United Lincolnshire Hospital Trust
Pilgrim Hospital

FOUNDATION INDUCTION

CONTENTS

WELCOME

Congratulations on graduating from medical school and welcome to Pilgrim Hospital.

This induction booklet was created by foundation doctors for foundations doctors. It contains information that we wished we had known when we started and useful information we picked up whilst working. We hope that it makes your start at Pilgrim and time as an FY1 smooth.

If you wish to amend or update this document based on your foundation experience please contact the post graduate education department to get involved with this.

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                     Dr Nurul Rosli (Psychiatry - 2023)Useful Apps

Induction

Contains all the contact numbers and bleeps of the hospital. Useful for when you can't get through via switchboard.
Search in app for: Pilgrim Hospital

BMJ Best Practice

Free to use when you set up and sign in using your @ULH e-mail address. Contains great information about the diagnosis and management of all conditions.

MicroGuide

The go-to place for any antibiotic guidelines, also available via the intranet.
Select: Lincolnshire STP Hospital Adult Antimicrobial Guides

BNF

Offline information on all drugs and medicine including dosages, contraindications and renal prescribing. Remember to consult with local guidelines especially for antibiotics.

ULHT Doctors Bank

List of all bank shifts available within ULHT. Agile Workforce is another company for bank/locum shifts which you will be assigned to when you start.

CONTACTS & BLEEPS

How to Bleep:

Dial **445200**, then dial 70- follow by the three digit bleep number. Then dial the six digit extension number you're calling from and press # to end it.

If you're bleeping someone and you make a mistake mid-dial, hang up and start again.

As a general rule, you should escalate to the next senior on-call if you haven't heard back **after fifteen minutes** from the first bleep. Most consultants are on-call and accessed via switchboard (General Medicine & General Surgery are the exception in hours).

Common Bleeps:

Medial Registrar (70)**405** - To discuss any medical patient out of hours who is unwell or wanting further advice.

Medical SHO (Wards) (70)**412** - To handover any ward jobs that need to be completed or chased after working on the ward.

Medical SHO (On-Call) (70)**413** - To refer patients from A&E for acute admission.

Surgical Registrar (70)**500** - To request a surgical review of a patient or discuss an unwell surgical patient.

Surgical SHO (70)**409** - To request a surgical review of a patient.

eDD Doctor (70)**649** - To assist with eDDs across the whole hospital.

ROTAS, BREAKS & LEAVE

MEDICAL ROTA TEAM
Co-Ordinators: Sarah May & James Millington
E-mail: PHBMedicineRotaTeam@ulh.nhs.uk
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SURGICAL ROTA TEAM
Co-Ordinators: Aysha Love, Aleks Ballentyne & ???
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LEAVE POLICY:
FY1s are entitled to <u>27 days annual leave</u>; this is split into 9 days per rotation.

Under section 4.4.4 of the Medical Leave Policy (V11.2) junior doctor's leave "…*can be carried forward from one post in a rotation to another, but this must be with the agreement of all parties, and would not normally exceed 5 days*" If you have been refused leave when you asked for it and no other dates are suitable for you, please take this up with your rota team or your educational supervisor.

Under the current Medical Leave Policy (V11.2) there is no set requirement for when leave must be submitted for junior doctors nor what shift can and can't be automatically requested. In practice, leave should be submitted up to 6 weeks before, is granted on a

first come first serve basis, and if you require a shift where you are on-call off you must get it swapped first otherwise it will, sadly, not be authorised.

SICKNESS REPORTING

03308084491

If you are unwell, sick or need to take a mental health day, call the number above.

You will be asked for your assignment number (which is available on ESR) and a brief reason for your absence. If you don't know it or can't remember don't worry as you can simply give the name of your "line manager" (your educational supervisor) and the system will find you. You'll get a text with your assignment number on it and confirmation of your sickness report.

It is also best to text or e-mail your consultant and your rota co-ordinator so they know you're off and can try to arrange cover for the ward if needed.

Remember to call back when you're fit to return to work.

You can self certify sick for up to seven consecutive days before needing a sick note from your GP.

WEBV GUIDE

Finding a Patient: You can select the ward you want to view (A) and see current inpatients or those recently discharged (B). Alternatively you can search for patients via their NHS number (E) if you don't know which ward they are on.

Viewing Past Requests: Changes the type to 'Results' (C) and then select Blood, Microbiology or Radiology from the drop down menu (G). Select previous dates (D) if something was requested the day before etc - if WebV doesn't let you select a previous date, simply click on the ward again (A) and then select the date again.

Printing a Handover: Select the ward you want (A), then select Print Nursing Handover form the Action Menu (F).

Once you have selected the patient you want you can then view and order tests for them. The individual patient view shows previous NEWS scores, blood tests, microbiology results and blood gas results.

<u>Viewing Results:</u> You can view individual blood results (H), blood gas results (I) and microbiology results (J) by selecting them on the left hand side. You can view all microbiology results by selecting the Microbiology Table (K) from the drop down menu.

You can view bloods and observations as a spreadsheet by clicking on the spreadsheet icon (L) at the top of the WebV screen.
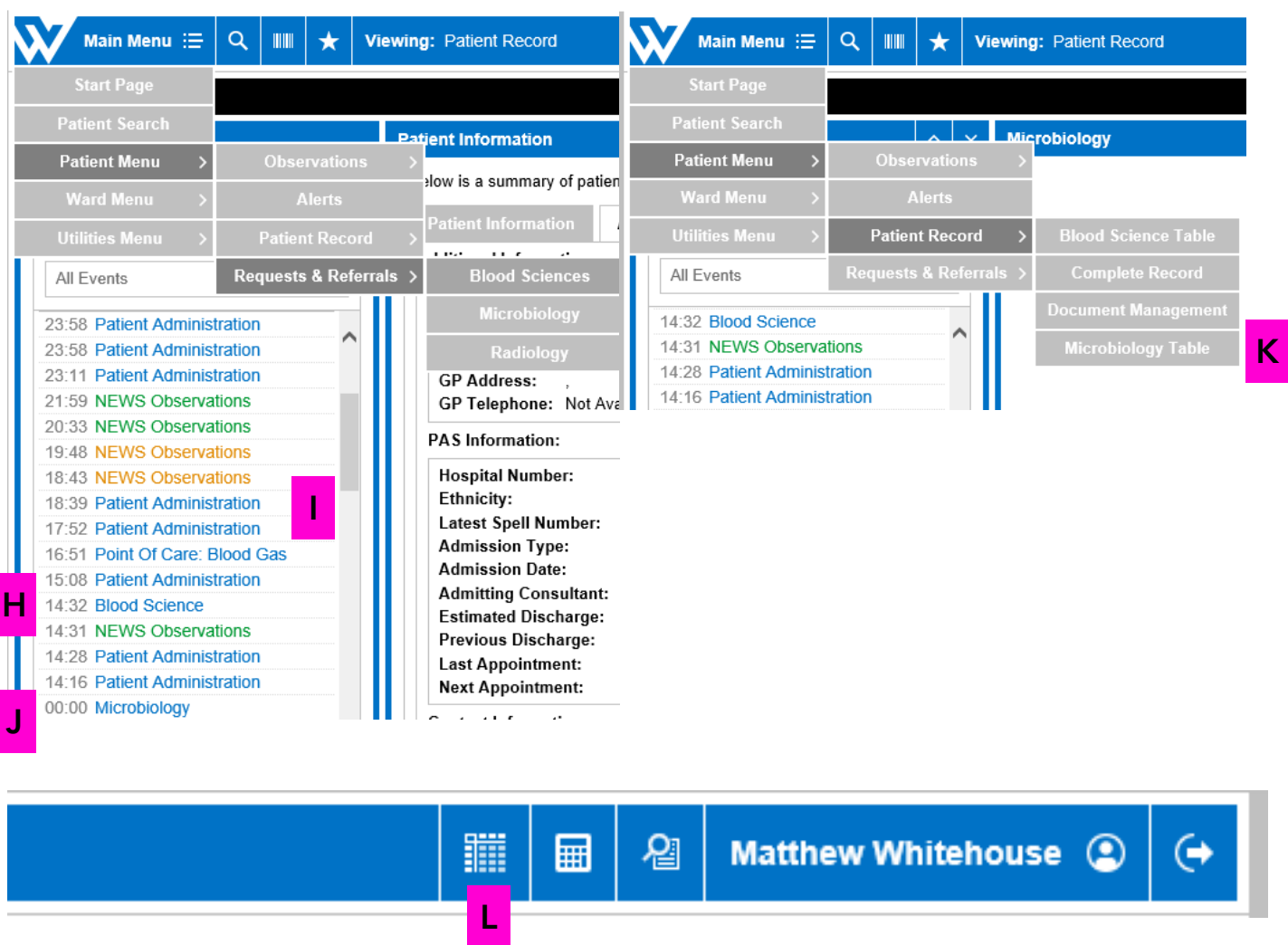
Ordering Extra Blood Tests: Select the Blood Science entry you want (M) and then click Order Extra Tests from the Action Menu (N). You can then see the tests which have been requested (O) and select ones you want to add on (P).

The coloured square next to the test represents the blood bottle colour the test comes from. If a sample of that kind hasn't been taken then those tests won't appear.

Not all tests are available this way, if you want to order a test that is not listed then call Biochemistry on 446327.

Updating WebV Information: Select the ward you are working on and then select Ward View from the Main Menu. You can then click on the patient you want and update the information under the tabs.
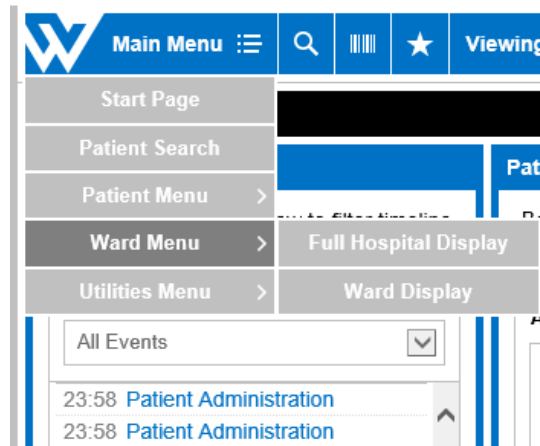
Please note this guide is designed to give you a brief overview of how to do things in WebV, you should be shown how to do all of these things and more on your induction. If this has not been shown to you please raise it with the Post Graduate Education Team.

KEY HOSPITAL LOCATIONS

Ops Centre

On the ground floor lift area, walk towards the pharmacy side and then look to your right. The double doors in front is the ops centre where you meet for weekend handover during the day.

Medical Examiner's Office

On the ground floor lift area, walk toward the pharmacy side and then walk to the right, down the corridor past the Ops Centre and continue walking down, you'll see a sign for Bereavement and Chaplaincy. Walk in and walk to the left and you'll see the medical examiners office where you can fill out MCCDs.

Pathology

On the ground floor lift area, walk toward the pharmacy side and then walk to the right, down the corridor past the Ops Centre and continue walking down, you'll see a sign for Pathology just before the glass double doors leading out of the hospital. Use the double doors before the sign for pathology to drop off samples.

Switchboard

On the ground floor in the main entrance of the hospital there is a reception desk, switchboard is located behind there. When the reception desk is not manned you can leave bleeps under the glass at reception, or if you need to collect a bleep out of hours go through the double doors to the left of reception and knock of the first single door you see on the right.

KEY CLINICAL INFORMATION

BLOOD GAS MACHINES

If you need to run a blood gas the machines are located in A&E, ITU and on Ward 7B. Note that 7B's machine is only for MET calls and respiratory patients. A&E is your best bet to run a blood gas as they have two machines. Gases can also be sent to pathology to be run - these should be requested separately and put in a separate bag.

ANTIBIOTIC LEVELS

These tests are requested under the 'Microbiology' tab in WebV as 'Antibiotic Assays' and are generally taken in a yellow top bottle (cannot be substituted for a green top). Most antibiotic assays are sent to Leicester so they may take 2-3 working days to come back.

SPECIALIST REFERRALS (QMC)

If you need to refer a patient to Neurosurgery, Spinal Surgery or Cardio-Thoracic Surgery these go to Queens Medical Centre (QMC, Nottingham). These are all done through the referapatient website (**referapatient.org**). Simply type referapatient into any search engine and follow the link.

IN-HOUSE REFERRALS

Most non-urgent referrals are done via the eReferrals system on the intranet. Once sent you will get a copy in your inbox, it is best to print this off and file in the patient's notes so that the team knows the referral has been done.

ECHO RESULTS

Echo's are requested as an eReferral under Cardiology and Cardiology Test Request. Results are via ICVS which is accessed through Web Based Applications on the Intranet and under 'Cardiology'.

There is an other system which was used previously called iCardiology; this will only hold records of echo's conducted before July 2022. If you are searching if a patient has had an echo under this system you use their NHS number and you must put spaces between them (123 456 7890) otherwise it will not search properly.

MEDICAL PRIORITY LIFT ACCESS

If you are attending a cardiac arrest, MET call or transferring a critically ill patient as part of a MET call you can request medical lift priority by scanning your ID card on the reader next to the lift. It will priorities a lift for you and take you directly to the floor you need.

MEDICINE

HANDOVER - 09:00 (08:30 WARD 6B)
NIGHTS - YES
WEEKENDS - YES
ON-CALLS - YES

MEDICAL WARDS

<u>Ward 1</u> - General Medical/COVID Ward
<u>AMSS</u> - Ward 3A & 3B
<u>HCOP</u> - Ward 6A & 6B
<u>Cardiology/ACU</u> - Ward 7A
<u>Respiratory</u> - Ward 7B
<u>Gastroenterology</u> - Ward 8A
<u>Stroke</u> - Ward 8B
<u>PIU</u> - Between Ward 8A & 8B

BLEEPS, SHIFTS & ON-CALL

The medical FY1 bleep is (70)411.

You are part of the Medical Emergency Team (MET) and will respond to MET calls and Cardiac Arrests in the hospital along with the rest of the team. If the MET call or Cardiac Arrest bleep goes off you must respond to it.

When you're on nights or long days but not in IAC, you will also be bleeped for general ward jobs, though most come through the Nerve Centre (an app used by the Hospital at Night Team).

There are six different shift types on the rota. As well as working on your base word you will also rotate on the acute medical rota.

09:00-17:00 = Ward Day (Ward 6B is 08:30-16:30)
09:00-21:30 = Long Day (411 Bleep or 320 Bleep as eDD Doctor)
21:00-09:30 = Night (411 Bleep)

LD1 (09:00-21:30, MONDAY-SUNDAY)

Based in IAC. Doctors handover starts promptly at 09:00. You will be carrying the 411 bleep Monday-Thursday 0900-2130 and Friday 0900-1700. All other times the LD2 carries the 411 bleep and you as LD1 work in IAC.

LD2 (09:00-21:30, FRIDAY-SUNDAY)

Friday Only: Work on your usual ward until 17:00 and then take over the 411 bleep from the LD1 doctor in IAC as on-call ward cover until 21:00.

Saturday & Sunday: Meet outside Ops Centre at 09:00, you will be divided to cover different wards (generally your own ward plus one or two others depending on staffing).

NIGHTS (21:00-09:30)

Handover is on Level 6 in the office space between 6A and 6B where the day team will meet with the Hospital at Night Team. You should collect the 411 bleep from IAC if you haven't been handed it by the long day FY1. Any medical jobs outstanding or unwell medical patients will be discussed before the night team is divided between the wards.

A Typical Day (Medical)

09:00 - Handover at the nurses station

09:30 - Ward round starts

12:00 - Ward round finishes - Start completing ward jobs.

17:00 - Handover any urgent jobs to 412 bleep - This is generally chasing urgent blood results, reviewing urgent scan results and informing them of any unwell patient to be aware of.

JOB INFORMATION

The main responsibilities of an F1 in medicine are:

- Attend daily morning board rounds, noting any outstanding jobs to do.

- Preparing the daily ward round sheets prior to the ward round starting if possible.

- Documenting ward round examinations, plans and daily jobs to complete.

- Reviewing drug charts, fluid balance charts and VTE prophylaxis on ward rounds.

- Reviewing patients and informing seniors as appropriate.

- Prescribing medications, ordering and reviewing tests for patients.

- Referring patients to other specialities as appropriate.

- Writing discharge letters.

- Handing over any urgent outstanding jobs to the on-call SHO on (70)412.

- Answering your bleep promptly when on-call and responding as appropriate.

- Attending medical emergencies when holding the 411 bleep.

- Leading the evening handover (21:00) when working in IAC.

Medical ward rounds generally take up the morning of each day and involve you going round with the consultant or registrar to review a certain number of patients on the wards. From the ward round certain jobs will be generated and it is recommended to keep a list of these on the ward handover sheets which should be available each morning - if not you can print off copies as shown in the WebV section of the booklet.

There are likely specific responsibilities in each medical speciality and should be made aware of this either in the first few weeks or by the juniors rotating out of the department.

IAC

The Integrated Assessment Centre (IAC) is where patient's from A&E are admitted to before being sent to a ward. As a medical FY1 you will cover shifts here or have it as your base ward.

IAC is fast paced and it can seem very overwhelming during your first few shifts; the next two pages are to give you the best head start in IAC and explain what your job is what your job is not. Please also refer to the Myth Busting FAQs to cover some general points which may occur in IAC.

The ward is split between two consultants and you will work with one of them doing a standard ward round in the morning. Jobs will be generated from this but you should be able to request most things during the ward round.

When starting out in IAC it can be difficult to know what are and are not your responsibilities, below is a helpful guide from discussion with Dr Falayajo (Acute Medical Consultant):

The F1 in IAC **is responsible** for:

● Any ward jobs generated from their ward round until 17:00 where they then take on any other outstanding jobs handed over to them by the other F1 doctor; these should be completed by 19:30.

● Updating the handover list from 19:30 with relevant medical information (**diagnosis, significant investigation findings** e.g AKI3 with hyperkalaemia and **outstanding investigations**); all other jobs excluding emergencies and eDDs are not your responsibility after 19:30.

● Leading the night handover at 21:00 to ensure the night team is updated on all ward patients and any outstanding jobs, for example:

"Bed 1A is John Smith, a 56 year old male being treated for a flare of Crohn's. He is on steroid and IV fluids, gastro referral has been done and his fluid should last overnight, nothing for the night team to do".
"Bed 1B is Jane Doe, a 27 year old female admitted due to an acute SAH, she has just had a cerebral angiogram, night team to please chase the report urgently".

The F1 in IAC is **not responsible** for:

- Seeing new patients who come into IAC after the ward round; these would have been seen by one of the consultants or registrars and clerked by the SHO already.

- Documenting all blood test results in the handover notes; these should be reviewed separately.

A Typical Day (IAC):

While no day in IAC is the same this is generally how it will go:

09:00 - Handover in the Doctor's Office

09:40 - Ward Round

12:00 - Ward Round Finishes - Start doing the medical jobs.

12:30 - Safety Huddle - Go through each patient with the team and nurse-in-charge to keep everyone up to date on patient movements and overall plans.

17:00 - Day doctor hands over patients and jobs to the long day foundation doctor.

19:30 - Start preparing the list for handover.

21:00 - Night team handover in the Doctor's Office

SURGERY

HANDOVER - 08:00
NIGHTS - NO
WEEKENDS - YES
ON-CALLS - YES

SURGICAL WARDS

General Surgery - Ward 5A
Vascular Surgery - Ward 5B
Trauma & Orthopaedics - Wards 9A
Day Case Unit - Ward 2B

Ground Floor Theatres - Theatre 1-3, 8, CEPOD (9), 10-12
Second Floor Theatres - Theatre 4-7

BLEEPS, SHIFTS & ON-CALL

The surgical FY1 bleep is (70)**408**
The surgical FY1 cover bleep is (70)**320**

General Surgery is the only surgical rotation which has two different teams working at the same time. There is a Ward Based Team and an On-Call Team. The On-Call Team will still meet for handover at 08:00 but will go round with the on-call consultant for the week seeing their specific patients.

The Ward Based Team will prepare the notes for all surgical patients <u>except</u> those under the on-call consultant for that week (Monday-Sunday).

There are six types of shift for surgery which include ward based work and on-call work.

0800-1200 = Half Day Ward - Afternoon for portfolio work and self directed learning.
0800-1600 = Ward Shift or SDEC Shift
0800-2000 = Surgical On-Call Team (408 Bleep)
1100-2300 = Ward Cover Shift (320 Bleep) - Times vary depending on the day

WARD COVER SHIFT (11:00-23:00, MONDAY-THURSDAY)
Ward cover on Monday-Thursday means you help with both Ward 5A & 5B with any jobs the on-call team have and help with managing the patients after 16:00

WARD COVER SHIFT (11:00-20:00, FRIDAY)
Ward cover on Friday's start in SDEC helping with eDDs from the week for surgical patients as well as helping out the ACPs in SDEC with any surgical patients as needed. At 16:00 you go and take handover from the Vascular juniors and complete any outstanding jobs for Ward 5B and manage any problems surgical ward patients have until 20:00

WARD COVER SHIFT (08:00-20:00 SATURDAY & SUNDAY)
Ward cover on Saturday's and Sundays you are based purely on Ward 5B. You will do the ward round each morning with the consultant. On Saturdays you also have one of the vascular ACPs who will help you with the ward round. Afterwards you complete ward jobs and manage any problems vascular patients may have during the day. It is recommend that you prep the blue ward round sheets for the following day before the end of your shift to help the ward rounds run smoothly. You will also manage all surgical patients along with the surgical on-call team (408 and 409 bleeps).

A Typical Day (Surgery - Wards)

08:00 - Prepare ward round sheets for all patient's not under the on-call consultant.

08:30 - Ward round starts

10:30 - Ward round finishes - Start completing ward jobs

16:00 - Handover any outstanding jobs to the on-call team

A Typical Day (Surgery - On-Call)

08:00 - Handover in doctors office from the night team on-call

08:30 - Start ward round seeing only patient's under on-call consultant and outliers

11:00 - Ward round finished - Start completing ward jobs

16:00 - Take handover from the day team - Assist FY2 with any jobs until handover

20:00 - Handover in doctors office to the night team on-call

JOB INFORMATION

The main responsibilities of an F1 in general surgery are:

- Preparing the daily ward round sheets prior to the ward round starting if possible.

- Documenting ward round examinations, plans and daily jobs to complete.

- Reviewing drug charts, fluid balance charts and VTE prophylaxis on ward rounds.

- Reviewing patients and informing seniors as appropriate.

- Prescribing medications, ordering and reviewing tests for patients.

- Assisting in theatres at the request of your consultant or registrar.

- Writing discharge letters.

- Answering your bleep promptly when on-call and responding appropriately.

Surgical ward rounds are notoriously fast paced in comparison to medical ward rounds. It is recommended to **make a daily jobs list** for the ward patients to keep on top of requests, an example is shown below:

It also helps to tick off jobs as they have been done in the blue daily ward round notes, and adding in any relevant findings, information or updates to ensure the team the following day knows what has happened.

In practice we have found the following works best for ward rounds:

Bed	Consultant	Bloods	eDD	Jobs
2B	Sokker	☐		Request gastrographin ☐
2C	Antonio	☐	☐	Chase ERCP date ☐, start eDD
3A	Antonio	☐		Teicoplanin levels ☐, speak with Micro ☐
4D	Rao		☐	Outpatient follow up in 6/52 with Mr Rao ☐

1. All juniors prepare the blue ward round sheets prior to the ward round starting.

2. Three juniors go with the registrar/consultant on ward rounds to do the following:
   1. Taking a computer on wheels round to access blood tests and scans and documenting ward jobs on the list.
   2. Reviewing the drug chart and VTE prophylaxis.
   3. Reviewing the fluid balance chart.

3. Juniors not on ward round start doing ward jobs or going round with another consultant as applicable.

USEFUL INFORMATION

Listing a patient for CEPOD

If you are asked to list a patient for the emergency theatre list (CEPOD) you will need to complete a CEPOD referral via in the eReferral systems under Anaesthetics. Once you have completed this form you will need to print off <u>three copies</u> of the referral; one for the patient's notes, one to take down to the theatre co-ordinator in ground floor theatres and one for the anaesthetic team, also based on the ground floor theatres.

Surgical List

The list of patients is kept in a shared folder which you should have access to when you start general surgery. If you don't please contact IT and they should give you access in less than 24 hours.

For General Surgery the lists are kept in the 'Doctors' Folder and then either 'Pilgrim Hospital' or, for the on-call team, the Consultant's name folder.

For Vascular Surgery the list is kept in the 'Doctors' Folder under 'Vascular Surgery'.

PSYCHIATRY

HANDOVER - 09:00
NIGHTS - NO
WEEKENDS - NO
ON-CALLS - NO

BLEEPS & SHIFTS

There is no bleep for F1 doctors in psychiatry.

Psychiatry shifts are 09:00-17:00 Monday-Friday though handover starts at 09:30 on Tuesdays and Fridays. There are no on-calls or weekends for F1 doctors.

JOB INFORMATION

The main responsibilities of the F1 in psychiatry are:

- Clerking new admissions, including physical health checks, bloods and ECGs.

- Scribing on ward rounds.

- Prescribing medications.

- Reviewing physical health concerns of patients.

- Referring patients to other specialities.

- Writing discharge letters.

Psychiatry uses an electronic patient record (EPR) system called RiO to document any clinical assessments, key documents, mental capacity assessment and physical health checks. You will receive training on RiO by the psychiatry team when you start the rotation. There are other EPR and electronic systems which you use but this will be specifically covered in your induction for psychiatry.

When a new patient is admitted you will need to:

1. Clerk them (within 4 hours of admission).

2. Perform a physical health check, including bloods and ECG

3. Prescribe all medications on ePMA (electronic prescribing software).

There are no phlebotomists for psychiatry so you will need to do bloods for patients; there is a Physical Healthcare Nurse who can also help but they cover multiple sites and may not be available all the time. Additionally patient labels are not common so you need to manually write patient information on all blood bottles and ECGs.

Ward rounds are scribed on RiO and fall into MDT Ward Rounds (scribed *MDT Review*) and general ward rounds (scribed as *Progress Note*); this is generally when a patient is first admitted as they won't be seen by the MDT straight away. You will receive training on this when you start psychiatry.

EMERGENCY MEDICINE

HANDOVER - N/A
NIGHTS - NO
WEEKENDS - YES
ON-CALLS - NO

SHIFTS

There are four shifts which F1 doctors follow in A&E which form runs of three, five and seven shifts.

10:00-18:30 - Wednesday-Friday
13:30-22:00 - Monday to Friday
09:00-17:30 - Monday to Friday and 08:00-16:30 - Saturday to Sunday

At the start of your shift report to the Emergency Physician In Charge (EPIC) who will advise where to start. You will see patients, assess and arrange any tests they may need and then present them to the EPIC or other senior doctor if the EPIC is not available at the time.

You must discuss all patients you see with the EPIC or Middle-Grade doctor when working in ED.

If a patient requires admission or specialist review they need to be referred to the right team. Not all specialities are available at Pilgrim and referring to the right team is critical. The table gives you a summary of these and you should be given a copy when you start.

JOB INFORMATION

The main responsibilities of the F1 in emergency medicine are:

- Assessing and examining patients in the department.

- Ordering and reviewing blood tests and scans for patients you are seeing.

- Documenting the history, examination, diagnosis and plan clearly in the notes.

- Keeping CareFlow updated including patient coding (see below).

- Discussing all patients you see with the EPIC or middle-grade doctor.

- Referring patients on to specialities when required.

- Updating the Flow Coordinator when a patient has been referred or discharged.

Emergency medicine uses CareFlow (an electronic record system) to document what occurs in A&E as well as hand written notes. The CareFlow allows the department to keep track of the patient's progress and the information written on it generates the discharge letter for the GP. You will receive specific training on this when you start your emergency medicine rotation.

X-ray or CT scans requests are logged via a new portering system (MyPorter) which is essentially done on an iPad through a few clicks and then submit. Each move/transfer is recorded so it can be monitored how long it is taking and source extra porters if there is a back log. There is also a comments box to highlight **urgent** or **priority** in regards to managing the patient. If a patient requires an urgent scan (such as a patient with obvious stroke symptoms) you must place a red dot next to the name sticker to prioritise your scan. Ensure the EPIC is aware of any priority scans.

When a patient comes into the department either through reception or by ambulance they will be triaged, bloods taken, ECG done and cannula inserted by the nursing or healthcare staff. **If the department is busy there may be a delay in getting bloods, if you are seeing a patient prior to this being done please ensure you cannulate and take bloods from them yourself.**

REFERRALS

Speciality	Contact	Bleep/Contact Number
General Medicine	SHO (NEWS <5)	70413
	Registrar (NEWS >5)	70405
General Surgery	SHO (NEWS <5)	70409
	Registrar (NEWS >5)	70500
Orthopaedics	SHO	70401
	Trauma Co-Ordinator	70487
	Registrar	70701
Gynaecology	SHO	70406
	Registrar	70410
Paediatrics	SHO	70407
	Registrar	70807
ENT	Mon-Fri (0800-1600)	ENT SHO 70472
	Weekends & After 4pm	LCH SpR via Switchboard (0)
Ophthalmology	Mon-Fri (0800-1700)	Eye Clinic - 446619
	Weekends	Switchboard (0)
Cardiology	Cardiac ACP (Pilgrim)	70471 / 07467 353 792
	Cardiac ACP (On-Call)	Switchboard (0)
ITU	Registrar	70600
	Anaesthetist	70400
Vascular	Gen Surg Registrar	70500
Non-Pilgrim Services		
Stroke	LCH Stroke ACP	07896 928 856
Urology	LCH Urology ACP	07584 145 505
MaxFax	Mon-Fri (0800-1600)	Clinic (Discuss with EPIC)
	Weekends & After 4pm	LCH via Switchboard (0)

CLINIC REFERRALS

Some patients may require a clinic follow up without being admitted; these are generally done via an eReferral and should be documented on the front of the A&E notes that this has been done.

When your clinical documentation is completed to kindly ask the reception staff to scan the notes and ECG, if applicable, to the clinic e-mail. The clinics available are:

First Fit Clinic (eReferral)

TIA Clinic (eReferral)

Rapid Access Chest Pain Clinic (eReferral)

TWOC Clinic (eReferral)

Palpitation Clinic (E-mail)
E-mail: NewAppointmentsMT@ulh.nhs.uk
In the subject line write: "Palpitations, the patient's initials and photocopy of the notes will follow".
Once this is done please ask the reception staff to kindly copy the notes and ECG to the e-mail as well.

Same Day Emergency Care - SDEC (eReferral)
Discuss with the senior clinician who can advise you on appropriate SDEC referrals and follow ups for patients who come to A&E and do not require admission but may need further follow ups, repeat tests or scans.

MYTH BUSTING

Sometimes you may be told things which are not true or not in any policy and it can leave you feeling quite dejected. Here is our myth busting guide answering the most common things we experienced as foundation doctors. Each myth bust will come with an example to illustrate the point.

Trust policy states FY1s cannot speak to consultants over the phone - FALSE

During an on-call and FY1 was trying to speak to a registrar about an unwell patient. The registrar was not available and neither was the SHO. The FY1 correctly asked to speak to the consultant on-call. The consultant said "as per trust policy I will not speak to you as you are an FY1" and put the phone down. This is wrong and against trust policy.

If this happens to you, document in the patient's medical notes what happened, who you spoke to and quote what they said exactly. Attempt to speak to someone else for help. Fill in an IR1 (DATIX).

Only ST4+ and consultants can request MRI scans - FALSE

Selecting an MR scan for a patient on WebV will bring up a message saying only ST4+ and Consultants can request these scans - this is not true and should not stop you for requesting a scan.

The eDD Doctor should prioritise AMSS above all other wards - FALSE

An FY1 doing the eDD shift was told this by the nurse-in-charge of AMSS; this is not true and has not been passed on to the juniors. eDD's should be prioritised in order the referrals are received or if the patient has confirmed transport booked for that day.

You should not make a habit of exemption reporting as finishing late is part of the job - FALSE

At the beginning of their training several juniors in surgery were told this by a consultant; this is absolutely not true and the Guardian of Safe Working as well as the Senior Management Team strongly encourage you to exemption report if you are finishing late. Evidence like this is one of the only ways things can change for the better.

FY1s can sign FP10 prescriptions - FALSE

F1 doctors can only sign prescription charts and in-hospital prescriptions (white forms) but they cannot sign FP10s (green prescriptions) due to their provisional GMC registration status.

FY1s can fill out Consent Form 4 for patients in need of consenting for a procedure who lack capacity - PARTIALLY FALSE

Any doctor, regardless of grade, should only consent patients for a procedure they are trained to do and have done before, where they know the risks and benefits, and can explain the procedure in full. If in doubt, do not do it, regardless of what a senior may say.

FY1s can fill out and sign a hospital sick note for patients - TRUE

If a patient is requiring a sick note to get statutory sick pay you can fill one out for them and sign it. As a general rule it is advisable to only fill it out for a maximum of 10-14 days after which the patient will be required to get another from their GP. Remember anyone can self certify as sick for up to seven days.

USEFUL LINKS

ANNUAL LEAVE REQUESTS:

https://ulhteol.allocate-cloud.com/EmployeeOnlineHealth/ULHTLIVE

EXEMPTION REPORTING:

https://www.healthmedics.allocatehealthsuite.com/core

ESR:

https://my.esr.nhs.uk/

REFER A PATIENT:

https://www.referapatient.org/