

HINTS AND TIPS FOR HOSPITAL ROTATIONS – AUGUST 2016

1) A&E

Key People

- Pitstop nurses/charge nurses – including Julie Robinson (a staff nurse and former GP).
- Consultants – Dr. Prosser is a great teacher.

Essentials To Be Aware Of

- Ask early about where to find the departmental protocols.

Teaching

- Departmental teaching: takes place weekly at lunchtime, lasts 1 hour, and you are expected to attend on your days off.
- Release for VTS: the department are normally good at releasing trainees, though no more than 2 are usually released at any one time. You cannot attend when on nights. Ensure you book S/L at least 6/52 in advance.

Most Useful Aspects For General Practice

- Working in Minors.
- Taking the time to write advice FAO the GP on patient discharge letters.

Other Tips

- A formal departmental handbook is available.
- Maintain good relationships with the nurses.
- You can swap your S/L, but your A/L is fixed; however, depending on the numbers of trainees, you may be able to choose your preferred rota (from the ones available) if you get in there early.
- Always make sure you take your breaks.
- Try not to start seeing new patients just as your shift is finishing.
- You will usually be dealing with 2-3 patients at any one time, spending around 40 mins per patient.
- You will only have 2-3 days where you are on the rota to be in Minors all day. It is best to work in Minors during the daytime (rather than at night), as you will be better supported then.

2) Medicine – Cardiology/Stroke Medicine/Care Of The Elderly

Key People

- Care of the Elderly: Dr. Richard Genever.
- Rota co-ordinator – Laura.
- EMU consultants – keen on teaching.

Essentials To Be Aware Of

- Stroke medicine: The telemedicine room on the Stroke ward for stroke patients.

On-Call

- There are 3 Drs carrying 3 baton bleeps (for General medicine, Stroke medicine, and Cardiology).
- 3 types of shift: days, nights (21.00 – 09.30), and twilight shifts (12.00 – 0.00).

Teaching

- Departmental teaching: there is Grand Round teaching every Friday at lunchtime for all medical specialties, lasts 45 mins but is difficult to attend.
- Release for VTS: seniors are usually happy to release you for teaching as long as sufficient ward cover is available.

Most Useful Aspects For General Practice

- You can negotiate with seniors to attend clinics, but this is again logistically difficult.

Other Tips

- A formal departmental handbook is available for Care of the Elderly.
- Stroke medicine: There is an admission clerking proforma for stroke patients. You should try and complete most of your new patient clerking in A&E when called there. Decisions regarding thrombolysis are made by either the A&E or Stroke consultant.
- A consultant is normally available in EMU for senior r/v until around 21.00/22.00 in EMU, then an SpR.
- Please note that some of the intranet guidelines/protocols are out of date.

3) O&G

Key People

- Secretaries.
- Rota co-ordinator.
- Jane – she works on Reception in the Birth Centre.
- SpRs – especially Rowena.

Essentials To Be Aware Of

- Familiarise yourself with the departmental protocols on the intranet (there are many of them); some of these are available as printouts in a filing cabinet behind the desk on the Women's Health Unit.
- Coffee area on Birth Centre.

Investigations

- You can organise scan slots on EPAU for suspected miscarriages (the nurses usually book these).

On-Call

- You are expected to actively help out during c-sections.
- On nights you are expected to help out on AMU and in A&E.
- Obstetrics on-call: you cover the Birth Centre, Pregnancy Assessment Unit, and are expected to help with sections.
- Gynae on-call: you cover Women's Health, and deal with GP/A&E/ward referrals.

Teaching

- Departmental teaching: happens around once a fortnight, usually SpR led, and is just for GPs. It is not mandatory. You tend to be asked in advance what you want to cover during them.
- Release for VTS: you often have to take it in turns to attend. You cannot attend when you are in clinic.

Most Useful Aspects For General Practice

- Clinics; try and attend extra clinics if you can.

Other Tips

- A formal departmental handbook is available.
- Make friends with the midwives and nurses on Women's Health.
- It is better to see the relevant people in person when negotiating leave.
- Theatre nurses can guide you on how to help out during sections.
- If you're called to help in A&E, it can be better to help out in Minors, rather than going to Majors.
- If you haven't done A&E previously, make sure you get a login and password at induction – otherwise you will need to use one of the A&E trainee's details.
- It is best to speak to one of the A&E SpRs before discharging patients.
- It is best to be supervised at first by the midwives when doing speculum examinations on Pregnancy Assessment Unit.
- It is best to do the discharge letters on Women's Health there and then, to prevent a backlog from building up; it's just a simple sheet to be filled out by hand.
- Be aware that you will see lots of ectopic pregnancies.
- It is your job to file results from the previous day in antenatal clinic – this takes around 30 mins.

4) Paediatrics

Key People

- Rota co-ordinator.
- Heather Dermott – associate specialist, who also helps with the rota.
- Tracey Barker – ward matron.

Investigations

- It can be difficult to arrange scans. If you want scans to be done urgently then you need to discuss them in person. There is only one Radiologist who reports on the specialist USS scans – when she is away, things become more complicated. It is best to involve Dr. Bandhu when discussing investigations that need to be done – ideally, try and present the case to him clinically.

On-Call

- These are busy, but you are well-supported.

Teaching

- Departmental teaching: compulsory lunchtime teaching for everyone 4 days a week, lasts 30 mins.
- Release for VTS: very difficult to attend.

Most Useful Aspects For General Practice

- Baby checks.
- Clinics – you are put down on the rota to do these.

Other Tips

- A formal departmental handbook is available.
- Your post is a 50/50 split between Nightingale Ward and SCBU.
- Keep bleeping for an SpR if neonatal life support needs to be done, but the SpR does not answer the first time; you are not NLS trained. Note that most of the anaesthetists are NLS trained.
- Always take a play specialist with you when doing bloods/cannulas, and do these in the treatment room.
- Only affix one patient ID sticker to yellow (U&Es) bottles.
- Try and complete letters on time.
- Do not be afraid to escalate early if needed.

5) Psychiatry

Key People

- Rota co-ordinators – Sharon Starkey, and Nazmar Siddiqi.
- Dr. Broadhurst.
- Mark Fonsecan – staff grade, only there in the afternoons.

Essentials To Be Aware Of

- A lot of useful information is available on Paris, their computer system.

Investigations

- The requests are mostly paper based; the ward clerks will normally take these up to the relevant department. Scans are easy to arrange.

On-Call

- Done on site.

Teaching

- Departmental teaching: protected teaching every Thursday afternoon; you can also bring any concerns you may have to these sessions. You will also have a dedicated 30-60 mins with your supervisor every Friday.

Most Useful Aspects For General Practice

- Outpatient clinics; there are still opportunities available to attend these for ward-based trainees.
- “GP experience time” – e.g. spent with CAMHS or the Crisis team.
- The on-calls.

Other Tips

- A formal departmental handbook is available.
- The induction is very good, and thorough.
- You have some input in deciding who carries the on-call bleep during, e.g., departmental teaching.
- Be prepared for challenging behaviour from some patients.
- It offers good opportunities for private study/revision.
- The community attachment involves a lot of driving, but you get reimbursed for this.

6) Orthopaedics

Key People

- Rota co-ordinator – Ann Hewitt.
- The Orthogeriatricians.

Essentials To Be Aware Of

- There is a book on the ward where you should write down the names of the patients you want to be reviewed by Orthogeriatrics.

On-Call

- Very busy, and you should expect lots of inappropriate A&E referrals.
- The on-call SpR is usually in clinic during the day, and goes off site at around 19.00.
- A Urology SpR is on-call every weekday (plus overnight on 2 of these days).

Teaching

- Departmental teaching: every Thursday.
- Release for VTS: must be negotiated with your other team members, and can be difficult.

Most Useful Aspects For General Practice

- Clinics, although these are hard to get to – attendance must be negotiated with your team members.

Other Tips

- A formal departmental handbook is available.
- There are 3 Orthopaedic teams.
- Write down admissions on the trauma board in the meeting room.
- Don't admit pubic rami fractures, (non-surgical) humeral fractures, or (non-traumatic) haemarthroses.
- Make sure you have access to the Urology ward list.

7) Palliative Care

General Tips

- Get ward rounds done quickly.
- Be organised.
- Double check the drug doses you prescribe.
- Try and arrange to go out on home visits with the specialist nurses.