

F1/F2 SURVIVAL GUIDE

Specialty	Acute medicine
Location/s	Lister ward
Team	Medical team

Different Roles / Type of uniform	<p>Take team – clerk new patients that have been accepted by the medical registrar</p> <p>Ward team – cover the wards out of hours, will see patients from different specialities if their team raises medical concerns and needs advice.</p>
In charge / How to identify	Acute medical on call rota which can be found on the intranet. Both on call consultant and registrar can be found here.
Key Contacts	<p>Consultant on call via switchboard (call 88)</p> <p>Take spr 432</p> <p>Ward cover spr 494</p>
Computer Systems - Across the Trust / General	<p>EPR is used for documentation and observations. New patients that you clerk on take will require an 'IP clerking document'. When you post take with the consultant open an 'IP ward round document' and select post take on the document. Ward round documentation will be on 'IP ward round'.</p> <p>Observations can be remotely reviewed on EPR. You select on your patient and then click flowsheet from the tabs at the top. This will display the flowsheet and provide you with a NEWS score.</p> <p>EPR also includes EPMA which is used to prescribe medication.</p> <p>KMCR can be accessed via EPR which gives you access to GP records. This is particularly helpful when you want a list of patient's regular medication.</p> <p>DART is used to order investigations including biochemistry/haematology and radiology. You can also order bloods for phlebotomy collection for the next day (you will save yourself a lot of time by doing this at the end of your shift).</p> <p>PACS is used to view imaging.</p>

<p>Computer Systems</p> <ul style="list-style-type: none"> - Specific to department 	<p>Acute medical rota is used to see which doctor is expected on each shift and is regularly updated with any sickness.</p> <p>Take list is used to keep track of the patients accepted by the medical team. It will include what time they were accepted, when they were clerked and by whom, if they are ready for post take or if they have been already and any outstanding jobs.</p> <p>Extramed is used to view the weekend handover list. All medical patients are not seen over the weekend. Any patients that require a review should be discussed with the ward cover spr on Friday afternoon and put on extramed.</p>
<p>Induction</p>	<p>Induction will involve a brief introduction to the specialty and explanation of on call shifts. This is an opportunity to asks questions so make sure you do!</p> <p>There is no specific induction for the ward. The consultants will explain what is expected from you and teach you along the way.</p> <p>Lister ward is an acute medical unit. Majority of the patients are short stay patients that require a few days of inpatient treatment and can be discharged. The few who require longer admissions will promptly be moved to medical wards. It is a fast paced environment but you come across very interesting presentations and quickly learn how to prioritise.</p>
<p>Board rounds</p>	<p>There are 2 board rounds per day on Lister ward in the doctor's office. First at 11am and second at 2am. This is an opportunity to inform the ward team of any new updates or issues that have arisen. Provide a brief history of presenting complaint and the issues that are preventing discharge.</p> <p>Doctors, nurse in charge, matrons, therapies, IDT are some of many that attend these board rounds. Make sure you are on time!</p>
<p>Departmental Teaching</p>	<p>There is no set departmental teaching. Majority of the teaching happens whilst on the ward round with your consultants and registrars.</p> <p>You do have protected time to attend your teaching organised by medical education team.</p>

<p>Shift patterns</p> <ul style="list-style-type: none"> - Rota - Breaks 	<p>Ward cover shifts in hours: On Lister ward you work 9am-5pm shifts. The board is split amongst the number of juniors present using initials. The same patient's are then split amongst the consultants/registrars. You then prepare the notes based off previous documentation, blood test results, imaging, regular medication, GP records and ensure both VTE assessment and TEP form is completed. Seniors then review the patient's on the ward round and formulate plans that the juniors document on 'IP ward round document'. Attend board round at 11am. 11-1pm begin to work through jobs list prioritising the most important. 1pm attend teaching/lunch break. Ensure you are back on the ward for 2pm board round. Continue to work through jobs until 5pm. Any urgent outstanding jobs should be handed over to the red zone ward cover FY1 on bleep 498. You do not carry a bleep on this shift and you are not expected to attend cardiac arrests.</p> <p>It is common to stay behind late on this ward due to it's busy nature. Ensure you do exception report these when necessary.</p> <p>The on-call rota for SHOs would include both day and night shifts which can fall on weekdays or weekends. These are 12 hours shifts starting at 9am and finishing at 9:30pm following handover.</p>
<p>The typical day / What to expect</p>	<p>ALL ON CALL SHIFTS ARE REQUIRED TO ANSWER THEIR BLEEPS AND ATTEND CARDIAC ARRESTS</p> <p>WEEKDAY</p> <p>Day Take shifts (bleep 423): Pick up bleep at the switchboard office which is the glass counter on the left when you walk through the main entrance towards purple zone. You can identify which bleep you are to carry based off the bleep number that is assigned next to your name on the rota. Sign into the take list and see if there are any patients ready to be clerked (they will be highlighted white). Click on the patient and add your name next to it and change the highlighting to blue. Use the multiple systems to collect information about the patient's history and identify where they are located on EPR. Find the patient and take an extensive history and examination. Document this using the IP clerking document. Formulate a plan based off your impression. If you are worried or concerned or unsure contact the registrar and discuss with them. They are very approachable and would rather</p>

you ask for help than struggle on your own. Once you have finished clerking the patient, ensure you have prescribed their regular medications, any new acute medications, completed the VTE assessment and prepared a TEP form. If you are confident the patient will need an admission you can add a decision to admit (DTA) to your clerking plan. You then change the patient's colour on the take list to amber which means they are ready for post take. You then continue to pick up patients and repeat the above steps. On call consultant tends to come for post take around 5pm and will normally bleep you when they are ready for post take. You post take with the consultant and document the new plan. The consultant's name should be entered next to the patient's details on the take list including the time they were post taken and highlighted colour changed to green. Any urgent jobs should be completed and anything outstanding should be added to the take list next to the patient's details as an outstanding job. Continue to clerk patients till the end of the shift. At 9pm you are to be at the Hasbury room which is level 3 red zone within theatre recovery. Here the day team will work through the take list and handover to the night team. Any outstanding jobs should be handed over to the night ward cover SHO.

Night take shifts (bleep 423): Same as day take SHO. Except no post take expected. Day team will post take.

NO SHO WARD COVER ON WEEKDAY - THIS IS DONE BY FY1s

WEEKEND

Day Take shifts (bleep 423): same as weekday day take shifts. Weekend morning handover takes place in doctor's office in SDEC.

Day Ward cover shifts (bleep 984): Pick up bleep at the switchboard office which is the glass counter on the left when you walk through the main entrance towards purple zone. You can identify which bleep you are to carry based off the bleep number that is assigned next to your name on the rota. Attend morning handover in the doctor's office in SDEC. There should be one SHO and one FY1 per 2 zones for ward cover. Sign into extramed and identify all the patients on your wards that have been put on the handover for a weekend review. Make a list of these and begin to work through the weekend handover list. Whilst doing so you will also be required to answer your bleep and attend cardiac arrests. At 9pm you are to be at the Hasbury room which is level 3 red zone within theatre

	<p>recovery. Here the day team will work through the take list and handover to the night team. Any outstanding jobs should be handed over to the night ward cover SHO.</p> <p>Night Take shifts (bleep 423): Same as day take SHO. Except no post take expected. Day team will post take. Attend handover</p> <p>Night ward cover shifts (bleep 984): Attend handover at 9pm. Receive handover of outstanding jobs from day take and ward cover. Answer bleep and attend cardiac arrests. Closely liaise with site as they will filter your bleeps overnight. Have to attend hospital at night meeting with spr and ART team at 3am. Attend morning handover in the doctor's office in SDEC.</p>
Referrals	<p>Cardio, respiratory and gastro in reach are available between 11am - 1pm everyday Monday to Friday All bleep and phone numbers can be found on the induction app.</p> <p>To call switchboard you call 88 To bleep you call 77 then the bleep number then the extension you are calling from To call an extension you enter the number directly</p>
Audits	<p>Audits are readily available to join. Ask your ward registrars they are normally involved in many and can point you in the right direction.</p>
Useful Resources	<p>Microguide and Greenbook Join the Medway Medics WhatsApp groupchat</p>
Top Tips	<p>Follow trust guidelines. Escalate if you feel out of your depth – utilise the ART team Don't panic!</p>
Conclusion	<p>It is a difficult rotation but you learn lots and become a better doctor. You've got this!</p>