

## F1/F2 SURVIVAL GUIDE

<b>Specialty</b>	Community Old Age Psychiatry
<b>Location/s</b>	Britton House
<b>Team</b>	CMHSOP

<b>Different Roles / Type of uniform</b>	Community Assessments, Community management of functional and organic diagnoses, ECT
<b>In charge / How to identify</b>	Dr Brett Metelerkamp
<b>Key Contacts</b>	These will be provided to you on induction
<b>Computer Systems</b> - Across the Trust / General	You will be given a laptop from the team to use during your rotation. This will be your KMPT login. Here you can access Rio and E-Meds for appointments, patient notes and prescribe inpatient medications
<b>Computer Systems</b> - Specific to department	As above
<b>Induction</b>	Very informative and vital to attend all sessions. The timetable will be sent to you about 2 weeks before you start. You will also need to contact your clinical supervisor for a 1:1 induction.
<b>Board rounds</b>	Every Monday morning there is a weekly review with the whole team to discuss any priority patients. This is online and can be done at home, but you are encouraged to attend Britton House as you will need to be there in the afternoon for Cognitive Assessments. There is also a meeting on Thursday morning where patients seen at their home address/care home are discussed.
<b>Departmental Teaching</b>	Every Tuesday afternoon. There is also Case Discussions and Journal Club on Monday at noon, the programme alternates between Case Discussion and a review of a paper, you will be assigned one session during your rotation where you and your supervisor chair/present the session.
<b>Shift patterns</b> - Rota - Breaks	Discuss with your supervisor on a weekly basis. Generally: Monday – Board round, CBD/Journal club, Cognitive assessments Tuesday – ECT or Community visits, Teaching Wednesday – Assessments and reviews of organic and functional MH disorders Thursday – Review of Community patients and team discussions, F2 Teaching Friday - ECT, Audit work, Balint Group

	You may also have on-call duties, these are both night and day shifts and you are aware of your shifts well in advance
<b>The typical day / What to expect</b>	As above
<b>Referrals</b>	Information is provided during induction
<b>Audits</b>	Lots of audits are ongoing whilst you are on the rotation, if you are interested in a particular area, contact details are provided to you during induction
<b>Useful Resources</b>	These can be provided to you during induction with your supervisor, dependent on your specialty
<b>Top Tips</b>	Be keen, seek learning opportunities as they arise. Lots of the exposure you get to the specialty is driven by how involved you are.
<b>Conclusion</b>	It is an amazing and very interesting specialty. Try and attend as much as possible and build up confidence so you can start assessing your own patients and having your own workload. You have loads of time for admin and audit work and you shouldn't waste this time. Balint groups are really important for your own wellbeing whilst being on the rotation and you can share as much or as little as you like.