

F1 SURVIVAL GUIDE

Specialty	Cardiology
Location/s	Bronte + CCU
Team	Consultant of the week, 1 registrar and three/four juniors

Different Roles / Type of uniform	<p>Consultant of the week One of the cardiology registrars A couple of SHOs A couple of F1s</p>
In charge / How to identify	<p>Consultant (will be the same for the whole week) and the Nurse in Charge (usually in navy nursing uniform)</p>
Key Contacts	<p>Lara Moody- line manager</p>
<p>Computer Systems - Across the Trust / General</p>	<ul style="list-style-type: none"> • iLab: Results for bloods, cultures (urine, blood, sputum, stool), swabs (MRSA, COVID) etc. • Dart: to request any imaging/ bloods • PACS: Most radiological imaging with reports • Bed Management (Extra-Med): Lots of useful information including location of patients, Observations (NEWS), other assessments such as patients' weight etc. Extra-med is the resource for handing jobs over for the weekend team to chase and act on. • Allscripts: where all HCPs document the ward rounds/ nursing information etc- here you will record ward rounds, check drug charts and write eDNs (discharge summaries and TTOs)
<p>Computer Systems - Specific to department</p>	<ul style="list-style-type: none"> • Solus: Results for most things cardiorespiratory related including ECGs, echocardiograms, 24/48/72-hour tapes, Device interrogations/checks, lung function tests, pulse oximetry and sleep study tests. • Horizon: Results for angiograms, ECGs and echocardiogram images (rather than just the report as found within Solus). • Interhospital Transfer (IHT): Resource used when referring patients to South London tertiary hospitals for further investigations/procedures or to seek advice for further management options.

Induction	There is a general medical induction on the first day, the rest the registrars will be able to help you with on the job
Board rounds	Daily board rounds usually take place in the morning (09:00 – 09:30) and afternoon (14:00 – 15:00) however every consultant is slightly different. This is with all doctors working that day as well as the nursing team. Opportunity for the MDT to discuss any outstanding issues, potential transfers to London hospitals, upcoming investigations/procedures and potential discharges.
Departmental Teaching	There is some cardiology teaching organised for 5pm after some days of work, however we are trying to get it changed to in hours!
Shift patterns - Rota - Breaks	You will be on call 1 day every week (9am-9pm) either as ward cover (you will be holding a crash bleep all day, pick them up from switchboard in the morning) or will join the take team again until the 9pm handover. You work 1 in 4 weekends. You will also have 2 weeks of on call- either on Take or Post Take. All of these on calls can be found on the on call rota on google drive. Generally you will have time for a lunch break during a normal shift.
The typical day / What to expect	A normal day for an FY1 on Bronte will start at 08:30 and finish at 16:30. FY1s on the general medical rota will be on call one evening per week and work one in four weekends. At 8:30, you will want to come and prep the patients list and update any changes from the day prior. Then there is a board round, leading into the ward round. Usually after the ward round there is time for lunch, then time for jobs to be completed before a repeat board round in the afternoon.
Referrals	You will need to refer patients to KCH/GSTT via the IHT system. Don't worry, F1s don't make the decisions, instead these are done via MDTs of which the consultants will report back which patients are going where. You won't need to refer as many patients to other specialties when on Bronte, as they are more selective than a general ward. However, there will be a few patients who may need specialist Respiratory/ Endocrine/ Gastro input via Inreach. Inreach's numbers for these teams can be found on the google rota/ induction
Audits	There is opportunities for Audits on this ward, it is probably best to discuss with the consultants/ registrars who will be able to point you to a list of any that may be useful to get done

Useful Resources	<ul style="list-style-type: none"> • Greenbook: Reference tool for Medway staff filled with algorithms and useful management plans • BNF • Induction: Useful store of extensions/bleeps for most teams around the hospital • Microguide: Great app with guidelines for antibiotic prescribing • MDCalc
Top Tips	<ul style="list-style-type: none"> • Blood results – remember to include Troponin trend and BNP values as well as the usual FBCs, U+Es etc in your documentation. You will often be expected to know the Troponin level and trend so it's useful to jot this down when documenting ward round entries. Any patients on diuretics will likely need daily U+Es, so don't forget to request bloods on dart the day before! • For new patients with known cardiac histories, it is worth printing off old reports (i.e., angios, echos) and placing them within the investigation section of the clinical notes. • Helpful to chase IHTs – once a referral is made a platform is created allowing communication between the hospitals. Important to check IHTs daily in case more information is required from the receiving hospital. Sometimes if these are delayed, you may need to phone the on call registrars at the offending hospitals (KCH/GSTT) • Remember to hand over any pending jobs to the evening team (i.e., chasing bloods, chasing imaging)- bleep numbers can be found of induction/ the on call rota
Conclusion	<p>Bronte/CCU is very well supported, you will rarely be left alone to make big decisions- so if you need help don't forget to ask! Otherwise, don't forget the basics, and remember all of your senior colleagues were once F1s at some point (many, many, many years ago)!</p>