

## F1 SURVIVAL GUIDE

<b>Specialty</b>	Gastroenterology
<b>Location/s</b>	Nelson Ward (Blue Zone, Level 1) Outliers on Phoenix Ward (Green Zone, Level 3) 24 Patients – 3 bays, 2 side-rooms.
<b>Team</b>	2 different consultants every week split the patients equally. 1 consultant will cover the outliers for the whole week.  Usually, 3-4 juniors on the ward per day, who split the patients amongst themselves and see them with the consultants.

<b>Different Roles / Type of uniform</b>	Head nurse – navy blue/blue CSW – Grey HCA – Light green tunics Physios – Light blue polo T-shirts OTs – White IDT – Dark green
<b>In charge / How to identify</b>	Nurse in charge leads board round everyday.
<b>Computer Systems</b> - <b>Across the Trust / General</b>	<ul style="list-style-type: none"> <li>• <b>EPR</b> – Patient records, prescribing medications, EDNs, referrals, etc.</li> <li>• <b>iLab</b>: Results for bloods, cultures (urine, blood, sputum, stool), swabs (MRSA, COVID) etc.</li> <li>• <b>PACS</b>: For radiology scans.</li> <li>• <b>DartOCM</b>: To order investigations – scans, bloods, cultures, swabs etc. CT scans and MRIs are vetted by the on-call radiologist.</li> </ul>
<b>Computer Systems</b> - <b>Specific to department</b>	<ul style="list-style-type: none"> <li>• <b>KCH neurosurgery/ trauma</b>: online referral portal if a patient presents with brain haemorrhage or if there is multiple trauma.</li> <li>• <b>Soluslite</b>: reports for cardiology specific investigations (24hr tapes, ECHO, lung function tests, sleep study tests) - <i>email line manager for access</i>.</li> <li>• <b>Endoweb</b>: For endoscopy reports.</li> <li>• <b>Endoscopy upper GI bleed</b>: Form to complete before an OGD for an upper GI bleed (under clinical referral forms on Intranet).</li> </ul>
<b>Induction</b>	Induction is done by the consultants in your first week and involves going through available services, schedules and teaching
<b>Board rounds</b>	Daily occurring at 9am and in the afternoon, opportunity for all members of the MDT to clarify plans, liaise with one

	another and provide updates regarding treatment plans and discharge planning.
<b>Departmental Teaching</b>	Every Monday at 1.30pm on Teams.
<b>Shift patterns</b> - Rota - Breaks	<p><b>Shift patterns:</b> Ward cover 5 days a week, with 1 day of on-call per week. If working the weekend, you get the Wednesday before off and the Monday after off. Make sure to take a break during your shift!</p> <p><b>Types of shifts:</b></p> <ol style="list-style-type: none"> <li><b>Ward cover: 8.30am - 4.30pm.</b> (aim to leave on time!). Board round starts at 9am and the team goes through the entire patient list with the head nurse, PT/OT, dieticians, and IDT. In the afternoon, we update the nurse in charge to update patient plans on the board. Throughout the day, you handle jobs that come up from the ward rounds, take bloods (make sure to order them for phlebotomy collection the day before), update NOK, complete EDNs, manage sick patients, etc.</li> <li><b>On-call ward cover: 9am – 9.30pm:</b> Pick up bleep from switchboard (either 498/499). Attend cardiac arrest huddle on SDEC at 9am and then head to the ward for board round. Around 5pm you will receive handovers from doctors in the zone you're covering for any outstanding jobs for the night. At 9pm, head up to the Hasbury room in theatres for night handover (Red zone, level 3).</li> <li><b>Take: 9am – 9.30pm:</b> Attend board round from 9am. At 5pm, log on to the 'take' system (under clinical IT systems) and pick up patients to see on the take list. At 9pm, head up to the Hasbury room in theatres for night handover (Red zone, level 3).</li> </ol>
<b>The typical day / What to expect</b>	<p><b>Ward rounds:</b> Ward round begins after board round. The team splits up and the juniors see a certain number of patients with the consultant. We use the nursing handover document as the patient list. Before seeing the patient with the consultant, you can 'prep' them by going through the plans from the day before, looking at their observations, scans and bloods, and any documentation from other teams. You can copy over the previous ward round document so you have a patient history on each ward round entry ('copy forward' function in a new ward round document).</p>

	<p><b>New patients:</b> All new patients need to be seen by the consultant during ward round. Before seeing them, go through their clerking and post-take ward round documents to get a history and plan for them. Check that their regular medications have been prescribed.</p> <p><b>After the ward round:</b> Take notes on the handover list for jobs that come up for each patient. Make sure to document the plan on the ward entry so that other staff are aware as well. For any important jobs, such as urgent bloods or medications, notify the nurse. Prioritise jobs in order of importance and urgency for each patient. EDNs that require TTOs need to be completed before 4pm (3pm on weekends).</p> <p>The consultants are always contactable on the phone and the consultant who covers the outliers will come back to the ward in the afternoon to answer any questions you have.</p> <p>Sick patients and any important jobs that can't wait till tomorrow can be handed over to the ward cover FY1 to chase.</p> <p><b>Useful bloods:</b> Common routine bloods to be ordered for patients are FBC, Coagulation studies, U&amp;Es, LFTs, CRP. Patients on TPN/at risk of refeeding syndrome will need daily bone profile and magnesium as well. Patients who are in AKI need daily renal function tests till AKI has resolved. Make sure to order them for phlebotomy collection the day before.</p>
<b>Referrals</b>	<ul style="list-style-type: none"> <li>• <b>Endoscopy forms:</b> Forms are found in the drawers behind the main desk. Completed forms need to be dropped off at Endoscopy reception (Green zone, Level 1)</li> <li>• <b>VBG/ABG:</b> Closest machines are either at SDEC (Blue zone, Level 2) or ICU (Purple Zone, Level 3)</li> <li>• <b>Specialty referrals:</b> In-reach services are available from 11am-1pm for any cardiology queries. Other specialty bleeps are available on induction.</li> </ul>
<b>Useful Resources</b>	<p>There are lots of useful apps which will be very helpful in all rotations of FY1 and beyond.</p> <ul style="list-style-type: none"> <li>• Greenbook: Reference tool for Medway staff filled with algorithms and useful management plans</li> <li>• BNF</li> </ul>

	<ul style="list-style-type: none"> <li>• Induction: Useful store of extensions/bleeps for most teams around the hospital</li> <li>• Microguide: Great app with guidelines for antibiotic prescribing</li> <li>• MDCalc</li> <li>• Uptodate</li> <li>• Medscape</li> <li>• Patientinfo.uk</li> </ul>
<b>Top Tips</b>	<p><b><u>Top Tips:</u></b></p> <ol style="list-style-type: none"> <li>1. Don't be afraid to ask for assistance – everyone is willing to help and understands that you're new and that you need to learn. The senior doctors are very friendly and easily contactable throughout the day.</li> <li>2. Document any updates about your patients so the information is easily accessible to other members of the team or doctors who cover your patients when you're off.</li> <li>3. Take your PDP time to work on your portfolio on days when the ward is well staffed.</li> <li>4. Support your other colleagues if you think they need help with their jobs list.</li> <li>5. Take any opportunities you can to learn new skills (and get signed off!) like ultrasound guided cannulas/bloods, ascitic drains, ng tubes, etc.</li> <li>6. Use the mess to hang out and relax (especially when on call).</li> </ol>