

F1 SURVIVAL GUIDE

Specialty	Inpatient Female Acute Psychiatry Ward
Location/s	Cherrywood Ward, Littlebrook Hospital
Team	Cherrywood

Different Roles / Type of uniform	You can wear scrubs or professional clothing
In charge / How to identify	Consultant – Vinu Vasudevan
Key Contacts	Nathan Vasudavan – Ward Manager
Computer Systems - Across the Trust / General	 RIO – this is where all patient notes are documented and patient related info is available. They give you a thorough induction on using this when you start so don't worry. EDN – for discharge summaries, you can complete the medication data and the 24 hour summary but the consultant needs to send the final EDN. ILab – to check blood results
Computer Systems - Specific to department	n/a
Induction	2 weeks of induction online
Board rounds	n/a
Departmental Teaching	Monday – Journal club 12:30 – 13:30 Tuesday – Psychiatry teaching (clashes with core teaching) 13:30 – 16:30. PDP time is taken on Tuesday's following core teaching. Friday – Balint Group 12:30 – 13:30 (this is for you to speak about anything that may have affected you on the ward)
Shift patterns - Rota - Breaks	Normal office hours 9-5, no on call, no nights
The typical day / What to expect	 9am handover with MDT – nursing, OT, discharge team and care coordinators Make tea/coffee, start ward round. Monday - Attempt to review all patients for weekly ward round. Tuesday – Acute Ward cover at Medway for the morning only (Sapphire, SDEC or take shifts) Wednesday – Continue ward round or CPA meetings Thursday – Ward jobs, no seniors on site Friday – CPA's and discharges







NHS Foundation
Most of the day you will type up ward round notes or CPA notes. Patients are typically seen once per week, unless very unwell. You may be asked to clerk a new admission if they come in between 9-5pm, clerk them in and do the tasks below:
 <u>New admissions clerking:</u> On each admission, patient should have an entry under "Core Assessment" in Rio. This can be assessed in the patient menu, by clicking "Action" on the right top corner. For a new admission, please fill in the form "Core – presenting problem for referral". Most people would put an entry in Progress Note before extracting the relevant information to fill in the boxes in Core Assessment.
 There is not a specific format for admission clerking, but it should include the following headings: Background, Patient review, Past Psychiatry History, Past Medical History, Drug History, Allergies, Social History, Mental State examination, Risk assessment, Physical Examination (General, CVS, Resp, Abdo, Calves), Impression, Plan
 Every new patient should have the following things done with 24 hours of admission: Bloods – FBC, U&E, LFT, Lipid profile (including HDL, LDL, total Cholesterol), HbA1c, Bone profile, TFT, CRP, Prolactin, Vitamin D, Vitamin B12 and Folate, Serum Glucose (1x purple, 1x gold, 1x grey blood tube) ECG – ensure QT interval is not prolonged Write up drug chart VTE assessment – one on admission and one 24 hours after admission It is on Rio – on patient's homepage, select "Risk information" on drop down menu, then "VTE assessment".







	In a clerking, you would take a psychiatric history
	exploring their admission circumstances, mood etc. Never forget to ask about suicidal ideations and assess the patients' risks!
	Medical Education requires F1 trainees to have an Acute Medicine shift for half a day in a week (as per South Thames Deanery guidelines), which is usually on a Tuesday AM.
	You should hand over any results to chase / patient monitoring past your working hours to the Duty Doctor. The day duty doctor works 9am to 9pm, and the night duty doctor works 9pm to 9am.
	On Thursday you are typically alone on the ward. Use this day to complete prescribing, re-writing drug charts, reviewing patient for their physical health issue, blood taking, booking scans, liaising with other specialties, doing MMSE etc. You would also manage tasks that arise on the day, such as assessing patients. When you reach the ward in the morning, it is good practice to ask the ward nurse if there is anything they are worried about and read the notes from night shift. The duty doctor is there to help if you need them.
	Ward round notes should take the following format: Patient name: Date: Present: Section/Voluntary: Working Diagnosis: Clinical Update/Discussion: MSE: Appearance and behaviour – Speech – Mood- subjective / objective Perception – Thoughts – Cognition – Insight - Risks: To self: To others: From others: Plan:
Referrals	You may have to refer patients to Darrent Valley Hospital or King's College London for further investigations. Call switchboard or find an email/name to contact.







Audits	There are regular emails requests for help with audits or teaching, if you have an interest there are options available.
Useful Resources	There is a doctor's resource room on site in Archery House.
Top Tips	Learn to touch type. Type notes in word and copy paste to Rio when you are ready to validate them.
	If it is serious enough that they may need a cannula, then you have to just send them to A&E because there is no management on the ward.
	Bloods have to be done by 2pm otherwise they need to be sent in a taxi or next day to DVH.
	Always see a patient with a chaperone for both their safety and yours.
	Document any conversation you have, otherwise it didn't happen. Always document changes to medications and WHY. If someone is considering starting an antipsychotic in future but it's been tried before they need to know why it was stopped.
	Always confirm consent to communicate with family.
	Never tell patients anything personal about yourself.
Conclusion	If you have an interest in psychiatry there are a lot of good experiences available and it is well supported. You will mainly document ward rounds and see patients for any physical concerns they may have while admitted. The patients can be interesting and the trust provide a lot of learning opportunities for you if you want them.



