Gastroenterology handover

Who

1 FY1, 2 FY2, 3 IMT1/2, Registrars, Consultants

A number of consultants, who will rotate in two-week blocks.
Dixon ward is split between the two consultants, they will occasionally do single days covering for each other.

Where

Predominantly Dixon ward – inpatient gastroenterology ward

4x4 bed bays, 4 side rooms, 1 boarding area.

Saxon suite – next door to Dixon, gastroenterology day unit

Acute medicine commitments – MEAU/A&E

What

Dixon ward – common gastroenterology presentations including but not limited to:

Flare ups IBD, decompensation of liver disease, upper GI bleed, paracetamol overdose, hepatitis, pancreatitis, some eating disorder patients requiring nutritional support (fairly rarely) etc

Saxon suite – day unit for venesection, iron infusion, biologic infusions for IBD

May occasionally need to assist with signing prescriptions – useful to get familiar with prescribing iron infusions early. Saxon suite have a useful guideline to apply to prescribing Monofer.

Biologics – IBD nurses will be very helpful for advice on how to prescribe these (and will often actually be there asking for a signature on the prescription and for any questions regarding it)

When

Monday-Friday standard ward day is 0900-1700

Acute medicine shifts variable – include “long days” 0900-2130 and twilight/night shifts.

Day to day schedule

The day will typically start with a board round with the nurse in charge, two covering consultants, and the juniors working that day.

Commence ward round covering approximately 10 patients in the morning.

(Depending on endoscopy / clinic commitments, consultants may prefer afternoon ward round – in this case review the patients in the morning independently and discuss with F2s / IMTs. If no acute concerns, discuss patient that afternoon when consultant comes to do the round. If acute concerns, consider escalating early.)

Ward round will last a few hours generally speaking – gastroenterology patients are complex, and require close coverage from the consultants.

Ward rounds will be thorough, and it is important to understand what "today's" plan is, but also begin to understand what "THE" plan is – wherever possible look to try and understand the bigger picture for these patients.

Often this will require working closely with the nursing team (they are more in the know about issues around discharge), dietitians (significant dietetic input with gastroenterology patients), and physiotherapy/occupational therapy.

A window in which to make a start on jobs after the ward round– important to prioritise.

Urgent tasks that may impact the afternoon's workload come first.

Then look to get any requests/referrals sent in a timely fashion.

Usually look to have lunch on time as clinical demand allows – often the team of doctors will be able to have lunch together – just make sure the ward nursing team have a way to contact someone (ie a mobile number).

After lunch – commence bulk of the jobs: discharge letters, discussion with families/patients, review scans, look for outcomes of specialty reviews that take place.

A note on specialty reviews – these will often be other teams coming to the wards to offer advice on patient management (renal/haematology/neurology etc etc).

Work closely with the endoscopy unit – patients will often either be going for endoscopy/colonoscopy/flexible colonoscopy.

Getting an idea of the preparation required for these early will save lots of thinking – in broad terms it will be nil by mouth for endoscopy, a phosphate enema for flexible sigmoidoscopy, bowel prep (ie Moviprep) for colonoscopy – check before prescribing, some patients may not be able to tolerate full bowel prep.

Teaching

Foundation teaching – 1230-1400 on Tuesdays.

Very well supported to attend teaching, make sure you get to it regularly!

Ward based teaching – through the four-month rotation there will be a number of junior led sessions, where a topic will be provided. These will be supervised by consultants/registrars (and often there will be food!)

Opportunities to complete plenty of portfolio work during time on gastroenterology either in Case-based discussions (CBD), mini-clinical encounters (mini-CEX), directly observed procedural skills (DOPS). Also opportunity to get involved in audit work (think about audit/QIP early in the year)

Finally

Gastro patients can go from appearing relatively stable, to quite unwell very quickly, and with little warning.

Important to always remember there is a good support network from seniors around, and that whilst it may be stressful, and at times overwhelming – it will give you invaluable experience, and the whole team working on the ward are a great team to work with.