

F1 SURVIVAL GUIDE

Specialty	General Surgery
Location/s	<p>Surgical Directorate (Green Zone 3): General office for all Junior Doctors/Consultants/Administrative Staff</p> <p>Arethusa Ward (Red Zone 4): On-call/Twilight SAU/Surgical Assessment Unit (Red Zone 4): On-call/Twilight</p> <p>CEPOD (Red Zone 3): Emergency surgery</p> <p>Pathology (Red Zone 4, but can only be accessed via Green Zone stairs): Bloods/Cultures</p>
Team	<p>4 Teams in total, with designated consultants on each team:</p> <ol style="list-style-type: none"> 1. Team Tuesday: Mr Andrews, Miss Grimes, Miss Kocsis 2. Team Wednesday: Mr Gandhi, Mr Kukreja, Mr Joshi 3. Team Thursday: Miss Troller, Mr Ahmed, Miss Hassanally, Mr Qureshi 4. Team Friday: Miss Chan, Mr Dickson-Lowe, Mr Lascelles <p>Post-Take means you are:</p> <ul style="list-style-type: none"> • Responsible for all new patients that come through SAU or Emergency Department <p>Post-Take Team</p> <ul style="list-style-type: none"> • The team that accepts all new patients that day. For example, if you are Team Wednesday, then every Wednesday, you report to SAU first thing in the morning and ward round on all the new patients that came overnight. If a Team Wednesday Consultant is on-call over the weekend, then on that specific week's Monday, you report to SAU and ward round on all new patients coming in over the weekend. If your consultant is not on-call that weekend, go to Directorate on Monday morning and round on regular patients as usual

Different Roles / Type of uniform	<p>Nursing team: blue PT/OT: White clothing Dieticians: White clothing Porters: Purple Doctors: miscellaneous; scrubs/smart casual</p>
In charge / How to identify	<p>Nurse in charge of wards: Dark blue Matrons: Red</p>
Key Contacts	<p>Email Francesca Dunn for the following:</p> <ul style="list-style-type: none"> • Access to Surgical Microsoft Teams (patient lists) • Link to Live Rota Excel Sheet • Join GS & Urol F1 SHO Whatsapp group

	<ul style="list-style-type: none"> • Other surgical Whatsapp groups <p>Mr Nabeel Qureshi is responsible for rota</p>
Computer Systems - Across the Trust / General	Sunrise EPR for majority of the hospital
Computer Systems - Specific to department	<p>ICU/Ward "1.5"/Trafalgar Ward (HDU) = Metavision & paper prescriptions; patients won't be documented on Sunrise EPR. Use generic login Username: Surgical Password: 123</p> <p>Pediatrics = Paper documents/prescriptions, Old System discharge summaries</p> <p>Everywhere else = Sunrise EPR</p> <p>NOTE: TPN prescriptions must be written by hand</p>
Induction	You will have induction completed by Mr Dey, Miss Kocsis and Mr Ghumman at the start of your rotation
Board rounds	Multiple wards are covered and there is no formal board round. However, it is important to update the nurse looking after your patients to be informed of the plan verbally.
Departmental Teaching	Journal Club on Tuesday mornings 8AM Trafalgar Conference Room (Green Zone 3)
Shift patterns - Rota - Breaks	<ol style="list-style-type: none"> 1. Regular Ward Round Shift (9AM to 5PM) 2. On-call (8AM to 8:30PM) 3. Twilight (3:30PM to 11:30PM) 4. Personal development time scheduled on rota
The typical day / What to expect	<p>Ward Rounds: Go to directorate, prepare patient list via Microsoft Teams, pick up team bleep, ward round with SpR, complete jobs, answer bleeps</p> <p>On-call (Weekday): Go to Arethusa Ward, pick up on-call bleep, clerk new patients with SpR, add new patients to Microsoft Teams list, respond to bleeps, write discharge summaries, prepare patient list for 4PM post-take ward round and 8PM night-shift handover</p> <p>On-call (Weekend): Go to Arethusa Ward, see all surgical in-patients (typically Saturday only), clerk new patients,</p>

	<p>add new patients to Microsoft Teams list, write discharge summaries, respond to bleeps, prepare list for 8PM night-shift handover</p> <p>Twilight shifts: Go to Arethusa Ward, pick up twilight bleep, assist on-call team with clerking and cover wards</p>
Referrals	<p>ESAC Appointments:</p> <ul style="list-style-type: none"> • Book patients via Microsoft Teams, include patient's hospital #, DOB, and short history on designated slots for ESAC • ESAC appointments are on Arethusa Ward <p>Hot (Gallbladder) Clinic:</p> <ul style="list-style-type: none"> • For patients who will be considered for laparoscopic cholecystectomy following admission due to gallstone disease • Include (medwayft.surgicalhotclinic@nhs.net) in the patient's discharge summary • Send email (medwayft.surgicalhotclinic@nhs.net) for booking, include patient's full name, hospital #, DOB <p>OP OGD/Colonoscopy:</p> <ul style="list-style-type: none"> • Fill out paper referral form; attach patient sticker; drop off at Endoscopy • If urgent, fill out online form, discuss with UGI bleed gastro consultant on-call <p>Interventional radiology:</p> <ul style="list-style-type: none"> • Sometimes patients will require IR procedures e.g. cholecystostomy, embolization, US drainage... These patients will need discussion with the IR consultant <p>Booking patients for theatre:</p> <ul style="list-style-type: none"> • You may be asked to book patients for CEPOD (emergency theatre- theatre 6). If that is the case, you will need to complete a CEPOD booking form and discuss this with the CEPOD anaesthetist. After this you will be expected to input the case details onto the computer outside CEPOD.

Audits	There are lots of projects in General Surgery. Discuss with any Consultant/SpR.
Theatre	<p>During your rotation you may be asked to assist in theatre, or you may be interested in surgery and want to attend surgery.</p> <p>Remember:</p> <ul style="list-style-type: none"> • Always to change into scrubs, wear mask and theatre hat. Male changing rooms are outside theatre 6. Female changing rooms are outside theatre 7. • Do your studying! Know basic anatomy and steps of surgery you are going to see. • Before the surgery talk to senior about what you are comfortable with doing e.g. assisting by retracting, suturing etc or only observing. • After the surgery has finished remember to help the theatre team to transfer the patient
Useful Resources	<ul style="list-style-type: none"> • https://teachmeanatomy.info/ • https://teachmesurgery.com/ • https://bestpractice.bmj.com/info/
Top Tips	<ul style="list-style-type: none"> • Bring your team's laptop on Ward Rounds so you can document and prescribe as you go; ensure it is fully charged before you leave the day before • Learn how to efficiently organise and print patient lists on Microsoft Teams; this will significantly improve the efficiency of the morning ward round • Pre-set common medications on Sunrise EPR for more efficient prescribing on the wards (Recommendations: IV drugs = paracetamol, plasmalyte, ondansetron, omeprazole, co-amoxiclav, Buscopan; PO drugs = oramorph, lactulose)
Conclusion	General surgery is a fantastic rotation with a good mix between on-call and ward days. If you are interested in surgery it is an excellent rotation to get theatre experience and complete projects.