

F1 SURVIVAL GUIDE

Specialty	Geriatrics
Location/s	Milton Ward
Team	2 Consultants, 1 Registrar, 2 SHOs, 2 FY1s (All junior numbers are variable depending on the individuals' on-call rotas)

Different Roles / Type of uniform	<p>Doctors – usually wear scrubs but can wear smart clothes as you would know from placements</p> <p>Nurses – Light blue tunics. Ward manager Vicky wears navy blue tunic.</p> <p>HCA/CSWs – Grey tunics</p>
In charge / How to identify	<p>Consultants may vary week-week. Dr William Ogburn is the new clinical lead for frailty</p> <p>Ward Manager Victoria (as above)</p> <p>Nurse in charge (NIC) will have a badge on and will be identified during the morning board round</p>
Key Contacts	<p>Service manager Elizabeth Bell (Liz)/ Assistant manager Karen - may attend board rounds, you will meet her at some point!</p> <p>Elizabeth.bell5@nhs.net</p>
Computer Systems - Across the Trust / General	<p>Depending on the systems you may have used previously, you may spend the first few days getting used to the different types of systems used. The main thing to note about Medway is that it is still being streamlined and there are many different systems. Passwords are given during induction, and you will be sent e-learning material prior.</p> <p>General systems:</p> <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 · Bed Management (Extra-Med): Extra-med is the place to handover jobs for the weekend team to chase and act on. · EPR (Allscripts): Medway only recently shifted to digital notes. EPR is the platform that you will need to be most familiar with. You will be using this daily to prepare and write ward round documentation. You can find a variety of information for each patient from observations and medications to past appointment letters. We also use EPR to write discharge summaries and prescribe. <p>Lastly, you will need to access the medical take list via the intranet whilst on-call.</p>
Computer Systems - Specific to department	N/A
Induction	You will have two inductions for this rotation.

	<p>First you will have the Medicine Induction in which they will explain how on-calls work and the rota for a medical rotation.</p> <p>Second you will have an Elderly Medicine Induction which will be via Teams, most likely on the following day (Thursday).</p>
Board rounds	Every morning in the MDT Room at 9am
Departmental Teaching	Thursdays 12.30-13.30 via Teams (free lunch provided in the geris office)
Shift patterns - Rota - Breaks	<p>Medical Rota for an F1 is generally as follows: Normal weekdays: 8.30-16.30 On-calls: 9.00-21.30</p> <p>You will work 1 on-call every week and one weekend a month. The rotation should also consist of one week of late shifts 13.30-21.30 on the Medical Take and one week of Post Take Ward Round shifts 8.30-16.30</p>
The typical day / What to expect	<p>Arrive for around 8.30am in the MDT room to start prepping ward round notes/look over any patient updates from overnight.</p> <p>9am – board round. Usually lasts 15-20 minutes. All the patients are discussed, and any updates are given. The plan for each patient is clarified and any potential discharges for the day are highlighted.</p> <p>9.30/10-12 – ward round. Geriatric ward rounds do not tend to go on for too long. On Mondays the consultants like to see every patient. The two consultants split up the ward (28 patients on Milton) in half and the juniors split according to staffing.</p> <p>On the rest of the days, you will often be seeing patients on your own or with the registrar. Find your own way of approaching this (whether this is preparing all the notes and then going to physically see the patients or doing it one at a time). Remember to be thorough and not to fall into the trap of just copying notes from the previous day. This can easily lead to errors! Think about how you would want someone to look after your friend or relative. Always remember to ask if you have any questions.</p> <p>After ward round, you will spend the rest of the day carrying out the jobs dictated by the ward round and helping the nurses with any tasks flagged.</p> <p>The consultants usually leave after ward round, but you can speak to any of your SHOs/SpR for advice if needed. You can always call the consultant if you need help.</p>

	<p>They mostly come back in the afternoon around 3pm to check how everyone is getting on and you should update them on any significant events from the day at this time.</p> <p>P.S. make sure you take breaks and especially lunch! If you work effectively and efficiently, there is no reason why you cannot have a good lunch break every day as per your entitlement.</p>
Referrals	Download the Induction App on your phone as it will have all the numbers that you need. Some specialties require email referrals (such as Neuro).
Audits	There is opportunity to participate in Audits within the department or also wider medicine. You will have to seek out these opportunities yourself, but the first points of contact would be consultants and medical registrars you become acquainted with.
Useful Resources	
Top Tips	<p>Everyone has their own style for ward round documents. I use the following template: X year old M/F admitted with x PC, HPC, SHx, PMHx followed by a timeline of important events including any relevant imaging report findings. Then for each day I do a short systems review listing the obs and remember to check if bowels have opened in your elderly patients. I also like to list the active medications every day and summarise the latest blood results. Remember, if it isn't documented, it didn't happen! So be concise and consistent with your documentation to show you have reviewed all relevant information. Prepare any discharge summaries in advance for patients identified as MFFD as if you leave it to the last minute you will be stressing trying to complete them before the deadline and you don't want to be the reason a patient has to stay in hospital another day! Sit in for discussions regarding end of life care with patient relatives. The skills you can learn from this are invaluable as you will soon be having to discuss these sensitive topics with patients/relatives.</p>
Conclusion	<p>Geriatrics is a great opportunity to hone your knowledge of the NHS structure and to become familiar with the biggest age demographic within the NHS. There are plenty of learning opportunities throughout and Milton is a very supported area with a great team. The medical on-calls are very marmite but undoubtedly prepare you for the rest of your career and can bring a great sense of teamwork.</p>