GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

BETSI CADWALADR DOCTOR SOCIETY

FY1 HANDBOOK

GLAN CLWYD

A GUIDE TO YOUR ROTATION

DR JESSICA LACOURSE

CONTENTS

ACKNOWLEDGEMENTS

A huge thank you to the FY1s who have helped to make this booklet, this wouldn't have been possible to do without your support.

Dr Ahmed Awan for A&E and Breast Surgery input
Dr Lucy Green for Anaesthetics input
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Dr Rachel Horne for ENT input
Dr Iman Selim for endocrine input
Dr Aqilah Zakirah for respiratory input

Glan Clwyd

A&E

Pay Band 1A

8AM–4PM or 1PM–9PM

ED

What is your responsibility?

As an FY1 you will have a lot of jobs! Your most common responsibilities will be:

- Reviewing patients
- Discussing cases with a senior
- Cannulating
- Taking bloods
- Making referrals
- Requesting imaging
- Attend weekly departmental teaching

How does ward round work?

This post is supernumerary, meaning you will be well protected, encourage to learn and given the opportunity to do so in the course of your work.
You will either be doing 8–4s (majority of your days) or 1–9 (on certain Wednesdays and/or Fridays). Additionally, you will be rota'd to work 1 in 3 weekends, but these are still only 8 hour shifts.
Being ED, there is no ward round. However, if working the 8–4 shift, you will be expected to arrive on time for morning handover at 8am. Afterwards, you will begin the day by choosing waiting patients (usually in time order) to review. This includes history, examination and initial investigations. You then are expected to discuss your findings and initial management plan with an appropriate senior (Middle-grade or Consultant) to determine the most appropriate next steps in the management of your patient(s).

If not sending the patient home (with or without some sort of treatment in ED) then they are likely for admission to hospital so you will need to contact the appropriate specialty on-call team who is best suited to continue treating the patient for their presentation to hospital.

At 4pm, whether finishing shift or not, you are to attend evening handover. If finishing for the day, it's encouraged to have your patients sorted out, but if need be, you may handover jobs prior to leaving.

Conditions to Know

The most common presentations are:

- Fall
- UTI
- IECOPD
- PE
- ACS
- Ensure competence with CXRs, ECGs & Blood gases.

IMPORTANT BLEEPS

DVT Nurse – 4472

ECG – 4423

EPIC (ED Lead Cons.) – 6277

Medical SHO on-call – 1502

Surgical SHO on-call 1511

Glan Clwyd

ANAESTHETICS

Pay Band 1A

8AM-5PM / 6PM

ITU/THEATRE

What is your responsibility?

As an FY1 you have plenty of learning opportunities and a chance to practise skills. Some jobs you can get involved with are:

- Reviewing patients in ITU
- Pre-Operative Assessments
- Developing Airways Skills (LMAs / Bag Valve Mask / ET tubes)
- Cannulas

How does ward round work?

For 1 week every month you will be allocated for ITU. Handover starts at 830am every morning. Once handover is finished you will divide into 2 groups. ITU North and ITU South (you will tend to stick to the same area all week depending on staffing levels). Depending on the consultant of the week you will begin to see patients independently. There are ward round proformas which through the important aspects that you need to cover. At some point in the morning the consultant will then do a ward round seeing all the patients.

After ward round you will complete the jobs for the day. Get involved: there is plenty of opportunity to perform and observe skills (NGs/ arterial lines / central lines / extubation)

If the unit isn't too busy you can ask to shadow other members of the team to see referrals in resus / wards and go to arrest / met calls.

For the rest of your rotation you will spend time in theatres. You will see the theatre you have been allocated to for the day on the rota.

When you arrive, get changed and head to your allocated theatre. There is a board with the theatre lists in DOSA where you will be able to see where the patients for the day are. Join the anaesthetist to complete the pre-operative assessments then go back to theatre to begin the list. Once you get more confident you can help with these.

You will also be allocated for some long day shifts (1pm-1230am) where you will be in emergency theatres. When you arrive go to Theatre F to meet the anaesthetists you will be working with.

Conditions to Know

ITU has many conditions and can be very complex. The most common presentations are:

- Severe Pneumonias
- Post Rosc Cardiac Arrest Patients
- Single Organ Failure
- Post Operative Patients
- Patients requiring vasopressor support

IMPORTANT BLEEPS

Anaesthetist On Call (Theatres) - 1500

On Call (ITU) - 1505

AIT - 4495

DOSA - 844 102

Glan Clwyd

ACUTE MEDICINE

Pay Band 1B

9AM–5PM

AMU

What is your responsibility?

As an FY1 your main responsibilities are:

- Reviewing patients on ward round
- Actioning jobs from ward round – this may involved:
  - Referring/liaising with other specialities (incl. medical specialities
  - Request imaging, and discussing with radiology
  - Discussions with microbiology
- Reviewing a deteriorating patient
- Reviewing ECGs
- Bloods/cannulas (although the phlebotomists visit AMU every morning, and the more senior nurses are very helpful with extra bloods and cannulas)
- TTOs/DALs

How does ward round work?

AMU is a 28 bed unit, and depending on staffing levels you will be responsible on average for between six to ten patients.

For approximately half of the week you will be accompanied by a consultant on ward round and on the other days, you will be expected to independently review patients, but there is always a senior around to ask for advice if you are unsure. Sometimes there will also be patients to be seen on PTWR, and rarely needing to be clerked as well.

As patients in AMU tend to be more acutely unwell, often there are many jobs needed for each patient, so prioritisation of jobs is key.

Jobs which should be done urgently include organising scans for acutely unwell patients and doing ABGs if there is an increasing oxygen requirement.

Jobs which can have a lower priority are doing routine referrals to other medical specialities as they are unlikely to be seen in one day anyway.

Another thing which you need to consider is how urgent discharge letters need to be done in the day. If a patient needs a package of care reinstated by a certain time of day then their discharge may need to be done earlier in the day vs. a patient going back home (but the nurses will be able to guide you with this).

AMU is a very busy unit, in which you will learn a lot of medicine, but if you are unsure there is always someone available to provide advice. .

Conditions to Know

The most common presentations are:

- CAP/IECOPD/Asthma exacerbation
- ACS/Decompensated HF
- Sepsis
- AKI
- UGI Bleed
- Oncological emergencies/complications
- Basically any medical condition!

IMPORTANT BLEEPS

ECG – 4423

AIT – 4495

ITU – 1505

Acute oncology nurse – 9911

Glan Clwyd

BREAST SURGERY

Pay Band 1A

8AM–4PM

WARD 19A

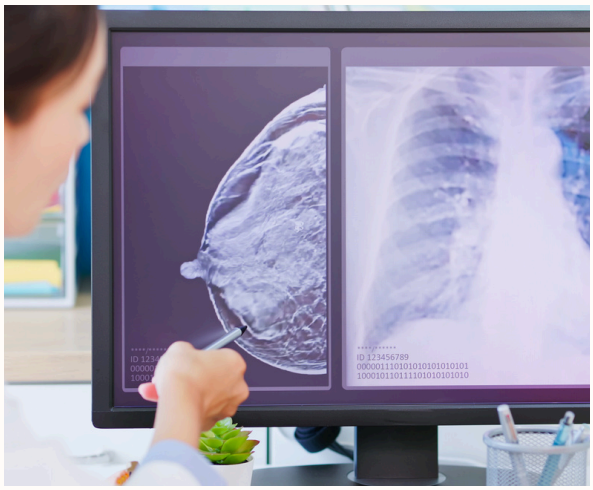
What is your responsibility?

As an FY1 you will have a lot of jobs! Your most common responsibilities will be:

- Surgical theatre time (~ 3 days per week)
- Writing drug charts for surgical patients on the morning of their operation
- Attending Breast MDT on Mondays
- Reviewing patients when asked in SDEC or elsewhere
- Reviewing patients on the ward (though not often)
- Cannulating
- Taking bloods

How does ward round work?

This post does not have much in the way of ward work. The majority of your time will be spent in theatres (almost always Tuesdays, Thursdays and Fridays). On the morning of surgical days, you will be expected to arrive to DOSA to write up the drug charts for the patients on the list for that day. Apart from theatre days, your time is often your own. There is an expectation that you attend Breast MDT on Monday afternoons. IF there are any inpatients, then you may round on them (this is rare as the vast majority of patients are day cases). If you so wish, you may attend Breast clinics on non-theatre days in discussion with appropriate senior/supervisor. Finally, you are expected to answer bleeps if/when a patient review is needed in SDEC or elsewhere in the hospital.



Breast Surgery is a great rotation as it is not massively busy and has great teaching opportunities with lots of theatre exposure.

Make the most of this relatively relaxed rotation by pursuing academic interests (e.g., audit/QI).

N.B. You will be part of the general surgery on-call rota as well 2 weekends in the rotation where you will cover the Vascular ward.

Conditions to Know

Breast has many conditions and can be very complex. The most common presentations are:

- Breast cancers
- Breast abscess
- Surgical procedures (WLE, Mastectomy)

IMPORTANT BLEEPS

Surgical SHO on-call – 1511
Surgical SpR on-call – 1508
Medical SHO on-call – 1507
Medical SpR on-call – 1503
Cannulation team (OOH) – 4974
DOSA – 844 102

Glan Clwyd

CARDIOLOGY

Pay Band 1B

9AM–5PM

WARD 4

What is your responsibility?

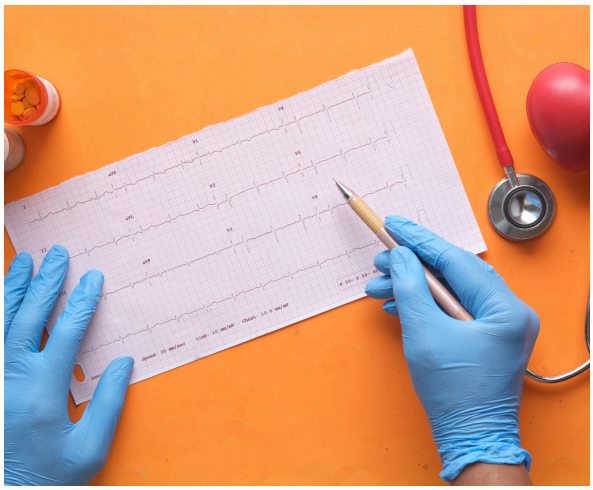
As an FY1 you will have a lot of jobs! Your most common responsibilities will be:

- Reviewing patients
- Rewriting drug charts
- Cannulating
- Taking bloods
- Making referrals (including referrals to LHCH)

How does ward round work?

Ward 4 works a little differently to the rest of the medical wards. It is technically both a cardiology and a general medicine ward. As the FY1 you with the rest of the team will be responsible for all 25 patients on the ward regardless of what specialty they are under.

The ward round for cardiology patients usually starts after board round which is at 10am. In this board round the ward sister will go through the list of patients on the ward and discuss their ongoing management and further plans briefly with the attendance of consultants, OT and PT. The ward round which starts after this is divided into two; one done by the on-call cardiology consultant of the week who reviews all the new patients and one round done by the cardiology consultant of the day who reviews the "old" cardiology patients. One of the juniors will usually go with each consultant on these ward rounds. While the cardiology consultant of the week will almost always come to review the new patients, you will often need to review the old patients by yourself.



Once the cardiology ward round is done you might need review the patients whose parent teams did not come to round them. While this might sound tricky, over time you will get an idea of which teams are more likely to come review their patients and prioritise those who are less likely to be seen.

I would advise to use your time between 9 and 10am wisely to either starting doing jobs you know will need to be done later such as doing bloods, chasing referrals, discussions with microbiology or start reviewing the non-cardiology patients on the ward to make sure you finish on time.

Conditions to Know

Cardiology has many conditions and can be very complex. The most common presentations are:

- Heart Failure
- ACS
- Arrhythmias (Tachy-brady, SVT, heart blocks, etc.)
- Pericarditis
- Myocarditis
- Infective Endocarditis

IMPORTANT BLEEPS

Heart Failure Nurse - 4555
ECG - 4423
Echo - 4249
Cardiac Physiology - 4249
Cath lab - 845480
CCU - 844086

Glan Clwyd

ENDOCRINOLOGY

Pay Band 1B

9AM–5PM

WARD 8

What is your responsibility?

As an FY1 you will have a lot of jobs! Your most common responsibilities will be:

- Reviewing patients
- Rewriting drug charts
- Cannulating
- Taking bloods
- Making referrals

How does ward round work?

On some days you will see your patients independently and on other days you will see them with the consultant. The consultants have not been consistently the same on this ward but there should be 2 or 3 consultants.

There are also outlier patients on other wards when a consultant has done an on call shift beforehand which need to be seen. There are some respiratory patients on this ward but they are seen by the respiratory team.

When seeing patients independently it's useful to always use a thorough structure to make sure you don't miss anything (eg NEWS, glucose chart, fluid chart, bloods, scans, previous referral input, previous plans, any outstanding jobs, always examine the patient, send relevant swabs/cultures etc), and if you have any concerns you can escalate to the most senior person available (usually SHO or registrar, if consultant available then the consultant).

Don't discharge anyone home without a more senior opinion first!

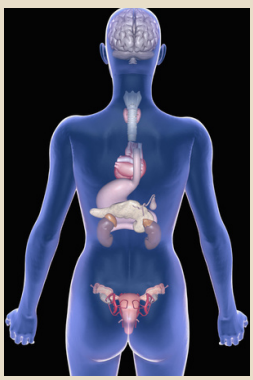
Depending on how many staff members are in that day you will see between 5-10 patients. If you are the only doctor on the ward I advise you call the medical rota coordinator to send for support/locum.

When it comes to annual leave, it's easiest to agree it with the team and the consultant and let the rota coordinator know. If a patient is unresponsive but breathing and has a pulse, or high NEWS score, put out a met call and start your AtoE. If a patient is unresponsive and not breathing put out a crash call and start your ALS, unless they have a DNACPR.

Conditions to Know

Endocrinology has many conditions:

- DKA
- T1DM and how to adjust insulin
- T2DM and what to stop in infection/AKI
- Hyper/Hypothyroidism
- Addisons / Pituitary Insufficiency and how to adjust steroids
- Pituitary Tumours
- Hyperaldosteronism
- Interpreting osmolality & sodium
- Hypercalcaemia



IMPORTANT BLEEPS

Diabetes Nurse –

ECG – 4423

Echo – 846 500

Dietician – 4265 / 4267

Glan Clwyd

ENT / MAX-FAX

Unbanded (LIFT)

8AM–4PM

WARD 5

What is your responsibility?

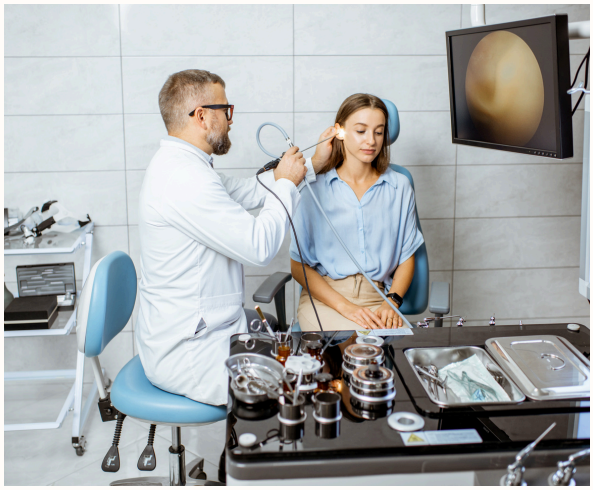
As an FY1 you will have a lot of jobs! Your most common responsibilities will be:

- Reviewing patients
- Rewriting drug charts
- Cannulating
- Taking bloods
- Making referrals
- Mental Capacity Assessments
- Signing forms to list patients for community
- Giving family updates

How does ward round work?

On ward 5 there is a mix of ENT/OMFS, urology, and general medicine. The day starts at 8am with handover in the doctors office.
There is a handover sheet that is updated during the day (pm sheet) and the night (am sheet).
Your role is to identify why each patient is here (often post-op), what's been done (find the post-op notes in their folder), and any follow-up that needs doing such as bloods, drain removal, suture removal, appointments, and antibiotics + duration. Most of the time, the post-op plan is very clear in the notes.
Longer stay patients may need scans and discussions with other specialities.

ENT shares on call weekends with Wrexham, so alternate weeks YGC gets all new/emergency cases. You need to know so that important information can be relayed to the relevant team.



In the notes, you should document:

- Date + Time
- Reason for admission
- Interventions done
- NEWS score
- What antibiotics + what day they're on
- New reviews since last ward round (e.g. seen by SALT, PLN, etc)
- Observations + Examination findings
- Plan of the day

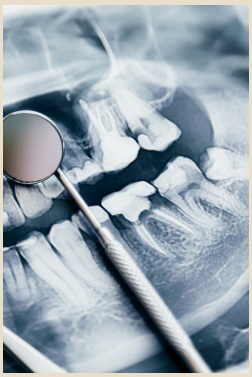
Specific things to comment on are:
OMFS = flaps, drains, dopplers, pulses
ENT = swallow, speech, hearing, drains

OMFS is very specialised and is more observational. You will also work with DCTs (Dental Core Trainees).
You will assist in threatre E on mondays (head and neck cancers), then the rest is minor ops (MOPS) and clinics

Conditions to Know

ENT/Max-Fax has many conditions and can be very complex - don't stress trying to be an expert! The basics are:

- Otitis media /externa - possible osteomyelitis
- Tonsillitis and tonsillectomies
- Quinsy
- Head and Neck Cancer + Anatomy
- Laryngectomy vs Tracheostomy



IMPORTANT BLEEPS

ENT On Call - 1400
OMFS On Call - 1401

Glan Clwyd

GENERAL SURGERY

Pay Band 1A

8AM–4PM

WARD 8

What is your responsibility?

As an FY1 you will have a lot of jobs! Your most common responsibilities will be:

- Reviewing patients
- Rewriting drug charts
- Cannulating and taking bloods
- Making referrals
- Giving updates to family members
- Attending theatre
- Writing DALs/TTOs

How does ward round work?

You will be split into team A or team B. Each team has specific consultants with patients you will review on ward round. You will print out the list for each of your consultants unless they are on post-take that day. The consultants, or their registrar, will review their specific patients and you will join them. There is a ward round proforma in the notes that makes it really simple and straightforward to write out everything for that patient.
The key features to include are all of the observations from the NEWS chart, even if they are normal, and the input/output.

Is there theatre time?

You will often have theatre time on your rota. Go to the changing rooms on the ground floor and go to the theatre for WHO check in. You can find your theatre list in DOSA by the nurses station. You are expected to scrub in!

How does Post-Take work?

You will meet in the SDEC area behind the curtain and collect the handover list. You may also need to print out the list for the consultants patient list if the SHO hasn't already done this. You will then go with the consultant to review every new general surgery patient from A&E as well as their regular ward patients.

As you go, write down jobs for each patient as it will be down to you and the SHO to do these jobs before 4pm.

Conditions to Know

General Surgery has many conditions and can be very complex. The most common topics are:

- Cholecystectomy
- Cholecystostomy
- Biliary Colic
- Hemicolectomy
- Hartmann's Procedure
- Small/Large Bowel Obstruction

IMPORTANT BLEEPS

Stoma Nurse – 4601, 4705, 3785
Dietician – 4265 / 4267
Anaesthetics – 1500
ITU – 1505
Radiology Consultant – 843 888

Glan Clwyd

GERIATRICS

Pay Band 1B

9AM–5PM

WARD 1 & 2

What is your responsibility?

As an FY1 you will have a lot of jobs! Your most common responsibilities will be:

- Reviewing patients
- Rewriting drug charts
- Cannulating
- Taking bloods
- Making referrals
- Mental Capacity Assessments
- Signing forms to list patients for a community hospital
- Giving updates to family members

How does ward round work?

On ward 1, often the 25 patients will be divided between the Doctors working that day. You can have anywhere between 13 and 4 patients.
You will review each of your patients on your own and formulate a management plan. Often there will already be a plan in the notes from the previous day to help guide you. If this patient is new to the ward, you will review this patient with the consultant (or they will review and let you know what jobs need doing).

At 11am, there is a board round where you will present your plans to the ward sister, PT, OT, and other AHPs. This is a great opportunity to clarify anything and learn what other tasks are needed. Often you will be asked if the patient is medically fit for discharge/listing (for nursing homes etc).

For ward 2, often ward rounds are more traditional where you will see patients with your specific consultant. You will see patients by consultant rather than by bay. This will often include outliers on other wards.

For both wards, you may be expected to attend discharge hub to write a discharge summary. For this you will need the notes and drug chart. However, make sure you ask which consultant the patient is under before you attend as they may be under the other wards' consultant.

Visiting is 2–4pm and is when you often are asked to give family updates.

Conditions to Know

Geriatrics has many conditions and can be very complex. The most common presentations are:

- Fall +/– long lie
- Aspiration Pneumonia / CAP
- Confusion / Found Wandering
- Delirium
- UTI
- Heart Failure
- Stroke / TIA

IMPORTANT BLEEPS

PLN (Psych Nurse) – switch
Acute Oncology – 9911
Nutrition – 6686
Dietician – 4265 / 4267
SALT – switch
Anaesthetics – 1500

Glan Clwyd

OBS & GYNAE

Pay Band 1A

8:30AM–5PM

WARD 22/23/19A

What is your responsibility?

Obstetrics and Gynaecology is a new rotation for 2025. Whilst previously there have been no FY1s posted here, FY2s have been able to give the following information. Please note that there may be errors or missing information as this specialty adapts to having FY1s.

You will be responsible for examinations, reviews, and other basic FY1 jobs (DALs/TTOs, cannulas, bloods).

The expectations are low for both FY1 and FY2 doctors, so don't worry about not knowing everything here – you will have a lot of support.

Currently, there are no scheduled on calls for this post. They do a trial period of shadowing on-calls – currently there is no clear answer on whether FY1s will be scheduled this.

What will my day look like?

There are 3 handovers: 8:30am, 1pm, and 5pm in the delivery ward.
Unlike other wards where you will do the same role all day, in O&G you will rotate in 4 hour slots to another task (e.g. wards in the morning, theatre in the afternoon).

You will get a good mixture of wards, theatre, and clinic; there is lots of learning and great opportunities to get involved in lots of different aspects of care.

One skill you absolutely need to get comfortable with is a speculum examination. This will be the most common skill you use – so get used to the technique, anatomy, and indications.

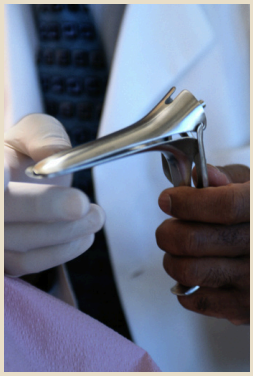
As mentioned, there are low expectations as this is a specialised field – it is really easy to escalate to your seniors.

Rotas are unfortunately often updated which can be frustrating, so make sure to keep an eye out for any changes here,

Conditions to Know

O&G has many conditions and can be very complex. The most valuable things to know are:

- C-sections: anatomy, indications
- Pre-eclampsia
- Delivery methods: vacuums, forceps, etc
- Miscarriages
- HVS
- PID / Sexual heatlh
- Gynaecological cancers
- Post-surgical complications



IMPORTANT BLEEPS

On call team
Breastfeeding Team

Glan Clwyd

PAEDIATRICS

Pay Band 1B

9AM–5PM

Ward 17 & 18

What is your responsibility?

As an FY1 you are supernumerary in Paediatrics. However this does not mean you can't get involved You will have plenty of learning opportunities and a chance to practise new skills. Some jobs you can get involved with are:

- Clerking patients coming through PAU
- Rewriting drug charts
- Cannulating
- Taking bloods
- Making referrals
- Writing DALs

How does ward round work?

Ward rounds usually start around 9.30am after handover and departmental teaching that takes place every day apart from Thursdays. Before ward round begins a huddle in the doctors office takes place where a senior nurse highlights any issues or DATIX's from the week. After this the junior staff is allocated different jobs for the morning uch as completing DALs leftover from the night or going on the ward round.

Ward rounds are led by the consultants and registrars. While you are not expected to round patients by yourself as an FY1 but you might get the opportunity to review patients on ward rounds under supervision.
As an FY1 you will have 1 on-call day a week either a Tuesday or a Thursday. You will be working from 8.30 until 20.30 on these days and are expected to join the consultant ward round in the morning.

The paediatric ward is divided into two sides; inpatients and PAU. PAU or paediatric assessment unit is where new patients referred through A&E and GP will come up to be clerked by the juniors. As an FY1 you will get the opportunity to clerk patients coming through and formulate your management plans before they get reviewed by a registrar or a consultant. If you are willing you will also have the opportunity to hold the referrals bleep.

You will also get 1 week a month in neonates where you get to do newborn examinations, join ward rounds and learn more about conditions of the newborns.

Conditions to Know

Paediatrics is a specialty where you get to see a vast array of conditions. Some common presentations include:

- Bronchiolitis
- Asthma
- Viral Induced Wheeze
- Eczema
- DKA
- Febrile Convulsions
- Meningitis
- Appendicitis

IMPORTANT BLEEPS

Paediatric Registrar – 4647

General Surgery Registrar – 1508

ENT SHO – 1400

Alder Hey – 0151 228 4811

Glan Clwyd

RENAL

Pay Band 1B

9AM–5PM

WARD 12

What is your responsibility?

As an FY1 you will have a lot of jobs! Your most common responsibilities on renal will be:

- Reviewing patients (with or without the Consultant)
- Cannulas
- Occasionally bloods (phlebotomists and renal nurses are pretty good with covering this though!)
- DALs/TTOs
- Seeing outliers

How does ward round work?

Board round starts at 9am (exactly!) with the nurses, OT, PT, and doctors. Here you will go through the 3 consultants patients with a recap and plans for the day.
After this, you will pick a consultant to work under – often if you have seen a consultants patients the day before, you will probably stay on their service. It is valuable to switch between the 3 every so often as each one has their own style and will teach you in different ways.

If the consultant is in you will see their patients with them. If they are not in (e.g. in clinic or on call), you will see their patients on your own. If you have any issues, they are easily contactable and the other doctors will be able to help if not.
Often, if the consultant was in clinic that morning, they will call you in the afternoon to do a run-through of everything and to check everything is okay.

For those who are keen, registrars will do line insertions (for HD) and renal biopsies – often they are more than happy to accommodate you in observing these procedures!

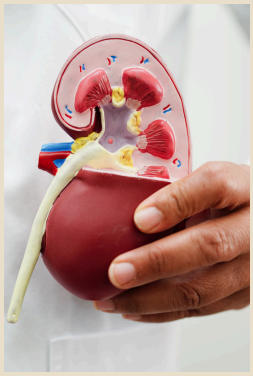
Overall, renal is a really well-supported rotation to have. It can be difficult at times as these are typically very unwell patients, so always speak to your seniors if you are struggling. The consultants are really keen to support and make sure you are okay.

You will learn a lot on this rotation – it is fast-paced and a lot of acute medicine!

Conditions to Know

Renal has many conditions and can be very complex. The most common things to know:

- Acute Kidney Injury
- Chronic Kidney Disease
- Types of Dialysis (HD/PD)
- Indications for dialysis
- IV fluid types and indications for each
- Albumin uses
- Diuretic uses
- Parathyroid Hormone



IMPORTANT BLEEPS

Renal Unit – 844 094

Micro – “for advice” via switch

CKD Nurse – 845 672

Vascular Lines – 845 644

Glan Clwyd

RESPIRATORY

Pay Band 1B

8.45AM–4.45PM

WARD 6

What is your responsibility?

Each day starts with a board round at 8:45 AM, attended by consultants, all resident doctors, nurses, OT, and PT.
The team reviews each patient, discusses overnight changes, identifies urgent reviews, and plans discharges. There are six respiratory consultants, with two on at a time managing all inpatients (including outliers), splitting the list 50/50.
They do ward rounds twice a week (typically Monday and Thursday), with outlier reviews on other days.

When the consultant is not doing their ward rounds, a registrar (if available) will do the round. On two days a week, you'll lead the ward round yourself.

After board round, the team splits into two:

- One covers Ward 6
- One covers outliers (divided by location or consultant)

Registrars are always available for support. One registrar a week is in pleural clinic, seeing patients or doing bronchoscopies amongst other procedures.

How does ward round work?

Ward rounds begin after the 8:45 AM board round, with the most urgent patients seen first. If someone is acutely unwell, a registrar will usually lead that review.

Ward round reviews typically include:

- Checking the medical plan and overnight changes
- Recording the NEWS2 score
- Reviewing medications
- Planning discharge or further management

Some respiratory patients are on NIV or have chest drains. You'll review both:

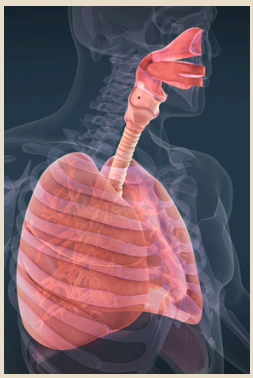
- NIV nurses assist with machine adjustments
- For chest drains, assess function, flushing needs, or removal

You'll also have opportunities to perform supervised respiratory procedures to build your skills.

Conditions to Know

Respiratory has many conditions and can be very complex. The most common respiratory presentations are:

- Respiratory Failure
- Pneumonia
- IECOPD
- COPD
- Asthma
- Cancers – primary and secondary



IMPORTANT BLEEPS

Respiratory Nurse – 4606

ECG – 4423

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MEDICAL ON CALL

9AM–9:30PM CLERKING/WARDS

S	M	T	W	T	F	S
		ON CALL				
			ON CALL			
				ON CALL		
					ON CALL	ON CALL
ON CALL	REST					
					HALF DAY	ON CALL
ON CALL						

Weekend On Call

A weekend on call will have two FY1s available – normally you will be split up.
One FY1 will take the wards on Saturday and clerk on Sunday, the other FY1 will clerk on Saturday and cover wards on Sunday.
During the 9am handover, you will decide between you who will take what.

For clerking, the process is the exact same as a weekday on call; post-take and clerking.

For wards, you will sit down with the ward SHO and access the EAS handover list. Print out the list (it will often need editing first!) and discuss how you want to tackle the wards. The two most common ways are going to every ward together, or for the FY1 to take floor 2 and Enfys, and the SHO to take floor 3 and 4.

You will mostly be bleeped for bloods, rewriting drug charts, and to review a high NEWS. A lot of wards will also have a jobs list that the nurses have made for you.

When Will I Be On Call?

You will have a medical on call once weekly – it will follow the pattern shown.

Weekday On Call

You will meet in the AMU meeting room for handover. Collect the list from the SHO, collect the 1501 bleep, and meet the consultant on call for Post Take.
As you review patients, note down any jobs next to the patients name and update EAS that the post-take has been done. and what speciality they should be allocated to.

When you have finished post-take, you will get started on the jobs on your list.
The jobs list generally consists of echo requests, referrals, booking scans, ordering bloods, and TTOs.
When you have finished, you can either take one of your 30 minute breaks (you get two!) or start clerking.

In some cases, you might not have any time for clerking as the consultant on call may want the FY1 to attend more post-takes (this leaves the SHOs to clerk instead as they are generally faster).
However, when possible try to clerk some patients from EAS – it's really helpful but also good practice.

Make sure you finish for handover at 9pm. Do your best to not handover any post-take jobs when possible as there are less staff overnight!

Weekday On Call

Clerking FY1 – 1501
Ward FY1 – 4598
Clerking SHO – 1602
Referrals SHO – 1502
Registrar – 1503

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SURGICAL ON CALL

8AM-9PM / 12PM-12AM WARDS

S	M	T	W	T	F	S
	ON CALL	ON CALL	ON CALL	ON CALL	REST	
					ON CALL	ON CALL
ON CALL	REST	REST				

Weekend On Call

A weekend on call will be 8am-9pm and ward based. You will attend handover at 8am in SDEC then go with the registrar or consultant to do a ward round - sometimes you will see all patients, and sometimes you will see select patients.

Often there are lots of bloods to do - it is really important to determine if these are urgent or not as they will really slow you down.
One tip is to look at the last blood results and if there are any abnormalities that need rechecking today, or if this blood can wait for the next day. Generally, INR or vancomycin levels cannot be delayed.

Weekday On Call

Surgical shift patterns are 12pm-12am Monday to Thursday.
On a Friday, the shift is 12pm-9pm as you will also be working the weekend.
Your role will be focused on ward care; you cover the surgical wards (ward 8, ward 5, ward 3, ward 19A. SAU, and EDOU) and any surgical outliers.

You often receive a verbal handover for any bloods or outstanding jobs at 5pm. The FY1s finish at 4pm and should handover to their SHO. If the SHO still hasn't done the job, this becomes your responsibility if appropriate.

At 8:30pm there is a handover in SDEC for the SHO and registrar. This is a really good opportunity to ask any questions about issues you have on the ward if you struggle to get a response through bleeps. The reg will often go to theatre and the SHO will clerk in A&E, so make sure to use this opportunity if you need it! Even if you don't have anything to ask, it is still important to attend if possible as they will often want a brief update on the wards and to make sure you are okay.

What is my job?

Very often you will be bleeped for patients that are not your responsibility just because you are the surgical FY1. For example, orthopaedics, ENT, and all medical patients are not your responsibility

You will also receive a bleep for all MET calls and cardiac arrests, however, if this is not on one of the wards you cover then you likely do not need to attend as the medics will cover this.

You will cover urology too but for any complex issues bleep the urology SHO.

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MUST KNOWS

Tips & Tricks from previous FY1s

Micro Discussions

You will need to discuss cases with microbiology often when there are infections that are not improving to standard antibiotics, or if the patient has allergies the antibiotics identified as sensitive on cultures.

Speaking to microbiology for the first few times feels scary but they are all generally very nice!

The main tip: come prepared!
Make sure you have the drug chart, NEWS chart, and know their recent blood results (have it open on WCP in front of you!).

To get through, call switch (100) and ask for "Microbiology for advice". You will be put through to the secretary who will ask for the patients name and G number and your bleep. If the consultant is free immediately, they will put you straight through but often you will be added to a list and the consultant will bleep you when they are free.

Document the discussion and make sure you make a note of the antibiotic, dose, frequency, and duration!

Speaking to Radiology

Potentially a more nerve-wracking phone call than microbiology... but if you are prepared then you should be okay!

Often you will need to speak to radiology to vet a CT or MRI.
In some cases, if the online request is detailed and clean-cut, you won't need to speak to them. However, to make sure your scan is definitely going ahead or not, you should call them.

To do this, call RED radiology on 843 888. You will be put through to the secretary who will ask for the patients name, G number, your bleep, and reason for call (e.g. to discuss an MRI).

The key for radiology discussions is to make sure you are ordering an appropriate test. If are requesting a CT., you may be challenged on why you are not ordering an ultrasound or x-ray instead!
A tip is to google "CT Abdomen Pelvis indications" (for example) and see what is suggested. Radiopaedia is a great resource for this as it gives a good list of symptoms that you can use in your WCP request.

The aim is to use as much information in your request as you can- try to anticipate what the radiologist wants to know.
For example, which CT request is less likely to need discussion:

1. "Fever of 38.9C, no response to IV tazocin, CRP 340, MSU negative. Sepsis of unknown origin ?source"
2. "Sepsis, on antibiotics but no response, ?abdominal source"

Now whilst both have the potential to be accepted, option 1 is more likely to be approved as there are key pieces of information included straight away. Radiologists really do vet these all and have a huge list of scans to report which takes a very long time- they are not going to accept something and add to their workload, as well as give radiation to a patient, when they may not need to.

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MUST KNOWS

Tips & Tricks from previous FY1s

Referrals

Referrals are straight forward. Most specialties use paper referrals (except orthopaedics and general surgery).
This is basically a written SBAR. Get your key facts across: age, presenting complaint, what is the diagnosis, what's been done so far, and what do you want from that speciality.
For example, if you are referring to dermatology, they are going to want to know where the rash/lesion is, what it looks like, triggering/relieving factors,.
If you are referring for something urgent, make sure you call rather than write a paper referral!

Similarly to the micro/radiology discussion, make sure you are prepared with all clinical information if you are going to refer by phone call! Otherwise, you will waste their time whilst you run off to get their charts or check WCP!

Requesting Echocardiograms

Arguably one of the most common scans you will request is an echo (if you are on medicine)! However, this is done via a paper request, not on WCP.
These can take a few days to actually get done once you've sent them off, so it is important that you indicate if they are urgent or not.

On the back of the form there are the indications (if not printed wrong – if this is the case, just type in "echo" into betsi net and it will show you the full form and you can read the indications there).
Essentially, give a brief history of why the patient needs an echo. If for an arrythmia, make sure you have a recent ECG. If for heart failure, make sure you have a recent BNP.

Sending Paperwork

Most wards will have a clerk who will send things for you – however, when you are on call or if you can't find a clerk, you will need to know how to send them yourself.

Find a big printer (often in the staff room in the corridor between wards) and place the referral/request face up on the top bit with the long edge pushed into the machine gently.

This will wake the screen and you will see "Scan" appear.
Once you clikc "Scan" you will be given an alphabetised menu of emails to send to.
For echos, if there is no "Echo" button, check under "C" for "cardiac physiology" as this is the same thing.

Once you have selected the correct location, click send in the bottom corner!
Put the referral/request in the notes with "SENT" written on the top so everyone knows!

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MUST KNOWS

Tips & Tricks from previous FY1s

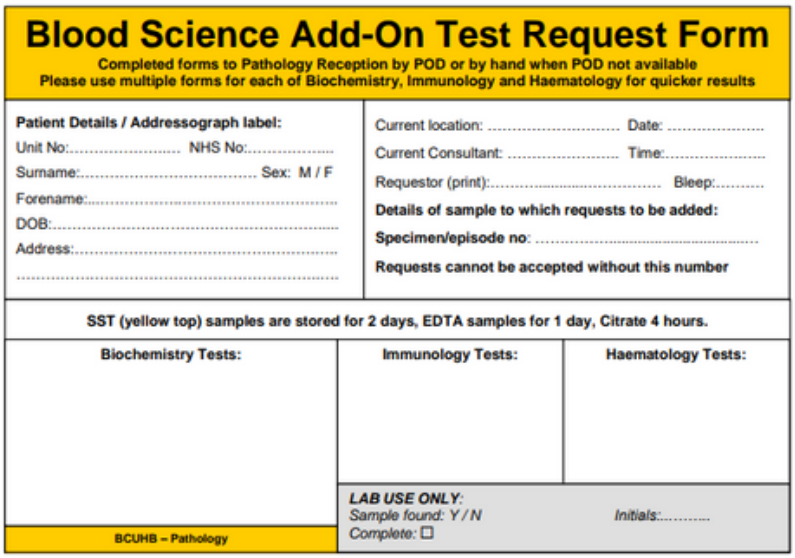
Add On Bloods

There are specific forms you can send via the pod system if you need to add on a blood. Usually, old samples are kept for maximum 3 days.

1. Find the laboratory number at the top of the blood report of the latest blood test (usually 12 numbers, something like 704876528912)

2. Use an add-on form to write out patient details, requestor, lab number, and what test you want adding on

3. Send via a pod to the lab



Blood Science Add-On Test Request Form

Completed forms to Pathology Reception by POD or by hand when POD not available
Please use multiple forms for each of Biochemistry, Immunology and Haematology for quicker results

Patient Details / Addressograph label:
Unit No:..... NHS No:.....
Surname:..... Sex: M / F
Forename:.....
DOB:.....
Address:.....
.....

Current location: ..... Date: .....
Current Consultant: ..... Time:.....
Requestor (print):..... Bleep:.....
Details of sample to which requests to be added:
Specimen/episode no: .....
Requests cannot be accepted without this number

SST (yellow top) samples are stored for 2 days, EDTA samples for 1 day, Citrate 4 hours.

Biochemistry Tests:	Immunology Tests:	Haematology Tests:

BCUHB – Pathology

LAB USE ONLY:
Sample found: Y / N
Complete: ☐
Initials:.....

Endoscopy / ERCP / MRCP

Some scans can be done via WCP request but some cannot. Colonoscopies, Sigmoidoscopies, OGD, ERCP, and MRCP are done via a paper form, identified by an orange border.

If you are requesting a colonoscopy, it will be on the same form as a sigmoidoscopy, so make sure you circle which one you want at the top of the form.

These forms are really straight forward to fill out: you will need their bloods, drugs, allergies, and PMH.

Once completed, you will need to drop them off at the front desk in the gastro day unit which is on floor 1. When you come out of the lifts, go right towards the offices and DOSA. However, instead of going right again to DOSA, turn left, past urology day unit, and follow the corridor until you are in the old part of the hospital. You should then see signs directing you to the gastro unit.

Death Certification

As an FY1 you will not need to complete a death certificate or attend bereavement. However, you do need to certify death.
To do this, confirm ID, check pain response via trap squeeze, check pupillary reflex to light, check for breath sounds and respiratory effort for 2 minutes, check for a central pulse and heart sounds for 2 minutes
Following this, document in the patients notes that none of the above was present, your full name, GMC number, and date and time of death.
It is important, you document very clearly and that people can read this as the bereavement team and nurses need these details.

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MUST KNOWS

Tips & Tricks from previous FY1s

Triaging Bleeps

When you are on call, you are going to get a LOT of bleeps. Being able to triage them over the phone is really helpful in saving you time.

For FY1s, the bleeps can range from cannulas to acutely unwell patients. To triage the common bleeps, make sure you get all the relevant information over the phone.

- Cannulas → what is it for, when is the IV due, has the old one been taken out already
- Prescription → usually this is really quick and easy
- Rewrite Chart → can be a bit annoying but generally an easy task
- Chest Pain → how long for, are they clammy, SOB, what is their NEWS, have they tried GTN, has an ECG been done for this episode
- Spiked a Fever → is anyone there able to take blood cultures (if not, you will have to), what is their NEWS, are they on antibiotics

Telemetry

Telemetry forms are required for patients with a variety of issues, with common indications being:

- Arrythmias
- Sudden collapse, likely cardiac cause
- MI
- Overdose (not all – check toxbase)
- 24-48h following stroke

This form needs to be submitted to CCU which is downstairs near the X-Ray department. You will need to get it co-signed by a CCU nurse and when a telemetry monitor is available, they will allocate one to your patient.
Unfortunately, they do not offer this to patients who are not in wards. If your patient is in ED, they will not get a monitor until they are on a ward.

Portfolios

It is really easy to accidentally neglect your portfolio until the last few weeks, especially during your first rotation when you are still learning how to be an FY1.
To start off with, give yourself the first few weeks without worrying about your portfolio. It is better to learn how to be an F1 first!

After this period, aim to get nearly all of your sign offs done before the last 3 weeks – this is because your supervisor might be on annual leave and unavailable to sign your placement off. It is better to have an early meeting than a late meeting!
For your final rotation, you need all of your sign offs done by 2 months as your ARCP is very early. Make sure all of your teaching hours and evidence is there!!!

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