a bleep free mandatory protected teaching session. If you cannot attend FY1 Teaching, you must inform [PGSupport@uhcw.nhs.uk](mailto:PGSupport@uhcw.nhs.uk).

Your attendance will only count towards your 30 hours of 'core teaching' if you have signed in on the iPad and provided feedback via the MedEd website.

You should have all 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, then please email [webmaster@mededcoventry.com](mailto: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 will take place after teaching on selected dates with FY1 Tutor and Claire. Here 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 exception report, please log in to the 'allocate health suite' system - for new users, please email: [JuniorDoctors@uhcw.nhs.uk](mailto:JuniorDoctors@uhcw.nhs.uk) or [Caroline.Taylor@uhcw.nhs.uk](mailto: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](mailto: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](mailto: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
- [PGSupport@uhcw.nhs.uk](mailto:PGSupport@uhcw.nhs.uk) (Medical Education)

## **Taster Days/ Taster weeks**

Tasters are encouraged for Foundation Year 1 Doctors. Up to a maximum of 5 days of study leave can be used for taster days. You are encouraged to contact the local department in the first instance to arrange taster days. You will need authorisation from your ES, rota co-ordinator and FY1 Tutor.

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

## **Annual leave**

Annual leave is not confirmed by the medical Education Team. 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:

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

### **MDU – Ward 2**

The Medical Decisions Unit is a ward for medical patients to be sent to for assessment and ultimately, the decision to admit or discharge. Generally, they are less sick than the patients sent to AMU.

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 drug kardex's written. 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 MDU and the ambulatory care unit.

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.

There is acute medical teaching in the MDU seminar room at 13:00 on Tuesdays.

## **AMU – 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. They take place in the day room, in area 2 (beds 17-26).

**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 ward 12 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 in the day room 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 AMU, 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 AMU 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.

## **COVID Rota**

Currently, as the hospital still has 'dirty' and 'clean' ED, the medical FY1 on call has a different role. This is liable to change, but at time of writing, it is still applicable.

**MDU Long Day:** This is the 8:30-21:00 shift. You should turn up to the AMU handover in the office and identify yourself as the 'ED FY1'. Your role on this shift is to go with the 1<sup>st</sup> on medical SpR to ED to see the medical take patients. This shift is **NOT** on MDU.

To minimise the infection risk (as it is in 'dirty' ED, all patients are presumed COVID), the SpR will go and see the patient and post-take them. As the FY1, you will use SCR and recent discharge summaries to write the drug Kardex, ready for admission. You may also have other jobs to complete for that patient (ie. Adding bloods, blood gas, chasing blood results etc) depending on what the registrar needs.

**AMU Nights:** This shift is identical to the MDU long day shift, where you turn up to handover at 20:30 and are expected to go with the 1<sup>st</sup> on medical SpR to ED to complete drug kardex's and outstanding jobs for the patient as they are admitted.

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

These two shifts are being reviewed on a constant basis by the acute medical consultants. It is likely the role will be altered, or removed altogether – but at time of writing, it is correct.

MDU Twilight shifts, AMU post-take evenings and the respiratory post-take/AMU shifts are **unaffected** and remain the same.

## Medical On-Call Tips

- Ask lots of questions! The senior support in both AMU and MDU 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 MDU, 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 AMU 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, get a bit of 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 there at hand. It is easy to get lost as you will see a lot of patients, so 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

1<sup>st</sup> on 08:00 – 20:30 Weekdays

2<sup>nd</sup> on 08:00 – 20:30 Weekdays

And during the weekend:

1<sup>st</sup> on 08:00 – 20:30 Weekend

2<sup>nd</sup> on 08:00 – 20:30 Weekend

Discharge FY1 08:00 – 16:00 Weekend

3<sup>rd</sup> on 08:00 – 16:00 Weekend

Previously the 1<sup>st</sup> on used to hold the 2586 bleep and the 2<sup>nd</sup> 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!

**1<sup>st</sup> 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 in the same room as the morning. 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.

### **2<sup>nd</sup> 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 2<sup>nd</sup> 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 1<sup>st</sup> 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.

### **1<sup>st</sup> 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 2<sup>nd</sup> on-call who may be struggling with the very high workload. Everyone has to work the 2<sup>nd</sup> on-call shift at some point and it is important to help each other out to manage the workload.

### **2<sup>nd</sup> on call Weekend 08:00 – 20:30 #2587:**

This is a notoriously busy shift on the surgical rota. Last year as the 2<sup>nd</sup> on you did not need to attend the handover. Instead you went to the doctor's office on SAU to collect the bleep and waited for the registrar.

Your role will involve doing a large ward round with the general surgical SpR and discharge FY1 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 14:00 by the 3<sup>rd</sup> on-call who will handover outstanding urology jobs. The SpR will leave at 14:00 and you are expected to get on with all the jobs. Don't be afraid of asking the 1<sup>st</sup> on and SCPs on for help if you are really struggling.

### **3<sup>rd</sup> on call 08:00 – 14:00:**

This shift was previously 08:00 – 14:00. However, pre-covid it was agreed it should be extended to 08:00-16:00 to ensure that jobs were completed and to reduce the number of tasks given to the 2<sup>nd</sup> on.

During this shift, you are expected to cover the urology patients. Go to the urology office where you will meet the urology SPR. To get there, go onto ward 33 and ask for the urology doctor's office. It is a room on the right-hand side after the siderooms.



Access the acute take list as above and add the admitted urology patients to the urology list. To find the urology list, go to:

My Computer ->\\uhshares1\gsef -> Urology -> Patient lists -> 2020 & select correct date

You will then do a ward round of all the urology patients with the consultant and registrar. 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 2<sup>nd</sup> on-call.

### **Discharge FY1 08:00 – 16:00**

For this shift, go to the doctor's office on SAU for 08:00. As the discharge FY1, you will do the vascular ward round in the morning with the vascular SPR. If the vascular SPR has not arrived, you can start doing the ward round with the 2<sup>nd</sup> on. When the vascular SPR arrives, they should bleep you and you will then go and complete the vascular ward round and keep track of any jobs that need to be done. Work with the 2<sup>nd</sup> on to complete the jobs that arise from the vascular and general surgical ward round.

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 was/is comprised of a senior registrar, junior registrar, SHO and FY1. 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 Kardexes 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. This is the same room as the morning handover room. On arrival, introduce yourself to the night sisters, the night SHO and night registrars. Make sure to get their bleep numbers. Sign the black diary as a record of your attendance. You will be given an Ipad which will inform you of the jobs required throughout the night. Speak to the 1<sup>st</sup> on-call and 2nd on-call FY1 and find out if there are any outstanding jobs. Take the bleep from the 1<sup>st</sup> 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 same 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 office 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 2<sup>nd</sup> 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!**