

F1 SURVIVAL GUIDE

Specialty	Emergency Medicine
Location/s	Red Zone - Area 3 (minors) / Majors / Resus / RAU (ambulance assessment unit) / CHED (children's ED) (You will get the opportunity to work in all of these areas, it varies each day)
Team	Day team consist of: 1 consultant in charge (Emergency physician in charge (EPIC)). The EPIC is on duty between 8am-10pm and may change during the day at handover time. There may be other consultants also on duty/ shop floor. 3 registrars splitting up between Area 3, Majors and Resus 3-8 F1/F2/ GP trainees/ Physician Associates.

Different Roles / Type of uniform	Consultant – grey scrubs Reg – Maroon scrubs SHO/F1 - blue scrubs (provided)
In charge / How to identify	EPIC – either a consultant or reg, identified by yellow EPIC badge.
Key Contacts	N/A
Computer Systems • Across the Trust / General	There are multiple programs for documenting/prescribing, ordering investigations, viewing imaging and blood results. You will quickly become proficient at using them all. <ul style="list-style-type: none"> • iLab: Results for bloods, cultures (urine, blood, sputum, stool), swabs (MRSA, COVID) etc. • PACS: Most radiological imaging with reports • ESR: this is the online system which replaced paper notes, you will document and prescribe on this system, it is not great but you will get used to it within a few days. • Dart: blood and imaging requests. • Intranet: call a porter, for transfer to CT/XR ect. • KCH neurosurgery/ trauma: online referral portal for neurology presenting patients e.g: stroke. Find the site by searching acute neuro referral, you must use Internet explorer or it won't work, you can create a username/password to save your time. • Prism: reports for cardiology specific investigations (24hr tapes, ECHO, lung function tests, sleep study tests) - request access from IT early on, very useful to know if patients have heart failure ect

	<ul style="list-style-type: none"> • Endoweb: reports for gastroenterology specific investigations (flexible sigmoidoscopy, colonoscopy, OGD)
Computer Systems <ul style="list-style-type: none"> • Specific to department 	N/A
Induction	There is a 2 day induction with teaching at the start of the rotation.
Board rounds	Board rounds are at 8AM, 12PM, 16:00, 22:00
Departmental Teaching	<ul style="list-style-type: none"> • Paediatric teaching 13:00 Tuesdays • Junior Dr teaching 08:30-10:30 every Thursday.
Shift patterns <ul style="list-style-type: none"> • Rota • Breaks 	<p>Rota is on a 3 week cycle, your rota may start on any of these 3 weeks:</p> <ul style="list-style-type: none"> • Week 1: 08:00 - 17:00 Monday to Friday • Week 2: Mon-Fri 14:00-23:00, Thurs/Fri off. Sat/sun 8:00-18:00 • Week 3: Monday off, Tue-Fri 8-17:00
The typical day / What to expect	<p>Background: Patients have 4 hours to be seen and referred/discharged before they breach, so try to see patients and discuss plans early (with a reg/consultant) if possible as it will make your life easier. This is not always possible due to wait times. You will likely see 3-6 patients a day depending on where you are based, don't worry if it is less than that initially, some patients are complicated and can take a long time to sort out.</p> <p>Board rounds: 8am, midday, 4pm, 10pm. An opportunity to go through the patients in the department and to clarify management plans/ escalate to seniors if required. Also a learning opportunity for interesting cases. Most of the consultant like punctuality so try not to be late at the start of the shift.</p> <p>Clerking patients: The hospital uses a system called ESR. Patients are listed by length of stay on ESR, this determines who you see next, the patient with the longest waiting time who hasn't been seen by a Dr yet is the next to be seen. Unless you are in Resus, then it is likely you have a bit of time before you need to see the patient, use this to find out some background</p> <ol style="list-style-type: none"> 1. Click on all documents on EPR to see previous admissions/discharge summaries, on the KMCR tab view regularly prescribe drugs to gage pmhx. 2. Check if their triage bloods are back yet 3. Check previous imaging on PACS.

	<p>After clerking the patient, try and come up with your own plan, then always discuss with a registrar or consultant. As an F1 always document clearly what was discussed and with who, in your plan include 'discussed with Dr X (reg)', at the end to protect yourself.</p>
Referrals	<p>A/E is effectively a patient streaming system for the hospital, you assess patients and judge if they need admission or to go home with or without follow up. If a patient is to be admitted they need referring with the correct specialty. For this you must speak to the registrar of that specialty who is taking referrals for that day. Most patients admitted come under medicine.</p> <p>medical (423), general surgery (560), orthopaedics (551), paediatrics, urology are usually within the hospital referrals. QVH – plastics. Maidstone – stroke/oncology/ ophthalmology. Ashford – STEMI. KCH – neurosurg/ multiple trauma/ ACS (if required)</p> <p>How to bleep – dial 77, wait for voice then type in bleep number followed by your extension listed on the phone, hang up and hope they call back.</p> <p>ED gets busy for referrals after 4pm as people try to refer before going home, bear this in mind as it can take a while to refer some patients, so try and refer by 4:30 if leaving at 5pm (not always possible).</p> <p>Handing over patients: If your patient is not ready to refer/discharge by the time you leave, as bloods are not back ect... then it is accepted to hand over the patient to another SHO or sometimes a reg. Make sure you give them a clear plan of what to do as it is tricky taking over the care of a patient especially if they need referring. Document that you have handed over to Dr X in your plan and list their name in the clinician name section so it is clear on the board they are taking over. Be reasonable in picking up new patients near the end of the day as you are unlikely to be able to 'finish' them and might have to stay late.</p>
Audits	N/A
Useful Resources	<p>I would recommend downloading the BNF, induction, microguide and greenbook, MDCalc. This will save time and help you if you are in a rush/unsure/panicking.</p>

	<ul style="list-style-type: none"> • Greenbook: Acts as the trust guidelines of algorithms and useful management plans – note it is not comprehensive and rarely updated for new guidelines • Up to date – provides up to date guidelines and great information about all conditions. Can access through browser or via link on intranet. • BNF • Induction: Useful store of extensions/bleeps for most teams around the hospital • Microguide: Great app with guidelines for antibiotic prescribing • MDCalc: useful for CIWA, Wells, GCS, blatchford, CHADVASC scoring in ED. • BMJ online – useful information and treatment algorithms.
Top Tips/ Conclusion	<p>ED is a scary place to start working, I was terrified before starting, however, it is also very well supported in terms of senior advice available, there are always registrars and often multiple consultants around, not something you get in other specialties. Do not feel worried about asking for help/guidance, a senior will always review your patient if you ask, it is not your decision to be sending people home, always discuss before this.</p> <p>You will get to do and see a lot of really cool medicine and get the chance to learn and develop much faster than on a ward, if you show that you are willing to learn and are pro-active it will stand you in good stead.</p> <p>The Nurses in A/E are generally amazing, they are very friendly and often experienced. Be clear in communicating plans and always be polite and thank them for their help, it will make life easier for you. Don't be afraid to go and do small jobs to help them out, eg: ECG or repeat bloods, they will appreciate it and it can make your life easier as things might get done quicker.</p> <p>It's normal to be anxious about starting, it's a good thing to scared some times. You will be a great Dr, you got this!</p>