## Specialty (Acute medicine)

## Overview of duties (including wards covered)

Mainly based in EAU with occasional shadowing shifts for GPSHO which will require you to help with clerking in SDEC

Shift times
Ward 0900-1700
GPSHO shadow 0900-2130

## Handover arrangements

Morning handover at 0900 from night team
Board rounds at 1145 and 1600 - to discuss your patients
What should you bring with you?
Stethoscope, pen, water

## Daily schedule

You will be assigned patients or bay(s) from the morning ward round. You usually go around with a senior (reg/cons) to review patients once you prep the morning ward round sheets (blue and green on Fridays) and then present your findings/management plans during board rounds.

You should aim to print blood forms for patients who require blood test the next day whenever you can, so the phlebotomist can bleed the patient early enough for the results to come back in time for you to act on them.

For GPSHO shadow
You will do your normal ward-based duties until 1200 when you may be required to help out with clerking in SDEC. This does not mean you can just ignore your ward jobs; you should try to complete the important tasks (ordering imaging, referrals, treatments) and delegate the smaller tasks (I.e., chasing results, taking bloods) to your colleagues if they are able to take on your work. Ultimately refer to handbook given during induction as things are subject to change each year.

## IT Software used

SCR, WebV, eDD, e-referrals, ECHO imaging, PACS

## Where to find things on the ward

Please see attached drawing

## Teaching opportunities

Usually at board rounds when patients are discussed and there's an online Teams meeting most Thursdays I believe, you may need to ask to be added

## Anything else that you feel relevant or helpful

Get stuck in and help your colleagues if you happen to have less work in your bay. Don't be afraid to ask for help, ward clerks usually know where everything is.


