SGH Doctors Mess Foundation Trainee Handbook 2019

Contents:

1. Orientation

The main entrance and ground floor of the hospital is on C level. The hospital is then roughly divided into East Wing (oncology, cardio, ortho, paeds, theatres) and West Wing (medical wards, surgical wards, elderly care).

Key areas by level:

B level: Doctors Mess, Canteen, Paddy & Scott's coffee
C level: Emergency department, AMU, M&S, Costa, C5 (when you have to clerk cystic fibrosis patients OOH), IMEG, Switchboard

D level: All D level wards (note D10 is in the middle of the long corridor), GICU, Resp HDU, Labs
E level: E level wards, Endoscopy, Surgical HDU (inside E8), Surgery Juniors Office, Surgery evening handover room
F level: F11 (in the corridor heading towards South Academic Block), League of Friends coffee shop, Acute Surgical Unit, Surgery morning handover room
G level: Elderly Care (MOP wards), Medicine handover room, Elderly care doctors' office (next to G5), Paeds wards

ABG Machines

It is useful to make sure you know where the nearest ABG machine is for when you are asked to run an urgent blood gas:

ABG machines are located in various places around the hospital. The main ones you will use:

- ED (C Level)
- AMU (C level)
- Resp HDU (adjoining D6)
- GICU (D level, opposite D10 ward & central staircase)
- Surgical HDU (adjoining E8)

2. Annual Leave, Rotas and Exception reporting

Annual Leave and Rotas

Annual leave (AL) is coordinated by whoever runs the rota. You place your requests for AL by either emailing the rota coordinator or on the Employee Online system (which you should be shown how to get access to during your induction), although some rotations may have a different procedure. You have 9 days of AL per 4 month rotation. It can usually be taken on 'normal working days'. If you want to take it on a day where you are working an out-of-hours (OOH) shift, this is possible, but you have to organise a swap with colleagues so the OOH is covered.

During your AMU block, you will get pre-allocated annual leave of 3-4 days. These will have to be swapped with other FY1s if you want to switch them

The BMA offers a free rota checking service. This allows you to check that your rota is compliant with the Junior Doctor Contract. The rotas should be checked by the internal teams before being sent to you, however the BMA is a good point of contact for any queries or uncertainties not resolved directly with your rota coordinator.

Exception Reporting

If you work beyond your contracted hours, you are asked to exception report the hours. Exception reporting is done online via 'Allocate'. You have to fill in the number of extra hours worked and explain why you had to work beyond your contracted hours. Your report is then sent to the exception reporting lead (usually a consultant in the department), who will approve the hours or ask for more information (if necessary).
In the report, make sure to explain why you might have had to work later than usual. Without an explanation the report will just bounce back and prolong the reporting process.

After an exception report has been accepted, you are either paid the monetary equivalent for the extra hours worked or can request the time off in lieu.

There are two mains aims of the exception reporting system. The first is to ensure safe staffing and identify understaffed/overworked areas in the hospital, to then consider redistributing workforce to meet demands. The second is to ensure you are compensated for overtime worked.

3. Teaching Days

Foundation teaching days happen about once every month, with a gap for winter pressures. They are a full day of protected teaching time and should be incorporated into the rota. If you have not been scheduled for teaching in your rota, or you cannot make teaching sessions due to out-of-hours shifts or pre-allocated AL (such as on AMU), then you should raise this with your rota coordinator or the foundation programme coordinator.

Attending teaching is a compulsory requirement to complete ARCP. If you have not made the required 70% attendance, then it is useful to document other teaching sessions or courses attended over the year e.g. lunchtime departmental teaching, ATLS as these can count.

4. Portfolio/ARCP

Each rotation you have to complete a certain number of assessments and meetings – these are all detailed on Horus but are roughly:

	Start of placement educational supervisor meeting
	Start of placement clinical supervisor meeting
	3 Mini-CEX or 2 Mini-CEX and 1 DOPS (Directly observed procedural skills)
	2 Case-based discussions (CBDs)
	(Mid-placement review – optional)
	End of placement educational supervisor meeting
	End of placement clinical supervisor meeting

The above list is not exhaustive, there are also various other requirements that need to be completed.
Throughout the year, you will also need to complete the following 15 Core Procedures:

	Venepuncture
	Prepare and administer IV medications and injections
	IV Cannulation
	Arterial puncture in adult
	IV Infusion +prescription of fluids
	IV Infusion of blood and blood products
	Blood Culture (peripheral)
	Injection of local anaesthetic to skin
	Subcutaneous injection
	Intramuscular injection
	Perform and Interpret ECG

	Perform and interpret peak flow
	Urethral catheterisation (male)
	Urethral catheterisation (female)
	Airway care + simple adjuncts

Mini CEXs and CBDs need to be completed by Core trainees or above, whilst the core competencies can be completed by F2s and above. You will need to link your portfolio to the Curriculum, this is done via Horus and will be explained in further detail during your induction/future teaching sessions.
Around mid-June the whole portfolio will be assessed at ARCP (*Annual Review of Progression*) so all elements need to be completed by then. The Foundation Office sends out more information closer to the time.

5. Doctors' Mess

What is it?

The Doctors Mess is a forum for junior doctors, run by junior doctors. The role is to improve the quality of life for the doctors in UHS, host payday parties and other events, and keep up with the day-to-day running of the mess.

Where is it?

The Doctors Mess is located on B level by the East Wing lifts. It's swipe card entry (ask security to activate your card after you have signed up for mess access). In the Mess there is a fridge, kettle, microwave, sofas, TV with Sky, 2 desktop computers and a pool table.

Who is it?

Everyone is welcome to join the Doctors Mess! There are a range of members from senior SpRs (registrars) to F1s.
The mess committee is generally made up of a President, Vice-President, Treasurer, Secretary and a range of other committee members. There are usually at least 3 or 4 new F1s who join the mess committee each year.

The committee members are your go-to people for questions about the Mess. They can also be a good point of contact for general queries about what is going on in and around the hospital. They will organise pay day parties, sporting events, junior doctor forums and so on. The best way to contact them is via email: sghdoctorsmess@gmail.com.

When/How can you join?

You can join the mess at any time, simply fill in the form at http://www.sghdoctorsmess.co.uk/membership.php (otherwise, just email sghdoctorsmess@gmail.com with your Name, Email Address and Assignment number.
It costs £10 per month which comes automatically out of your payslip.
The mess tends to organise monthly payday events. This is flexible and sometimes there may be other events such as the Christmas Ball, charity netball matches, BBQs and so on.

6. Handovers and OOH (Out of Hours)

Medicine ward cover

Medicine handovers occur at 08:00, 20:00, 23:45. On weekends, there is an additional handover at 16:00. All handovers occur in the G level handover room (West Wing).
All medicine OOH shifts work off the OOH Control Room on Worklist.

For long days ward cover, arrive to handover at 08:00 to pick up the crash bleep. After handover from the night team, you will be expected to bleep respective teams to alert them of their patients who have been unwell overnight. If you are on F/G cover (SHO), wait until 08:30 when the Elderly Care (MOP) doctors will come to the handover room for verbal handovers.

If you are on twilight ward cover, pick up the twilight bleep from the handover room at 16:00. It is worth bleeping the Medicine Out of Hours ANPs to let them know you have arrived and you have picked up the bleep as there is no official handover (except on weekends).

AMU – how to guide (clerking, post-take, ward cover, board round, handing over after 5pm)

AMU handovers occur at 9am and 9pm in the Doctors' Office (by AMU1). At the 9am handover, people who are doing day shifts are allocated areas of AMU to cover (High obs, AMU1, AMU2, AMU3, side rooms, SDEC/AEC) or clerking. There is another brief meeting at 9.45am to discuss patients that are unwell or need an early review.
At the 9pm handover, all of the patients who have been through AMU over the course of the day are discussed. This handover is led by the AMU consultant, when a patient you have seen is discussed you are expected to give a very brief overview of diagnosis, treatment started and any outstanding jobs. The night team will note down unwell patients and any outstanding jobs/reviews during the handover.

If your shift starts at 11am (long day), it is a clerking shift. On arrival, make yourself known to the medical registrar covering AMU. The patients waiting to be seen will be on the worklist, when you have chosen a patient make sure to allocate yourself to them on the worklist so someone else doesn't also start clerking them. If you are unsure which patient to clerk, just ask one of the registrars who you should see next. One of the FY1s on the 11am-9.30pm shift should be

carrying the crash bleep, this is not pre-assigned so requires taking it in turns between whoever is clerking. On arrival, bleep it to find the FY1 who is carrying it so you can take it over. At 9pm you can hand it over to the night FY1.

There are two different proformas for clerking – Adults (should be used for all patients 18-79) and Medicine for Older People (MOP) (for all patients 80 or over).

After you have clerked a patient, the consultant will post-take with you. If the patient is adult, the AMU consultant will post-take and if they are over 80 it will be one of the MOP consultants. Patients you have clerked remain your responsibility for the rest of the day whilst they are on AMU. You are responsible for completing all jobs, investigations, prescribing, reviews etc. If you are worried because they are unwell, or if you have outstanding jobs for them at the end of your shift, you must make sure another doctor is aware and handover to them. If they move downstream before you can complete the jobs, either bleep the team they will come under (in hours) or put out for an OOH review on the worklist (out of hours).

If you are covering a ward area, between 9 and 9.45am is the time to read the notes of all of the patients in your area and gain a brief idea of the acuity and plan for each of them. At 9.45am you will have the chance to raise any concerns and make senior colleagues aware of unwell patients if necessary. Over the course of the morning, you will review patients – either yourself or with the consultant - to ensure the plan is enacted. This will likely involve requesting/chasing bloods and scans, making referrals or seeking advice from other teams and ensuring medications are prescribed. If they are under a specialist team (Gastro/Resp/Hep/Renal), on weekdays their team will likely come and review the patients in the morning, it will still be your responsibility to complete the jobs for them though, so bleep the team if any queries.
On ward cover, at 12pm everyday there is Board Round. This happens on each part of AMU and the ward doctors have to be there. The board round is a brief meeting with nurse in charge and bed managers to identify discharge plans and high acuity patients to manage flow. You will be expected to know a brief plan for each of the patients on the ward to determine whether they can be ‘downstreamed’ to a ward, whether they are going home or whether there is a specific reason they need to stay on AMU (e.g. too poorly to be transferred to the ward, going home later today, need to stay on AMU because they have a package of care that needs restarting soon).
If your shift finishes at 5pm and you have outstanding jobs, you should bleep the FY1 holding the on call bleep and find them in person for a verbal handover.

Surgery

Surgery handovers occur at 07:30 and 20:30. The 07:30 handover is in the ASU office (F level corridor, just before turning into ASU) and is a F1 handover. A F1 from each team goes and receives a handover from the night F1 about any patients that have been unwell overnight. The 20:30 handover is in the E level handover room (opposite Outpatient Clinic reception, West Wing). The surgical consultant and registrar from the day team will be there, as well as the night team (SpR, SHO, F1). The F1s from the day team briefly handover any patients they are worried about, or who have outstanding urgent jobs to the night team.
On the weekends, the F1 handover occurs in the E level office next to E5 upper instead of the F level office.

Obs & Gynae

Role of an FY1 is predominantly to look after post-op gynae patients on Bramshaw ward but you also have scheduled theatre time assisting in mostly gynae operations but occasionally elective C-sections.

The rota is a 3 week rolling rota:
Mon-Thurs (8am-7pm) - Bramshaw Ward
Mon-Wed (8am-5:30pm) - Theatres
Fri-Sun (8am-7pm)- Bramshaw Ward
Mon-Thurs (8am-5pm) - Theatres

When on Bramshaw long-day you will be carrying the 1119 bleep.

Handovers

They are mainly obstetric-based (which isn't relevant to the F1) with the obstetric consultant on-call, two on-call registrars, two on-call SHOs, the midwife sister of labour ward, and the anaesthetist consultant and reg on-call. Most of the handover is about obstetric patients on labour ward but at the end, the registrar on-call will often do a small gynae handover to let the team know of any expected gynae patients arriving from ED (which will be relevant for the F1).

It’s also a good opportunity for the F1 to speak up if they want to discuss an ill patient from Bramshaw.
Another role of the F1 doing the long day Bramshaw shift is to clerk in any emergency admissions from: 18.00-19.00 during the weekdays, and all day during the weekend shifts.
Mon-Friday 9-18.00 the gynae SHO will clerk the patients from the gynae assessment unit
With the clerking, F1s will be expected to take a history, examine +/- speculum exam with triple swabs, take initial bloods and then bleep the reg on call for a senior review

O&G handover: Mon-Fri meet at the labour ward office @17.00 which is on D level.

Sat + Sun you meet at the same place @08.30

T&O (Trauma & Orthopaedics)

Morning handover at 7:30 in doctors office - F1s and ANPs meet with the night team hand to over sick ward patients to days teams. Also discuss junior doctor staffing levels on each of the Trauma Teams/wards/elective team so ensure everyone is covered and know who needs help. Pick up bleeps

Afternoon handover at 3:45-4pm - usually in Trauma meeting room, office or Wilkinson library depending on where there is space - F1s, ANPs and ortho-geries SHOs meet to handover scans /bloods that need chasing for the evening

Evening handover at 8pm - usually in doctors office (f-level corridor by the lifts) - F1s and ANPs meet to hand over anything outstanding to the night team

7. Useful Apps to have

Download all the applications below. They are a life-saver.

Induction- can look up all bleeps and extensions in the hospital. If a number is not on this app, then worth giving switch board on ext 100 a call (you can then add the number to the app yourself.

Microguide - as the name explains, guides you with the use of antibiotics as per the hospital guidelines. This includes renal dosing of different antibiotics.

DiAPPebetes - life-saver when the IDOT (diabetes) team are not available to help you with managing patients with diabetes. (Nb. this comes as part of Microguide now so you do not need to download a separate app)

MedCalc - helps you calculate lots of different scoring system (Eg to calculate creatinine clearance or QTc).

ToxBase - very useful in ED or AMU, and sometimes on the wards, can search different toxins and find the correct antidote (Both ED and AMU have passwords to access this, check with someone working in these places to get the password)

BNF - hopefully you should be familiar with it after your PSA exams. A very useful tool to look up contra-indications and drug dosing.

8. Discharge Summaries & Pharmacy

Discharge Summaries

When a patient is going home, they need to have a signed copy of their Discharge Summary (aka HMR) and a 28-day supply of their medications.
The discharge summary is usually written by the junior doctors on the team, sometimes advanced nurse practitioners (ANPs) are also able to write them. The nursing team usually like the discharge summary to be written and signed (electronically) 24hours before the patient is due to go home. This is not always possible, but 'prepping' discharge summaries as far in advance as possible is useful. Updating them throughout the patient's admission can make this significantly easier and also helps to avoid panicked bleeps 10 minutes before the patient is due to leave.
If the patient is going home with Controlled Drug(s) on their discharge summary, a doctor needs to sign a print out of the discharge summary by the controlled drug. The paper copy is then taken to Pharmacy by a pharmacist or member of the nursing team so the drugs can be ordered and sent up to the ward.
All discharge summaries need to be screened and signed off by a Pharmacist before the medications can be ordered and sent up to the ward. The best way to make this happen is to pull through the drugs from JAC to the discharge summary, then to alert the ward pharmacist or nurse in charge you have done this. It takes up to 3 hours for the medications to arrive on the ward after the pharmacist has screened the discharge summary. Bear this in mind when planning for discharges. If the patient has a blister pack (aka NOMAD), this can take up to 24 hours to prepare.

Pharmacy

Day-to-day, each ward will have an assigned pharmacist and pharmacy tech. The pharmacy tech sees all new patients, gathers a medicines reconciliation and can also help with ordering drugs to the ward or general medicines queries.
The pharmacist on the ward will screen medication on discharge summaries, check drug charts for errors, make suggestions regarding medication changes in the notes if indicated and be on hand for general queries about medications, drug interactions etc.
Out-of-hours, you can ring the Medicines Advice Service for advice about medications, or speak to a pharmacist in Dispensary (via Induction App or switchboard) for other queries or discharge medications.

9. IMEG

All deaths at SGH are discussed prior to signing the death certificate. IMEG is a meeting with a consultant and bereavement officer discussing the events leading up to the death. REMEMBER to ask your consultant what they think is “1a”, the direct cause of death, this will be discussed and once this is agreed by the consultant chairing the IMEG, you can sign the certificate. Some cases will need to be discussed with the coroner, but they will guide you if that is the case. You can only sign the death certificate if you have seen the deceased 14 days prior to the death. Any doctor can certify death but it does not need to be the same doctor signing the death certificate.

If the patient is to be cremated, they will require a cremation form to confirm the absence of pacemakers or certain types of hip replacement. This needs to be filled in by a junior doctor looking after the patient (ie. You) and a consultant (one of the IMEG team). If you haven't seen the patient after their death (ie. If you did not certify their death yourself) then you will need to view the body in the morgue (B level, South Academic Block) to ensure that they do not have a pacemaker. The team in the morgue are very used to this, and if you just say you are the doctor checking the body for a crem form, they will happily show you what needs to be done. A cheque of £82 will be sent to your address, so make sure you put YOUR address NOT the hospital’s.

Thanks for reading!

If you notice anything that is incorrect/changed since we wrote it, have any suggestions to add to it for next time, or have any other questions, please get in touch at sghdoctorsmess@gmail.com