

Tips on Being a Good Junior Doctor

Average day job format

- Receive **handover** from night team
 - **Prepare for ward round**
 - Update patient locations and print lists
 - Get notes ready open on the correct pages with continuation sheets inside (put on a trolley with a sign on saying "Mr X w/r 20.04.2013. Please do not move")
 - Make a note of who is supposed to be having bloods today so that later you can check they're done and review results
 - **Ward round**
 - Keep a job list and write in the patients notes
 - **Jobs**
 1. Radiology
 2. Referrals
 3. Discharges
 4. Bloods not done by phlebotomists (mark them as urgent)
 - Whenever you can – update the patient list
 - **Prepare for next day**
 1. Print/write out blood results in a trend table, check them, correct/investigate abnormalities the same day (esp. electrolytes) + chase results of any other investigations (e.g. CT reports etc)
 2. Update patient list fully
 3. Print blood request forms for following day and note which need to be done (daily bloods for post-op patients; otherwise, decide if patients need bloods depending on the trend and previous abnormalities)
- NB. on Friday, you must also write weekend plans for all patients and print blood request forms for Saturday, Sunday and Monday (if needed)*
- **Handover** to night/late team

Average night job format

- Receive **handover** from day team
- Jobs from handover
- Rest of night
 - See unwell patients (priority)
 - Clerk new patients and present to senior
- Go around all of the wards you are covering once at around 23.00 and do the jobs on their "doctor joblist" (non-urgent jobs such as fluids etc) – if they keep bleeping you about non-urgent things rather than adding them to the doctor joblist, politely tell them to stop bleeping you unless it is for urgent tasks and make the list for their ward and that you will be round at approximately 23.00!
- Add newly clerked patients overnight to the admission list (+ add details and results as they come)
- Prepare for morning ward round
 - Fully complete the admission list (with bloods and scan results and plan)
 - Add patient locations
 - Move the patients to the relevant teams list
 - Print out the lists for the team (and star the patients admitted overnight)
- Morning ward round
- Handover to day teams

Handing over to the on-call team

- No easy task!!!! Prepare before (never go in unprepared!)
- The only things which are acceptable to handover are:
 - Patients to be aware of (e.g. patients who have been stepped down from ICU/HDU, patients who have been unwell in the day)
 - Urgent results to review which may need action that evening
 - Patient jobs which need doing at specific times e.g. post-transfusion haemoglobin, vancomycin level, warfarin doing after INR back etc
 - Unwell patients who have not been seen (although try not to do this without seeing them)
- Never handover: routine bloods, chasing routine investigations etc
- For any patient you handover:
 - Detailed patient history
 - Investigation findings and management so far
 - Latest blood results
 - Current observations

- If you handover a scan to be reviewed you must know all of the following:
 - Exactly what the scan is looking for
 - A very clear plan with what to do with the result
 - The patient's consultant and the on-call consultant for that specialty
 - If the consultants are aware of the scan & if they want to know the results

Referring a patient

- Again, no easy task!
- Start by saying who you are and what you want from them
- You must know the patient's case inside out
 - Patient details
 - Their background
 - When and how they presented
 - Exactly what's happened (and when) since they've been in hospital
 - Investigation results
 - Management
 - Relevant medications started
 - Current state
 - Observations
 - Examination findings
 - Latest bloods
- Think about what the person receiving the referral will want to know e.g. a cardiologist will want to know all about their cardiac history, echo results, ECG findings, cardiac management etc; a chest physio would want to know about current saturations, oxygen, CXR findings, chest exam etc; a radiologist would want to know about what the scan is looking for an all of the evidence to suggest that it might be there
- Get everything together and think through what you are going to say before making the phone-call!

Other top tips!

- **You are responsible for following up every test you order** (if you will not be there, hand it over to someone)
- Tests need to be chased up and acted on (if necessary) the same day they were done. E.g. you need to nag the radiologists to report CTs, check all bloods etc.
- Know your patients well – know what's going on with them, why they are having tests you are told to order and make sure you are the first to know all the results for any tests they have had so you can tell your seniors when you see them or know the answer when they ask
- If you get bleeped to see an unwell patient, don't panic! Just review the case, use a systematic ABCDE approach, give oxygen/fluid challenge as necessary, order investigations (e.g. bloods inc. glucose, blood cultures, ABG, urine dip, CXR, ECG etc) and then notify a senior if you need advice
- Whenever somebody is unwell and you take bloods, take some extra for a VBG (gives a lot of information very quickly)
- After the ward round, some find it helpful to create a job list on a blank A4 sheet of paper divided into 4 sections:
 - Radiology (& other investigation) requests
 - Referrals
 - Discharges
 - Bloods
- If you are on a late shift or on-call use the sections:
 - Handed-over jobs
 - Bleeps and unwell patients
 - Computer jobs
 - Clerking
- If you keep getting interrupted while trying to print blood cards/updating the list etc, consider doing it on a different ward
- If you have to do daily bloods on patients, in many trusts you can choose the option to print multiple copies of blood cards at the same time – doing it once a week and storing them somewhere safe instead of printing them every day will save a lot of time! Then just write the date on when you need them.
- Get an **A4 clipboard box file** and store continuation sheets, consent forms, OSCEstop notes etc inside
- It may help to get a **multi-coloured pen** and colour-code your annotations to the patient list e.g.
 - black = jobs
 - red = bring up with seniors
 - green = hand over
 - blue = mark bloods that need to be done/chased
- Download apps: BNF, Microguide, med+calc
- Whenever you write in notes, ensure you include a **name and date and time and bleep**
- If you are busy on-call and a nurse is requesting you to see a patient, politely ask if they can do anything needed before you arrive e.g. an ECG or fluid challenge or bladder scan etc.
- Write every job down on your list, even if you are about to do it next, you will commonly be called away and forget!

- Write all the codes/extensions you need to remember on the back of your ID badge or as a note on your phone, and write the names of staff on your ward down somewhere
- You are responsible to take your own breaks – no-one will tell you to! Ensure you eat, drink and pee even if you are very busy! You will be more effective afterwards.
- When arranging investigations draw a box next to the note and shade half when it's requested and the other half when you have checked (and acted on) the results
- Learn how to **examine a patient from top to toe in less than 5 minutes:** 
 - General: GCS, limb movements
 - Hands: cyanosis, warm peripheries, cap refill, radial pulse
 - Neck: JVP
 - Chest: heaves/thrills, chest expansion, percussion resonance, lung & heart sounds
 - Abdomen: tenderness, masses/organomegaly, bowel sounds
 - Calves: swelling/tenderness, oedema
- Practical approach to **nights:**
 - Getting on to nights
 - Stay up late the night before (~0100)
 - Have a lie in the next day (~1000)
 - Go back to bed at in the afternoon (~1600) and try to get 3-4 hours sleep right before work
 - Getting back to normal after
 - Go to bed as soon as you get home
 - Force yourself to get up ~1-2 hours later
 - Then you will be tired and be able to sleep that evening at a near normal time
 - Aim to get 8 hours sleep each night
 - Allow some wind-down time when you get home
 - Use a loud alarm
 - Get curtain blackout liners and a blindfold
 - If you accommodation can be noisy, get a fan to drown out any sounds from outside