F1 SURVIVAL GUIDE

Specialty	Urology/General Surgery On-calls
Location/s	Surgical Directorate (Green 3)/Arethusa (Red 4)
Team	Urology/GenSurg

Different Roles / Type of uniform	Consultant, SpR, SHO/F2, F1 (no specific uniform) Cancer Nurse Specialist (dark blue fitted uniform) Others (common to the hospital): PT: Matrons: Red. Pharmacists: Dark Green
In charge / How to identify	
Key Contacts	(Available on induction app if subject to change) SpR on-call phone number: 07534223181 On-call SHO Bleep: 688, Ward SHO: 518
Computer Systems - **Across the Trust / General**	EPR – Documentation DART- Order investigations ILAB – Review blood investigation results PACS – Review imaging results Metavision - for patients on HDU/ITU.
Computer Systems - **Specific to department**	Urology specific clinical referral forms, available on the intranet. (Catheter passport,TWOC clinic referrals)
Induction	Department induction on first day of rotation. Location, time and itinerary shared by email.
Board rounds	Pre-ward rounds at 0830 in Sunderland Weekly MDM grand round every Friday 0800 Trafalgar
Departmental Teaching	Impromptu SpR led teachings based on how busy the ward is. Roughly bi-weekly.
Shift patterns - **Rota** - **Breaks**	For FY1: Urology days: 08:00-17:00 Gen-Surg day and weekend On-calls: 08:00-20:30 Gen Surg Twilights: 15:30-23:30
The typical day / What to expect	UROLOGY days: A Rough timeline. - 0800: Prep and print the list (request access to sharepoint list via email) Check locations of the inpatients, update bloods, add any details regarding progress and pending jobs. Print a copy for Cons, reg, CNS, SHOs and F1s. - If time permits, prep a temporary list of urology inpatients on EPR/Sunrise (by searching for each inpatient and saving the list created). This helps streamline ward rounds, they're fast and any steps taken towards efficiency can go a long way. - 0830: Board round and ward round commences from Sunderland (level 1 green zone). Take turns to document – either by day, or by location etc.

	- ~1000: (Post ward rounds): Discuss ward jobs as a team with fellow FY1 and SHOs and prep jobs list, divide responsibilities as required and crack on. - 1500-1530: Aim to reconvene for a mini-board round with the reg and the team. Update the list with job progress. List jobs that need to be handed over to the on-call. - 1600: (or whenever you have a moment): Collect the list of electives from the main-theatres and Day-cases (Sunderland) – Pre-emptively add the patients that are likely to stay overnight onto the main patient list and order bloods for phleb collection for the next morning on DARTOCM for the electives ward patients that need repeat bloods. If you are scheduled for theatre, go to the main theatres to your assigned theatre as per your scheduled time. Which could be 8am or 1pm.
Referrals	Taken by on-call registrars during the day, associated jobs handled by on-call SHO (unless help is required) Taken by on-call SHO during nights
Audits	Monthly morbidity and mortality (MnM) meetings (usually first Wednesday of every month. To help prep for maintain a list of MnM candidates that are discussed during the Friday morning meetings, these cases will have to be presented by an SHO/F1 during the MnM. Additionally, collect the list of operations performed by all the consultants over the month, this list is also shared during the presentation.
Useful Resources	UROLOGY_HANDBOOK_ 2021(1).doc
Top Tips	- Be punctual for the board/ward rounds. - Collect the urology laptop and in turns, take responsibility for ensuring it is charged for board/ward rounds. - When referring a patient to another specialty or for advice from another specialty have the patient details on hand including relevant scans, bloods, vitals etc. (Same applies when vetting a CT scan) - Take opportunities to perform catheterizations. - Revise anatomy (blood supplies, innervations and structures) for a better time in theatres. - Proactively sorting the list/ordering bloods etc decreases workload for the next day. - Go through the urology handbook for a review of how to manage typical urology conditions and post-op patients.

Conclusion	The rotation can be rewarding especially if you are inclined to pursue surgery, there is designated theatre time and further exposure can be requested. Things to keep in mind: Emergent conditions for? theatre asap: Testicular Torsion, Obstructive infected kidney. Common elective operations (abbreviation may feel a bit daunting, so here is a quick list): TURP (Transurethral resection of prostate), TURBT (Transurethral resection of bladder tumour), LSF (Laser stone fragmentation), RALP (Robotic Assisted Laparoscopic Prostatectomy) Cystectomy+Ileal Conduit (removal of bladder+diversion), Nephrectomy and Nephroureterectomy. Go through the handbook for post-op management, including discharge planning (Follow-up, TTO+TWOC)