

UHD Junior Doctors Handbook

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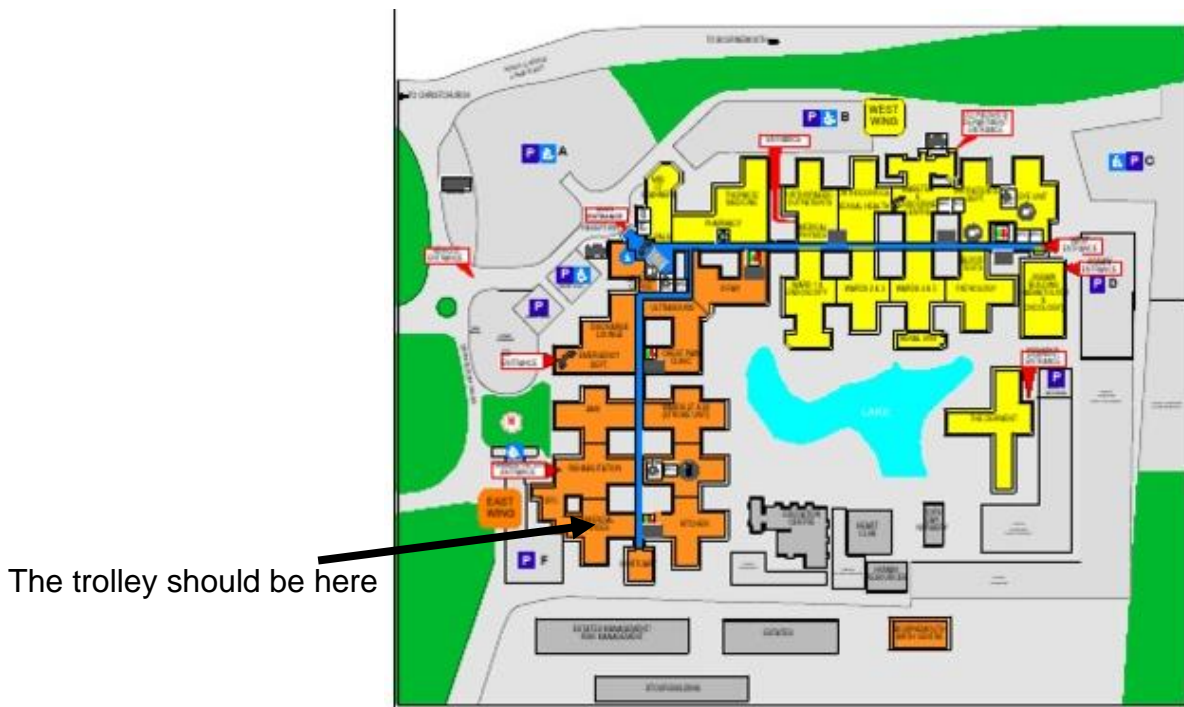
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Bournemouth

Scrubs (RBH)

Since the pandemic started we have all started wearing scrubs at all times. These can be collected from a trolley down the utilities corridor (follow the signs for the post room) while you're on medicine, the surgical changing rooms when you're on surgery, the ITU changing rooms when you're on ITU and the matron office in Jigsaw when you're on haematology. If you're on ED you should be supplied with green ED scrubs. When you're on cardiology you could wear raspberry coloured scrubs (collected from cath labs) if you choose, but usually just the registrars, consultants and cath lab staff would wear these scrubs.

At the end of the day you should return the scrubs to a wash basket in one of the changing rooms. If you take the scrubs home to wash yourself you should wash them at 60°.



Rotas (RBH)

The rota co-ordinators do their best to send out the whole years rota at the start of the year. This will let you know which evenings/nights/weekends you're working but you'll need to check the separate on-call rota nearer the time to see which type of shift you'll be doing.

The rota-coordinator can be contacted by emailing Medicine.RotaCoOrdin@uhd.nhs.uk. Or Jo-Anna can be found in her office in the corridor to wards 2&3.

The rotas can be found by going on the intranet, then clicking "Clinical Systems", then "Rotas" and scrolling down. The general rota is called specialty junior rota and you should find your specialty tab on the bottom. The on-call rota is found in the same place.

The rota co-ordinators operate a 6 week policy for requesting annual leave.

Study leave requests should be made by contacting the rota co-ordinators to check the days fit the rota. Then you should complete a request via <https://accent.hicom.co.uk/Portal/Live/Web/>.

You won't be able to claim back money from courses etc unless the study leave has been approved via accent before you attend the course.

If you work on ITU or haematology you will have a separate rota co-ordinator. For ITU it's Victoria King (Victoria.King@uhd.nhs.uk) and on haem it's Dr Rachel Hall (rachel.hall@uhd.nhs.uk) and Dr Sally Killick (sally.killick@uhd.nhs.uk).

Lists (RBH)

Some jobs you'll have the pleasant surprise to find the nursing staff/ward clerk will print a list for you in the morning.

If you need to print a list yourself you'll need to open CIWL. Login as yourself and ensure you have the consultants/speciality you're covering. You may need to deselect wards if you're covering a specific ward.

You should keep the list up to date by editing the clinical information and responsible consultant. You can do this by clicking the edit button (see below).

Quick Patient Search Filter Your List: [Show All Patients](#) [Filter on RBH - ACUTE ADM UNIT](#) [Filter on RBH - WARD 22](#) [Filter on RBH - WARD 23](#) [Filter on RBH - WARD 24](#) [Filter on RBH - WARD 3](#) [Filter on RBH - WARD 17 \(Unltd\)](#) [Filter on RBH - WARD 9](#) [Filter on RBH - WARD 14](#) [Filter on RBH - GYNAECOLOGY \(BENTLEY\)](#)

You are currently showing All patients

Ward/Bed No	Name, Dob, Age, Gender, N	Consultant	Adm/De	Diagnosis/Comorbidities	Treatment Plan	Diet	Discharge Planning/EDD	Risk Assessment	Ward Specific Information	IV Access/VIP Score	Events
RBH - ACUTE ADM UNIT		Normal consultant plus outlier/joint care team	AD: ADM: To include Allergies* Op Date	CP vasteradi, Known DHD, prev PCI. New unilateral pleural effusion on CXR. Trop etc awaited	Ellie 23:30	e.g. normal, modified, NBM (pre procedure), PEG/NG Tube SALT Av	EDD: e.g. Social background, PT, DT	e.g. Waterlow/Falls/DCLSI/ Capthor/NGST/rounds/ infection control/Pain control	Khan	e.g. IV/VIP	Events
RBH - ACUTE ADM UNIT		RESPIRATORY OUTLIERS	Ad:11/04 [L.O.511]	Assessment: PHH, COPD/AE, Dis 18/7 following 11 Ch inf. Now SOB RR-32, T-39, RI Ch inf.	ED 1843 Sue		EDD:01/01	RSTA RESP	Cam	1-2	Events
RBH - ACUTE ADM UNIT		RESPIRATORY OUTLIERS	Ad:11/04 [L.O.504]	AHU known COPD, inc SOB 2/92, poor intake/dehydrated, new O2 requirement, treat as chest sepsis	16.05 Sonia		EDD:01/01	PFWR NBB Resp	Khaled	ED 13	Events
RBH - ACUTE ADM UNIT		RESPIRATORY	Ad:10/04	Severe emphysema and probable	Harriet 18:23		EDD:01/01	NBB	Tommy	1-3	Events

Click this button to edit the patient's admission details

You can use CIWL to keep track of which days people last had bloods/are out for bloods by clicking the edit button (see below) and selecting the correct dates for blood tests.

[General Details](#) | [Consultants](#) | [Diagnosis, Treatment & Diet](#) | [Discharge, Ward, Risk and VIP](#)

Add Patient Step 1

Please select the ward for this patient: AMBER MEDICAL ADMISSIONS

Location within ward: ED Referral

Speciality: Acute medicine

Admission Date:

December 2021						
Mon	Tue	Wed	Thu	Fri	Sat	Sun
29	30	1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31	1	2
3	4	5	6	7	8	9

Operation Date(s):

December 2021						
Mon	Tue	Wed	Thu	Fri	Sat	Sun
29	30	1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31	1	2
3	4	5	6	7	8	9

Blood(s):

December 2021						
Mon	Tue	Wed	Thu	Fri	Sat	Sun
29	30	1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31	1	2
3	4	5	6	7	8	9

Select which days the patient is out for bloods

The medical outliers list is an excel document kept up to date by clinical site/bed managers. As this list doesn't automatically update there can be mistakes and people can be under the wrong team/left off the list. If the list needs to be updated with any information ring clinical site or speak to them in person in their office (corridor behind the main entrance, between the x-ray and CT/MRI departments).



The clinical site office is the door just here

Most medical teams keep their own outliers list using CIWL. You can edit your setting to show only certain consultants (eg gastro outliers) and can use the clinical site outliers list to ensure new outliers aren't missed.

Food (RBH)

If you are organised enough to bring in your own food most wards will have a fridge you can store your lunch/dinner in. There is also a fridge in the mess which you can use but you should probably label it to ensure someone else doesn't eat it!

The mess committee also attempt to have ready meals or pots of pasta/noodles in the mess for emergencies/out of hours.

If you need to buy food there are several options:

- 1) The main canteen serves hot food from 7:30-11:00, 11:30-14:00 and 17:30-20:00. If you're out of these times they will have sandwiches and drinks available.
- 2) Opposite the main canteen is the Oasis coffee shop. This is open 8:00-17:00 and serves a hot & sandwiches and cakes.
- 3) In the main entrance is another coffee shop. This serves hot & cold sandwiches along with a collection of other cold food.
- 4) The boots pharmacy in the west wing corridor also serves cold sandwiches and a collection of other cold food. There is a meal deal available here.
- 5) There are vending machines found in all three entrances which have drinks/snacks at any time.

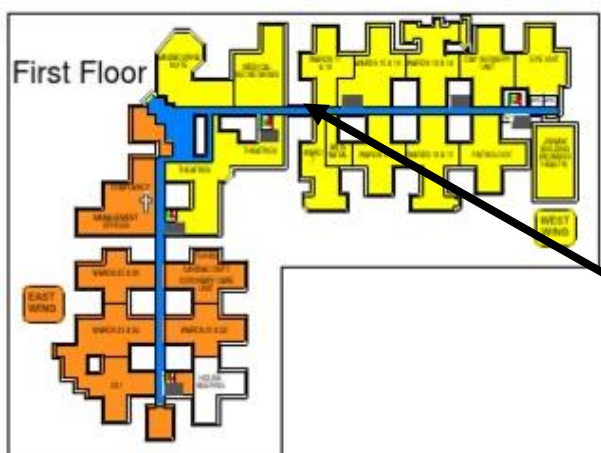
In the summer people often sit out by the lake for lunch. Just be wary of the birds – they can be quite aggressive!

The Mess (RBH)

The mess itself can be found on the upper floor in the west wing hidden behind a door with pebbles on it (see map). Here you can find some toilets, a kitchen, a small computer room, some lockers and a couple of rooms for relaxing/eating.

To get access to the mess you must let HR know you'd like to pay the monthly £15 which will go out of your paycheck.

The mess committee stock the cupboards/fridge at least weekly. They also arrange events outside work (when the pandemic allows) which have included beach parties, nights out, bike rides, meals out and joint balls with the Poole mess. The Poole mess (when weather and pandemic allows) also have a Wednesday watersports club.



Doctors mess is here behind the pebble door

Hanbleep (RBH)

Hanbleep is an electronic system used out of hours to ensure you're not constantly on the phone answering bleeps. Tasks are entered on the system and categorised into red, orange and green sections. Red tasks are urgent and you should be bleeped by "0000" letting you know there's a red call to look at.

You can get your personal login for hanbleep from clinical site. It's a 4 digit code which is the same for the username and password (eg 1234).

There are different logins for each ward if you want to add a task. You should ask the nursing staff for the ward what the login is (it's usually something like RB1 for ward 1 or RBTIU for TIU).

Bleeping (RBH)

To bleep a Bournemouth number from a Bournemouth phone you type 701 and wait to hear the instructions, then type in the bleep number and wait to hear the instructions, then type in the phone you want them to bleep.

To bleep a Poole number from a Bournemouth phone you need to type in one go 783 701 “the bleep number” “the phone you want them to ring”.

Shifts (RBH)

Clerking shifts

Clerking shifts can either be all day or just the evening. For evening extended clerking you will be on your usual ward until 17:30 when you should present to AMU for a few hours of clerking. For all day clerking you should present to AMU at 8:30.

There are two clerking lists, one for OPAU and one for AMU. They are found on handoverweb (<https://handoverbh.uhd.nhs.uk/>). The login username and password = medtake. Once you've logged in you should select "Admissions list" then either "Medicine" or "OPM" depending on which team you're working with.

When clerking you should update the list with who you are seeing which can be done by pressing the edit button by the patient record and either putting your name in the "Handover" box or filling in the "time seen by"/"clerking doctor" boxes.

Click this button to edit the information or to add your name

You can either add your name in the Handover box here ..

.. or complete the "time seen by" and "clerking doctor" boxes to show which patient you are clerking.

The patient boxes on the list will change colour according to their clerking status. Patients in blue are patients awaiting repatriation; patient in red are referred but not yet in the hospital (eg GP referrals or patients for SDEC another day); patients in orange have been referred from ED and haven't been clerked; patients in yellow have been referred from GP/another place and haven't been clerked; patients in light green have been clerked and patients in dark green have been post-taken. Don't worry you'll get used to it quickly!!

Evening cover

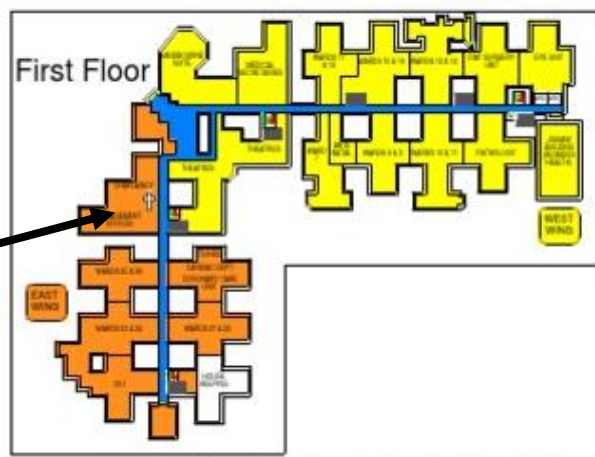
If you are on evening cover you will either be covering the wards (divided into East and West wing) or extended clerking/AMU or OPAU cover.

East wing cover includes the stroke unit, ward 21, ward 22, CCU, ward 24.
West wing cover includes ward 1, 2, 3, 4, 5, 9, 14, medical outliers on surgical wards.

There is separate haematology evening cover who should remain in the building until 8pm. They then go home to be on-call overnight so they may hand over jobs/sick patients for you to handover to the night team.

Ward cover is mostly based off the hanbleep system but you may also be bleeped for verbal handovers of sick patients.

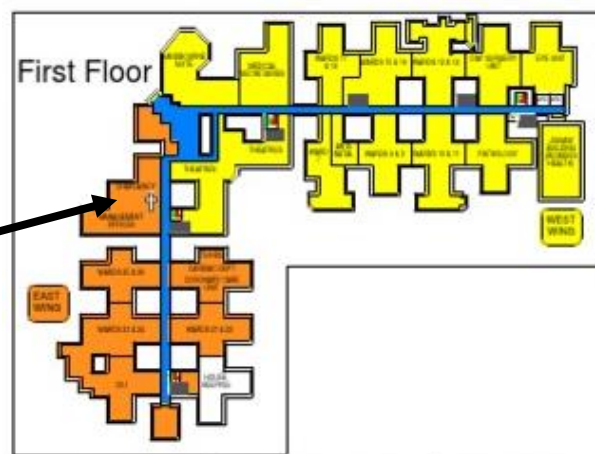
Handover is in the seminar room at 20:30 (see map).



The seminar room is inside the management offices in the back corridor.

Weekends

Handover is in the seminar room at 8:30 (see map). Clinical site should bring any bleeps to handover that aren't carried by the night team. Clinical site should also bring printed copies of the weekend handover list.



The seminar room is inside the management offices in the back corridor.

Login for the weekend handover list on CIWL = medweekendlist (login and password)

Ward covers: review patients/complete jobs on the weekend handover list and complete tasks from hanbleep.

Stroke cover: post take ward round and reviewing patients on HASU with the consultant. Completing jobs from the round. Reviewing patients from weekend list and completing tasks from hanbleep. Once you've completed jobs try to assist with OPM ward cover.

Clerking shifts: as in the week. If there aren't many to clerk assist the ward cover teams.

Post-take shifts: start the day post taking and reviewing patients on AMU/OPAU with the consultants. Complete jobs from the round. Review patients on AMU/OPAU on the weekend list.

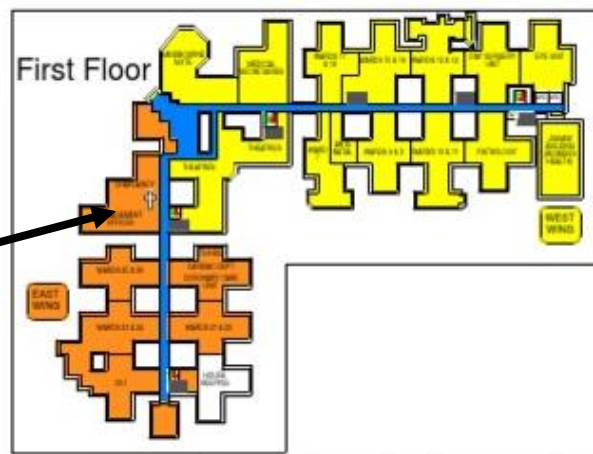
Cardiology: should present to CCU at 08:30 (unfortunately you miss the morning handover). You will do a ward round of CCU with the consultant then see the yellow form referrals. Once these have been completed you should complete reviews/jobs from the weekend list and complete tasks from hanbleep. You must ensure that anyone seen on the weekend who is for cardiology management should have a cardiology consultant on CIWL to ensure they aren't missed from the list on Monday.

GI cover (usually an F1): morning ward round with the consultant. Reviewing patients from the weekend list and completing tasks on hanbleep. Assisting GIM ward cover.

Nights

Handover in the seminar room at 20:30 (see map). The team will go through unwell patients and the high EWS score with the whole room. The day team should hand over chasing jobs/less urgent jobs to the individual reg/SHO/F1.

The seminar room is inside the management offices in the back corridor.



If you're on ward cover you will be reviewing sick patients handed over and completing tasks from hanbleep as an SHO & F1.

If you're on AMU or OPAU cover you will be clerking and completing tasks from hanbleep for AMU/OPAU. If there are patients to be clerked on the stroke unit that should be done by the AMU or OPAU team.

Morning handovers are different in the week to the weekend. On the weekends the morning handover is at 08:30 in the same place as the night handover.

On weekdays the AMU/OPAU team will hand over their jobs directly to the day team in AMU/OPAU. The AMU/OPAU consultants usually start at 08:00 and will start post taking before the night team go home (this is an excellent opportunity for CBDs/Mini-CEX/ACATs).

On weekdays the ward cover team and night registrars should go to the clinical site office for the morning handover. The clinical site team will have Microsoft Teams open and ward teams should plug in to see if there are any handovers from the night team.



The clinical site office is behind a door on this corridor

Specialties (RBH)

(Some of these wards have been moved around during Covid and will likely shuffle again. This is a rough estimate of where the various specialties are based.)

Gastroenterology is based on wards 1 & 3 with a gastro outliers team. Ward 1 has an acute bleeder bay for UGI bleeds and is the more acute ward. Ward 3 is a more general med ward. The gastro outliers team meet on AMU at 08:30 having collected the bleeps and box of useful forms from ward 1. The gastro outliers team will deal with any ascitic taps/drains required on TIU and clerk in any patients who need to stay in overnight following an OGD/other gastro procedure.

Respiratory is based on wards 2, 14 and respiratory outliers. Ward 2 is the acute respiratory ward with capacity for BIPAP and a resp high-care bay. Ward 22 is currently one of the two Covid wards so the team tries to be separate to decrease the risk of spread. The respiratory outliers team should collect the outliers list from clinical site office in the morning.

Older persons medicine is based on wards 4, 5, 22, and OPM outliers. The OPM outliers team meet in the first door on the right in the respiratory outpatients department. You should collect printed lists of the outliers from the clinical site office along with the bleep.

Stroke is a part of the OPM team but has it's own team. They are based on the stroke ward which is divided into the acute side and the rehab side. Stroke should also review their outliers daily.

Similarly OPAU is part of the OPM team but acts separately as part of the on-call system.

Haematology is based on ward 11. If you are called to a patient on ward 11 out of hours please be mindful that patients in the isolation suite and bone marrow suite are heavily immunosuppressed and vulnerable – therefore ensure that each door is closed before you open another. There is haematology cover (by an SHO/registrar and consultant) overnight from home and they will usually prefer to be contacted if you're unsure on how to manage something.

Endocrine is based on ward 21 and outliers. The outliers team should collect the list from the clinical site office in the morning.

Cardiology is based on CCU (ward 23) and ward 24 along with covering their outliers. The team is split into 3 based on the consultants looking after the patients.

TIU is based on ward 8 and is open until 19:00. Patients can be booked into procedures here by filling in a paper form and discussing with the ward clerk in the office in the corridor. Once a patient has had a procedure for the first time, they don't need a repeat form if they're having the same procedure (for example if someone requires monthly venesection they only need a form for the initial venesection, from then on they just need to be booked in).

Ward 9 is usually an inpatient rehab ward therefore they have reduced nursing cover and usually weekly doctor review of patients there.

The surgical teams are based on wards 7, 12, eye ward, 15, 16, 17, 18 and Derwent (outside in a separate building by the car park/lake). Medicine should see any outliers on these wards.

Requests (RBH)

The trust is slowly trying to use less paper. Currently there are still a lot of requests that still need a paper form.

Bloods

Requesting bloods for the phlebotomy round should be done via ICE. This is done via EPR by selecting the patient, then select "Create", then select "New OCS request", then selecting "UHD pathology" and selecting any bloods required. Once you've selected the correct bloods you should press "Continue" then select whether you want to book for the next phlebotomy round (next day) or a future round (for requesting bloods over a weekend/later in the week). If you want daily bloods over a weekend this will need to be done as three separate requests.

Requesting bloods to be taken immediately can either be done using the above method and selecting "sample to be taken now" then printing off labels immediately or using paper request forms.

Group and save/cross match requests can only be done on paper currently.

You can request microbiology requests etc either via ICE or on paper. Blood cultures can be booked for a phlebotomy round.

Imaging

Imaging requests should be done via ICE. This is done via EPR by selecting the patient, then select "Create", then select "New OCS request", then selecting "RBCH radiology" and selecting the imaging you require. Once you've done this you should select "Continue" and once you've completed the last page, you're done.

The radiology department will ring if there's any questions/concerns about the request.

MRI questionnaires should be printed out and available on the wards. Sometimes the nursing staff may be able to complete these for you, or you may have complete it yourself. If the patient is unable to consent there is a separate MRI questionnaire that you will need to sign. Once an MRI questionnaire has been completed it should be taken to the MRI department. They won't process the request until they've received the questionnaire.

Interventional Radiology requests should be completed on the paper form and signed by a consultant. These then need to be taken to the IR department in the x-ray department (turn right then left and follow the corridor to the double doors).

PET scan requests should be completed on a paper form and signed by a consultant. They then need to be sent to Poole via the instructions on the form.

For fibroscan requests these are completed on a paper form found in the liver nurses office (on the left in the ward 2/3 corridor) and once completed returned to the liver nurse office.

Cardiology

Cardiology requests should be completed online and emailed to cardiac.requests@uhd.nhs.uk. The forms to be completed can be found on the internet by selecting “C”, then “Cardiology”, then “Cardiac request forms” and choosing the correct form.

Alternatively you can complete the forms on paper and scan/email them to the above email.

Alternatively you can complete the forms on paper and hand them into the cardiology department. Found in the first door on the left in the ITU corridor.

For telemetry requests the patient will need to be on the east wing of the hospital (the range isn't far enough to cover west wing). You'll need to ring CCU and add the patient to the waiting list.

Endoscopy

Endoscopy referrals should be completed on a paper form (separate ones for OGD, flexi-sigmoidoscopy, colonoscopy, ERCP) and handed in the endoscopy booking office found in the endoscopy centre (by ward 1).

If it's an outpatient request you should complete the form and drop it in the wooden box found on the right in the corridor towards ward 1.

Neurophysiology

The most used option on the neurophysiology request form is an EEG request. This is completed via EPR using the inpatient referral tab then neurophysiology request form.

Referrals (RBH)

Referrals to ITU should be made by bleeping the on-call ITU registrar on #2001. Referrals to the ITU outreach nurse should be made by bleeping #2727 or they should attend handovers in the seminar room.

Referrals to the AMU registrar should be made by bleeping #2363. Referrals to the OPAU registrar should be made by bleeping #2369. These are the two bleeps held by the night registrars.

Urgent referrals to cardiology should be made in hours by bleeping the cardiology registrar on #2725. Out of hours you'll need to ring switchboard and ask to be connected to their phone. Non-urgent referrals should be made by completing an inpatient referral form (found on EPR) for review on the yellow form ward round the following day.

Referrals to respiratory should be made by completing an inpatient referral form on EPR. These are usually reviewed the same/next day by a consultant or registrar.

Referrals to gastroenterology should be made by discussing with a consultant via consultant-connect. This can be done by ringing switchboard.

Referrals to haematology should be made by bleeping the on-call SHO/registrar. The on-call bleep for the day can be found by ringing switchboard. Out of hours you'll need to ring switchboard and ask to be connected to their phone.

Referrals to endocrine should be made by bleeping the registrar on #2033.

Referrals to the stroke team should be made via the registrar on #2555 or the stroke outreach nurse on #2528.

Referrals to microbiology should be made by ringing 4849 and leaving a message. One of the micro doctors (SHO or consultant) will ring you back for a full discussion.

Referrals to neurology should be completed via an inpatient referral form on EPR or discussing with the consultant on-call by asking switch to put you through to the on-call phone.

Referral to rheumatology should be made by completing the inpatient referral form on EPR.

Referrals to psychiatry can be made using the eForms system (icon looks like a tree) and searching for inpatient psychiatry referral. Referrals can also be discussed by ringing 4379.

Referrals to the general surgical team should be made via the registrar on #2363.

Referrals to orthopaedics should be made in hours by bleeping the ortho registrar covering Bournemouth on #2412. Out of hours you will need to bleep the team in Poole on #0593.

Procedures/sign offs (IMT Trainees - RBH)

Procedures

Lumbar punctures are unfortunately a procedure of opportunity. The most likely places to find them are AMU, stroke and AEC clinic.

Ascitic drains and taps are most likely found via gastro outliers. They will perform drains on anyone booked into TIU clinic.

Pleural taps and drains are most likely to be found via the respiratory team or pleural clinic. Pleural clinic occurs regularly during the week and you can check availability via the respiratory booking desk.

DC cardioversion is most easily completed by booking into the Tuesday morning DCCV list. This can be done by emailing the arrhythmia nurses on arrhythmia.nurses@uhd.nhs.uk or ringing their extension.

Nasogastric tubes are another procedure of opportunity. These are most likely found on ITU, surgery or stroke wards. You can also contact the nutrition team on #2272 or #2561. It should also be covered in the IMT procedure day.

CVCs you should perform regularly on your ITU job. This will also be covered in the IMT procedure day.

Intraosseous access you may encounter at a cardiac arrest call. Otherwise this should be covered in the IMT procedure day or simulation training.

Clinics

As part of your rota you should have AEC days. These are the acute clinic associated with AMU and admission avoidances. There should be an consultant and a registrar also assigned to AEC. You'll usually mostly see the long cases while the reg sees the short cases. All long cases should be discussed with the consultant so it's a great place to get ACATs/CBDs/Mini-CEXs. Each AEC day should count as 2 clinics.

If you have a cardiology job you should be regularly rota'd in for clinics on the weekly rota.

If you have a haematology job you will have weeks when you'll be rota'd to be in Jigsaw in clinics.

Other times you can try to book into clinics using study days or ask your colleagues to cover for a few hours if you have enough staff.

Simulation

Part of the IMT curriculum is taking part in simulation based teaching. The all day procedure course does count towards this but we have also started a weekly simulation sessions.

The scenarios in the simulation teaching are aimed towards situations which commonly concern medical trainees when they start running acute takes. These include when to thrombolysise PEs or strokes and dealing with NIV. We aim to run enough sessions for everyone to have a chance to attend each themed session. There will also be sessions specifically around human factors to tick that eportfolio box.

Evidence for ARCP

At the end of the year you should fill out the Acute Take Calculator document which contains three sections: acute medical take, outpatient clinics and procedures. This can be used to calculate the approximate number of patients seen on acute shifts and can be used to document how many clinics you've attended. You should have completed DOPS for your procedures but the excel spreadsheet can be used to keep track of which procedures you've managed to complete.

The spreadsheet can be found at: <https://www.jrcptb.org.uk/documents/imt-acute-take-calculator-and-log-clinics-and-procedures>

Other IT (RBH)

Exception reporting

When you start in any hospital you should be shown how to exception report. You should be doing this if you remain late, don't have the 30/60 mins break during your shift or aren't able to attend teaching opportunities. The consultants should be encouraging this and if you feel a team is discouraging you from exception reporting this should be flagged as an issue.

The guardian for safe working in Bournemouth is Dr Al-Shamma (Gastro consultant). The link is <https://www.healthmedics.allocatehealthsuite.com/core>.

Study Leave

When you start in the hospital you should be shown how to request study leave. Study leave time should be requested by arranging with the rota coordinator. Once dates have been arranged you should complete a form on Accent (<https://accent.hicom.co.uk/Portal/Live/Web/Dashboard>) before the event occurs. To reclaim expenses after the event you must have completed a form on Accent first. You can then complete an expenses form on Easy expenses (<https://uhd.easy.giltbyte.com/user/login/>). You will then be contacted once this has been approved.

Poole

Scrubs (Poole)

Since the pandemic started we have all started wearing scrubs at all times. These can be collected from a trolley down the utilities corridor (in the orange zone on the bottom floor) while you're on medicine, the surgical changing rooms when you're on surgery and the ITU changing rooms when you're on ITU. If you're on ED you should be supplied with green ED scrubs. There are changing rooms near the scrub collection point in the orange zone which are accessed using your ID badge.



Scrubs can be found on a trolley near laundry in this corridor on Floor -1. You need to walk past Radiology and the Pharmacy department.

Rotas (Poole)

The rota co-ordinators do their best to send out the rota job by job as soon as possible. The rotas will let you know which evenings/nights/weekends you're working and should let you know which type of shift you'll be doing. You'll be sent login details for the HealthRota app which will allow you to see your rota and request leave.

When you log in to the HealthRota app you should open on the Schedule app which will show a week by week breakdown of the rota. By clicking on the icon in the top left corner you can access other views including the Day Views (for the full staffing for that day) and Leave (for requesting study and annual leave).

You can also contact the medicine rota coordinator on Doctors.Enquiries@uhd.nhs.uk (or alistair.gough-jennings@uhd.nhs.uk). They operate a 6 week policy for requesting annual leave.



Study leave requests should be made by contacting the rota co-ordinators to check the days fit the rota. Then you should complete a request via <https://accent.hicom.co.uk/Portal/Live/Web/>.

You won't be able to claim back money from courses etc unless the study leave has been approved via accent before you attend the course.

Lists (Poole)

Patient lists are usually printed out by nursing staff on the ward and are printed from either a word document or a list on Microsoft Teams. Your relevant wards should add you to the Microsoft Teams group to allow you to edit the list and access other ward specific information.

The outliers list can be found on Microsoft Teams and should be updated with any new outliers. However you will also need to ensure no one has been missed off the list by checking the relevant outlying wards for your team. If there are any changes to be made to the outlier list this can be done via the Microsoft Teams link.

Food (Poole)

If you are organised enough to bring in your own food most wards will have a fridge you can store your lunch/dinner in. There is also a fridge in the mess which you can use but you should probably label it to ensure someone else doesn't eat it!

The mess committee also attempt to have ready meals or pots of pasta/noodles in the mess for emergencies/out of hours.

If you need to buy food there are several options:

- 1) The main canteen serves hot food from 7:00 to 19:30. There is also a selection of sandwiches and coffee machines from 7:00 to 19:30. A meal deal is available here.
- 2) Costa in the main entrance serves a selection of hot food and sandwiches
- 3) WHSmith sells a selection of sandwiches and ready meals which can be heated. There is a meal deal available here.
- 4) There is a small café called Purbeck Café in the Yellow zone by costa in the corridor to the Yellow Zone open weekdays and serves hot drinks and snacks/sandwiches (Phillip Arnold Unit).
- 5) There are vending machines in the main canteen which have drinks/snacks at any time.

The Mess (Poole)

The mess itself can be found on the 6th floor in the purple and blue zones. There is another entrance via the orange zone however you will need to walk through the F1 living areas so this is generally not used. Here you can find some toilets, a kitchen, a room for relaxing with a TV and some computers and “the penthouse hotel”. The penthouse hotel describes the 6 rooms in the mess which are free for people to use. During the day all the rooms are available for anyone to use and contain a bed, sink, desk and microwave. At night three of the rooms are allocated to the medical registrar, surgical registrar and anaesthetic registrar but the other three rooms are for anyone to use. The bedding gets changed daily so if you’re using one during the day please use the do not disturb sign or the cleaning staff will interrupt your sleep!

To get access to the mess you must let HR know you’d like to pay the monthly £15 which will go out of your paycheck.

The mess committee stock the cupboards/fridge at least weekly. They also arrange events outside work (when the pandemic allows) which have included beach parties, nights out, bike rides, meals out and joint balls with the Bournemouth mess. There is also a Wednesday watersports club during the spring to autumn months.

Bleeping (Poole)

To bleep a Poole number from a Poole phone you type 701 and wait to hear the instructions, then type in the bleep number and wait to hear the instructions, then type in the phone you want them to bleep.

To bleep a Bournemouth number from a Poole phone you need to type in one go 780 701 “the bleep number” then pause and wait for the system to ask again for the bleep number; then type “the bleep number” and pause again; then once the system is ready type “the phone you want them to ring”.

Shifts (Poole)

Clerking shifts

Clerking shifts will usually be all day. On weekdays you should present to AMU (usually the computers by trolleys and reception) at 8:30 for the handover of bleeps from the night team. There will be a MET meeting in AMU sometime between 08:30 and 09:00 which should be attended by the clerking F1, clerking SHO, clerking SpR, OPS ward SHO and ITU outreach. In the MET meeting you will assign roles for any potential cardiac arrests and discuss any unwell patients around the hospital.

There are two clerking lists, one for OPAU and one for AMU. They are found on handoverweb (<https://handoverpht.uhd.nhs.uk/>). The login in username = doctor66 and password = Mouse1. Once you've logged in you should select "Admissions list" then either "Medicine" or "OPS" depending on which team you're working with.

When clerking you should update the list with who you are seeing which can be done by pressing the edit button by the patient record and either putting your name in the "Handover" box or filling in the "time seen by"/"clerking doctor" boxes.

The screenshot shows the 'Admissions List' interface with several patient records. Each record has a colored background: blue, orange, yellow, light green, and dark green. The records include fields for Patient, Hosp No, DOB, Ward, Consultants, Ref Date/Time, Arr Date/Time, Triage, Information, Referral Source, Time Seen By, PTHR Time, Checked By, and Teams. There are also buttons for 'Print Admissions List', 'Add New Patient', 'Filter For', 'Search', 'Archive Patients', 'Retrieve Patient', 'Time Audit', and 'Junior Report'. Arrows point to the 'Edit' button and the 'Handover' field in the patient records.

Click this button to edit the information or to add your name

You can either add your name in the Handover box here ..

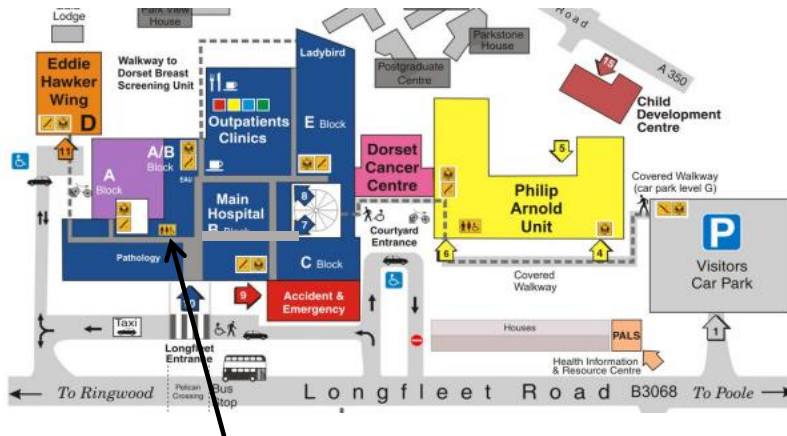
.. or complete the "time seen by" and "clerking doctor" boxes to show which patient you are clerking.

The patient boxes on the list will change colour according to their clerking status. Patients in blue are patients awaiting repatriation; patient in red are referred but not yet in the hospital (eg GP referrals or patients for SDEC another day); patients in orange have been referred from ED and haven't been clerked; patients in yellow have been referred from GP/another place and haven't been clerked; patients in light green have been clerked and patients in dark green have been post-taken. Don't worry you'll get used to it quickly!!

Evening cover

Evening ward cover is specialty based and usually on your base ward. For example the resp team will have a rota for late cover for A4 which will start at 1pm. That person will join the team in the afternoon then stay on until the night handover. For OPS there is a rota for the late ward cover who will cover all the OPS wards after 16:30 until the night handover.

Handover is at 20:30 in the boardroom along the pathology corridor (see map).

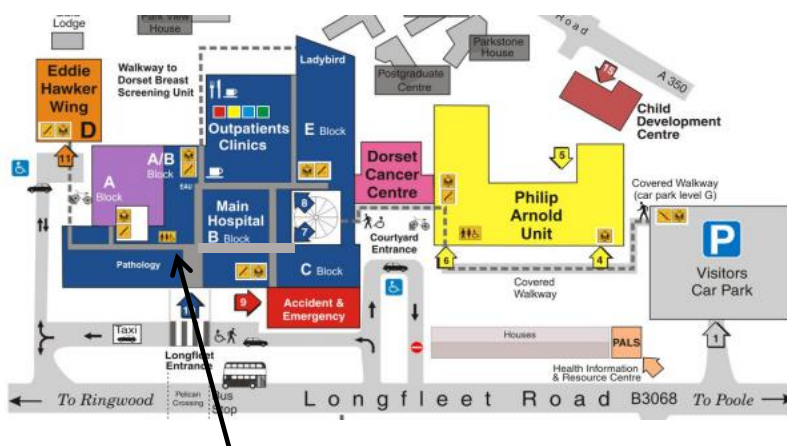


The boardroom is found along the pathology corridor on the 1st floor. It is at the end of the corridor closest to blue zone. The corridor can be entered from blue or orange zones.

Weekends

Handover is complicated currently for medicine and OPS in Poole. OPS have a handover in A3 (RACE) MDT room will all members of the team including the night OPS SHO at 08:30 and again at 13:00.

The medical night team excluding the OPS SHO will have handed over to the consultants at 08:00. The day team should meet the night team in the Boardroom at 08:30 to hand over bleeps and discuss any unwell patients.



The boardroom is found along the pathology corridor on the 1st floor. It is at the end of the corridor closest to blue zone. The corridor can be entered from blue or orange zones.

The weekend list is available via handoverweb (<https://handoverpht.uhd.nhs.uk/>). The login in username = doctor66 and password = Mouse1. Once you've logged in you should select "Handover Lists" for the weekend list. You can filter the list by day and by the grade of doctor it is listed for.

You can use these filters to make a personal list for the day

Ward cover shifts will be covering the wards (either medicine or OPS) which will include seeing any unwell patients from handover, reviewing patients on the weekend list and dealing with issues as they arise during the day.

Clerking shifts are the same as during the week except there is no clerking F1 on the weekend.

Post-take shifts are similar to during the week. You start the day post taking and reviewing patients on AMU/OPAU with the consultants. Complete jobs from the round and review patients from AMU/OPAU on the weekend list.

Nights

Handover is in the boardroom at 20:30 (see map). The team will usually start by going through the take lists and any unwell patients from the take. They will then go through unwell patients and the high EWS score from the rest of the hospital. Hand over chasing jobs/less urgent jobs to the individual reg/SHO/F1. Even if you think you have nothing to handover you should still attend the meeting in case there is a high EWS score for a patient in your area.

The night team consists of a registrar, AMU SHO, RACE SHO, F1 ward cover, 2 clinical practitioners (CP) and a medical technician. The F1 and CPs will usually cover the wards. The AMU/RACE SHOs will clerk patients and review any unwell patients handed over.

The night team meet at 02:00 in the RACE (A3) MDT room for a mid-shift handover.



The boardroom is found along the pathology corridor on the 1st floor. It is at the end of the corridor closest to blue zone. The corridor can be entered from blue or orange zones.

Specialties (Poole)

Gastroenterology is based on wards A5 & B5 with a gastro outliers team. The gastro outliers team meet on AMU at 08:00 having collected the bleep from A5. The gastro outliers team will review an patients on AMU then start on other wards. They may need to get involved in ascitic drains on TIU if the ANPs are not available.

Respiratory is based on ward A4 and respiratory outliers. A4 is the acute respiratory ward with capacity for BIPAP. The respiratory outliers team should meet on AMU having collected the bleep from A4.

Older persons medicine is based in the Yellow zone (Phillip Arnold Unit) along with OPS outliers. There are 6 main OPS wards: Lulworth, Lytchett, Lilliput, Kimmeridge, Brownsea and the Stroke Rehab ward which are all found in the yellow zone.

The OPS team have a meeting on Microsoft Teams at 08:30 every morning to shuffle juniors and discuss any unwell patients. Each ward will need to join this meeting to ensure they are aware of the days plan. The outliers team will usually meet in ED but this will be discussed in the daily meeting.

A3 (RACE) is part of the OPM team but acts slightly separately as part of the on-call system.

Haematology and Oncology are based on Derwent and Sandbanks wards. There is joint haemonc cover in the evening but these wards are covered by the medical team overnight. There is haematology cover (by an SHO/registrar and consultant) overnight from home and they will usually prefer to be contacted if you're unsure on how to manage something. There is similarly oncology cover by an consultant overnight.

Cardiology is based on wards A5 & B5 along with covering their outliers. There is no cardiology high care available in Poole hospital so patients that need CCU should be transferred to Poole.

TIU usually based on Lilliput ward in the yellow zone (Phillip Arnold Unit) and is open until 19:00. It has currently moved to the Outpatients department. Patients can be booked into procedures here by ringing the unit and booking an appointment. Any bloods that need to be taken as part of the TIU appointment will need to be booked on ICE.

The general surgical teams are based on wards B2, C4 SAU. Orthopaedics is based on wards B3, E3, C3, and B4. ENT are based on C4 E. Obs & Gynae are based on B5 (the half of the ward that is not a medical ward) and the St Mary's Maternity Unit across the road. Medicine should see any outliers on these wards.

Requests (Poole)

The trust is slowly trying to use less paper. Currently there are still a lot of requests that still need a paper form.

Bloods

Requesting bloods for the phlebotomy round should be done via ICE. This is done via EPR by selecting the patient, then select "Create", then select "New OCS request", then selecting "UHD pathology" and selecting any bloods required. Once you've selected the correct bloods you should press "Continue" then select whether you want to book for the next phlebotomy round (next day) or a future round (for requesting bloods over a weekend/later in the week). If you want daily bloods over a weekend this will need to be done as three separate requests.

Requesting bloods to be taken immediately can either be done using the above method and selecting "sample to be taken now" then printing off labels immediately or using paper request forms.

Group and save/cross match requests can only be done on paper currently.

You can request microbiology requests etc either via ICE or on paper. Blood cultures can be booked for a phlebotomy round.

Imaging

Imaging requests should be done via ICE. This is done via EPR by selecting the patient, then select "Create", then select "New OCS request", then selecting "Poole radiology" and selecting the imaging you require. Once you've done this you should select "Continue" and once you've completed the last page, you're done.

The radiology department will ring if there's any questions/concerns about the request.

MRI questionnaires should be printed out and available on the wards. Sometimes the nursing staff may be able to complete these for you, or you may have complete it yourself. If the patient is unable to consent there is a separate MRI questionnaire that you will need to sign. Once an MRI questionnaire has been completed it should be taken to the MRI department. They won't process the request until they've received the questionnaire.

Interventional Radiology requests should be a consultant to consultant discussion. The IR procedures are usually done in Bournemouth and therefore will need discussions regarding transfer. If they are accepted for transfer the acute team in Bournemouth should also be made aware that the patient is being transferred over (but doesn't need a clerking). There is a paper form online which may need to be completed and signed by a consultant (this form is from the Bournemouth site).

PET scan requests should be completed on a paper form and signed by a consultant. They then need to be sent to Poole via the instructions on the form.

Cardiology

Cardiology requests should be completed on paper and hand them into the cardiology department. This is found on the first door in the purple zone.

Alternatively for echo requests these can be left in the filing draws in the bed manager office behind the main desk in AMU. The echo techs will pick up requests here each morning and vet them.

For telemetry requests you'll need to complete a telemetry request form. The patient will need to be in the orange/purple zones for this to be possible. If you give the form to the ward nurses they will be able to take the completed form and get a telemetry box.

Endoscopy

Endoscopy referrals should be completed on a paper form (separate ones for OGD, flexi-sigmoidoscopy, colonoscopy, ERCP) and handed in the endoscopy booking office found in the endoscopy centre (Yellow zone). If it's an acute bleeder list you want to book the patient onto you will need to mention this when the form is handed in.

If it's an outpatient request you should complete the form and drop it in to the same place.

On a weekend the patient will need to be booked onto the CEPOD list. The paper form should instead be attached to the front of the notes ready for CEPOD.

Neurophysiology

The most used option on the neurophysiology request form is an EEG request. This is completed via EPR using the inpatient referral tab then neurophysiology request form.

Referrals (Poole)

Referrals to ITU should be made by bleeping the on-call ITU registrar on #0122. Referrals to the ITU outreach nurse should be made by bleeping #0170 or they should attend handovers in the board room.

Referrals to the AMU registrar should be made by bleeping #0387. Referrals to the OPAU take during the day should be made by bleeping the consultant on #0254. At night all referrals to medicine should be made by bleeping #0387. Referrals to OPS for potential takeover of patients should be made either by completing an inpatient referral form on EPR or bleeping #0380. They will then be reviewed the next day by an OPS consultant.

Urgent referrals to cardiology should be made in hours by bleeping the cardiology registrar in Bournemouth on #2725. Out of hours you'll need to ring switchboard and ask to be connected to their phone. Non-urgent referrals should be made by completing an inpatient referral form (found on EPR) for review on the by the Poole team the following day.

Referrals to respiratory should be made by completing an inpatient referral form on EPR. These are usually reviewed the same/next day by a consultant or registrar.

Referrals to gastroenterology should be made by completing the inpatient referral form on EPR. They are usually reviewed the same/next day by a consultant or registrar.

Referrals to haematology should be made by bleeping the on-call SHO/registrar. The on-call bleep for the day can be found by ringing switchboard. Out of hours you'll need to ring switchboard and ask to be connected to the on call team which is usually the consultant.

Referrals to endocrine should be made by bleeping the registrar in Bournemouth on #2033.

Referrals to the stroke team should be made to Bournemouth via the registrar on #2555 or the stroke outreach nurse on #2528 in hours. Out of hours you should ring the Bournemouth OPS take registrar on #2369.

Referrals to oncology should be made to #0600. Overnight they should be discussed with the AMU registrar on #0387 or discussed with the on call consultant.

Referrals to microbiology should be made by ringing 2281 and leaving a message. One of the micro doctors will ring you back for a full discussion.

Referrals to neurology should be completed via an inpatient referral form on EPR or discussing with the consultant on-call by asking switch to put you through to the on-call phone.

Referral to rheumatology should be made by completing the inpatient referral form on EPR.

Referrals to psychiatry can be made using the eForms system (icon looks like a tree) and searching for inpatient psychiatry referral. Referrals can also be discussed by ringing 3074.

Referrals to the general surgical team should be made via the registrar on #0345.

Referrals to orthopaedics should be made on #0593.

Procedures/sign offs (IMT Trainees - Poole)

Procedures

Lumbar punctures are unfortunately a procedure of opportunity. The most likely places to find them are AMU and AEC clinic.

Ascitic drains and taps are most likely found via the gastro team. They will perform drains on anyone booked into TIU clinic and these are usually performed by the ANPs who will usually be happy to supervise if they are aware beforehand.

Pleural taps and drains are most likely to be found via the respiratory team or pleural clinic. Pleural clinic occurs regularly during the week and you can check availability via the respiratory secretaries.

DC cardioversion is most easily completed by booking into the Tuesday morning DCCV list at Bournemouth hospital but can also be arranged in Poole hospital. The Bournemouth team can be contacted by emailing the arrhythmia nurses on arrhythmia.nurses@uhd.nhs.uk or ringing their extension. The Poole team can be contacted by going to the cardiorespiratory booking desk and finding out when the DCCV list is happening – usually on a Tuesday afternoon.

Nasogastric tubes are another procedure of opportunity. These are most likely found on ITU or surgery. You can also contact the nutrition team on 2106. It should also be covered in the IMT procedure day.

CVCs you should perform regularly on your ITU job. This will also be covered in the IMT procedure day.

Intraosseous access you may encounter at a cardiac arrest call. Otherwise this should be covered in the IMT procedure day or simulation training.

Clinics

Unfortunately the team are unable to rota clinics in for most IMTs. IMT3's may have clinics as part of their rota on their specialty. Everyone who doesn't have clinics on their rota has two methods for getting clinics: either seeing patients in SDEC (during your on call usually) or arranging to go to clinics on days when there is enough staff on the wards. You should let Cathy (rota coordinator) know when you are booking into clinics so that she can adequately staff the ward to account for this. You need to be strong and make sure you don't miss out on planned clinics as this is an important part of your education. You can also use study leave or SDT days (Self Development Time) to book into clinics.

Simulation

Part of the IMT curriculum is taking part in simulation based teaching. The all day procedure course does count towards this but we have also started a regular simulation sessions.

The scenarios in the simulation teaching are aimed towards situations which commonly concern medical trainees when they start running acute takes. These

include when to thrombolyse PEs or strokes and dealing with NIV. We aim to run enough sessions for everyone to have a chance to attend each themed session. There will also be sessions specifically around human factors to tick that eportfolio box.

Evidence for ARCP

At the end of the year you should fill out the Acute Take Calculator document which contains three sections: acute medical take, outpatient clinics and procedures. This can be used to calculate the approximate number of patients seen on acute shifts and can be used to document how many clinics you've attended. You should have completed DOPS for your procedures but the excel spreadsheet can be used to keep track of which procedures you've managed to complete.

The spreadsheet can be found at: <https://www.jrcptb.org.uk/documents/imt-acute-take-calculator-and-log-clinics-and-procedures>

Other IT (Poole)

Exception reporting

When you start in any hospital you should be shown how to exception report. You should be doing this if you remain late, don't have the 30/60 mins break during your shift or aren't able to attend teaching opportunities. The consultants should be encouraging this and if you feel a team is discouraging you from exception reporting this should be flagged as an issue.

The guardian for safe working in Poole is Mr Paul Froggatt (General Surgeon).

The link is <https://www.healthmedics.allocatehealthsuite.com/core>.

Study leave

When you start in the hospital you should be shown how to request study leave.

Study leave time should be requested by arranging with the rota coordinator. Once dates have been arranged you should complete a form on Accent (

<https://accent.hicom.co.uk/Portal/Live/Web/Dashboard>) before the event occurs.

To reclaim expenses after the event you must have completed a form on Accent first.

You can then complete an expenses form on Easy expenses

(<https://uhd.easy.giltbyte.com/user/login/>). You will then be contacted once this has been approved.