



East Sussex Healthcare
NHS Trust



**INTEGRATED
EDUCATION**

**MEDICAL
EDUCATION**

Helpful hints and top tips for new FY1s

Eastbourne District General Hospital and Conquest Hospital

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Introduction

Hello new FY1s and welcome to East Sussex Healthcare Trust!



Alongside the previous FY1s we have compiled a small guide to give you some useful information about being an FY1 at ESHT, and what to expect from the job.

We hope you find it useful! It is a lovely trust to work in, and people are always helpful and understanding if you have any queries. Everyone knows that you are new and have all been there themselves at one time or another, so don't be afraid to ask!

We hope you enjoy working as part of ESHT.

Basic Hospital Hints and tips



Join the mess! A great way to meet people including out of work mess events, a provides a good space to take a break during the day. £10-12/month



- ✓ Food:
 - Mess for snacks, £10-12/month, stock up roughly once every 2 weeks
 - Both hospitals have a canteen as well as a café (be aware that these shut at 2pm!)
 - Out of hours vending machines including for things like sandwiches
- ✓ Parking:
 - Request a permit
 - Used to be very hard to get parking at Eastbourne as they were putting in solar panels above the main staff car park, but now typically not too much of a problem
- ✓ Accommodation:
 - Can request to use an on call room for night shifts for free, also for others shifts but have to pay



A reminder of things FY1s shouldn't be doing

- Discharge patients without senior authorisation
- Accept patient referrals from other teams
- Consent for procedures that you do not have sufficient knowledge about (for example, operations)
- Sign consent form 4 (for patients that do not have capacity)
- Prescribe certain medications (for example, methotrexate)
- FP10 prescriptions

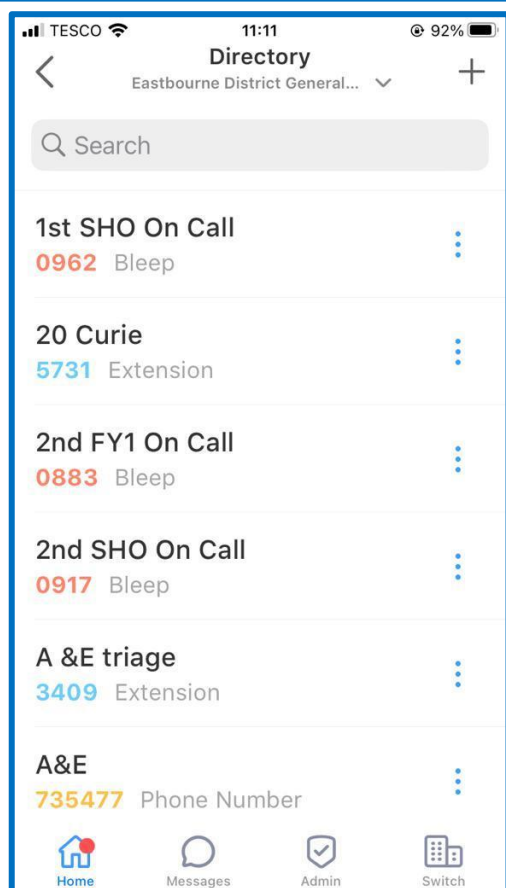
Ask for senior help if you feel out of your depth

Useful Websites and apps

Induction App

A platform which has a comprehensive directory containing all bleep numbers.

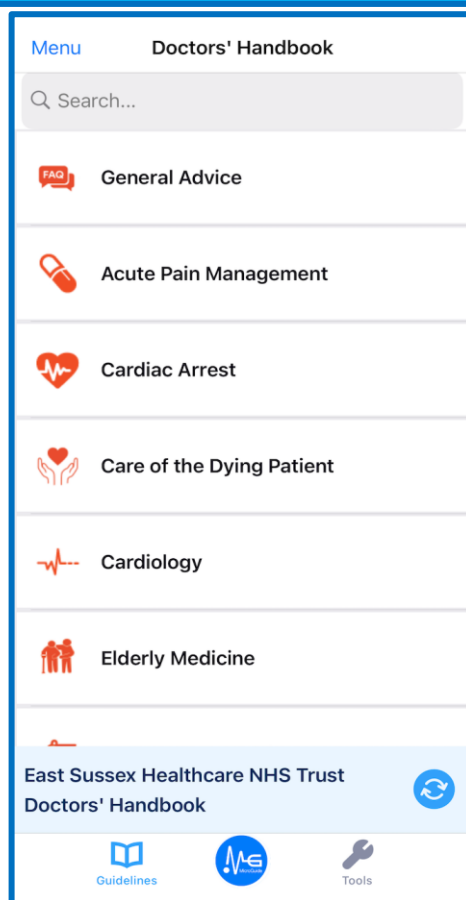
(can download from the app store free of charge)



Micro guide

Available on trust computers through the extranet as well as free phone app

Includes complete antimicrobial guide for the trust, and a 'Doctor's handbook' with other local guidelines



Other useful websites

BNF

EMC (electronic medicines compendium) – a lot more detail than the BNF about different medications. Useful for specific questions such as can patch be cut in half.

Palliative care adult network guidelines: useful for palliative care prescribing including opioid conversions – <https://book.pallcare.info>

Uptodate – give more detailed overview of an approach to different conditions with comprehensive explanations. Gain access by signing up for 'openathens' through the library.

Hospital IT

NHS Computer System's at ESHT

Software	What you can find on it
E- Searcher	Imaging results Blood results and requesting for blood tests Previous documentation such as discharge letters and clinic letters
Nerve Centre	Ward handover sheets NEWS Clerking – ED summary
Evolve	Historic records from previous admissions. Rarely used day-to-day. Now used to request some OP investigations (e.g. endoscopy/colonoscopy)
EPMA	Electronic prescribing. All drug charts are (in theory) now online, and all prescribing is done through this platform. In practice most patients clerked through ED come to the ward on the paper drug chart and you have to put them on EPMA
Medical notes	Paper
SCR	Useful when clerking – access to GP notes of previous diagnosis/up to date medications Needs a card reader to access

Trust Extranet

Has a staff directory where you can look up how to contact different team members

How to bleep:

Dial 333
Dial their bleep number
Dial your phone extension

Return a bleep: Dial back the number which bleeped you

Dial '0' to speak to switch board

To dial external number dial 9 followed by the number

2222 calls – for MET/ SET calls and cardiac arrest calls. Outline your location and cardiac arrest or medical emergency

Clerking (1st on call) useful tips!

- Esearcher
- SCR useful for previous diagnosis/medications
- Search on the extranet
- Requires your NHS card in the card reader
- Evolve for previous ECGs
- ED summary (one of the tabs on Nervecenter) – to see initial history/investigations/preliminary diagnoses from the ED doctor

Printer troubleshooting:

- To print, make sure that you are logged in on your own account, click on one of the 3 "RXC_secure" printer options, and tap your card on the printer to login.
- Often the computers won't be linked to one of these printer options - resolved by when clicking add printer in the search put "RXC_sec" and select.
- If printing from a login other than your own (often occurs when on clerking shifts in AMU), select the 'RXC_secure_generic' option. A dialogue box should pop up where you can insert your username, and use your card to tap and print as usual.
- If the dialogue box does not appear, go into file explorer and search the PC for "Uniflow" this will give you the client you need for the printing to be re-established.

Referrals

There are multiple different ways of referring to different specialties, which is confusing initially, but you will soon get the hang of it

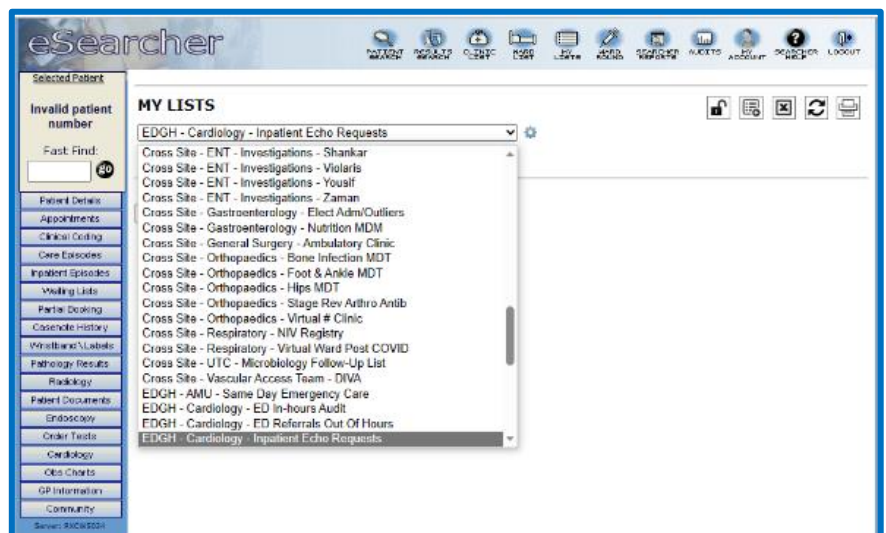
Some requests are on paper which you will find at the nurses station on the ward for example:

- Cardiac outpatient investigations– blue form, take to CCU
- Endoscopy – green form, take over to endoscopy
- Radiology – yellow form, take to relevant radiology department
- Outpatient follow up – take copy of discharge letter to relevant secretaries

Some are on esearcher

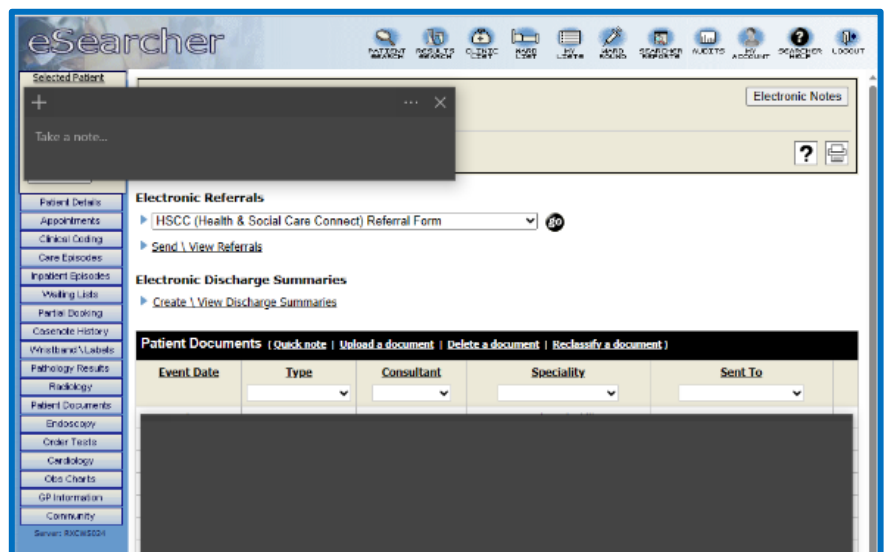
- Under 'My Lists' → add patient to list and brief reasons about why you would like advice / review of your patient.

Under 'My Lists' → add patient to list and brief reasons about why you would like advice / review of your patient



Or in 'Patient Documents'

- Need to create an electronic referral form from the dropdown list
- Then attach this through the 'send/view referrals' option



Stroke team – bleep stroke reg

Look on the trust intranet for any other referrals eg VAT (vascular access team)
If urgent, call switch on '0' and ask for the reg on call.

Wellbeing

Some words of wisdom



1) **Change is exciting but difficult at first.**

The first few weeks as a new doctor are tough. The first few weeks in each new rotation can be tough – you're learning new IT systems, trying to piece together where every obscure paper form is, how to make the printers work, negotiating the politics of your department – there's a huge amount to learn. Expect the transition phase to be difficult and go easy on yourself!

2) **Protect your own time.**

Work never stops. It's up to you to take lunch, go to the loo etc. The same holds true for your protected teaching and self-development time (SDT), which is designed to help with your career development plans.

3) **Prioritise your own health first.**

Healthy meals, water, sleep, exercise, healthy stress reduction methods are invaluable – you would think this goes without saying, but being organised is much more difficult as an F1 vs being a student! Find a method that works for you. 😊

4) **Book annual leave early.**

Ideally the first week after getting your rota.

5) **Get started early on your e-portfolio** (see e-portfolio section).

Ideally within the first month of starting – you may miss good opportunities e.g. if you start F1 on-call or on nights, where you can get a lot of forms signed off by your senior. This will save you a lot of stress later in the year!

6) **Finally, if you're struggling, please ask for help.**

e.g. by chatting things through with other FY1 and FY2 doctors, as well as more senior staff members like wellbeing services and supervisors. Some sources of help are listed below:

Wellbeing Resources within ESHT

1) **Wellbeing Pastoral Fellows:**

Your Integrated Education – Medical Team continue to develop a robust trainee support network, headed up by Dr Naomi Forder, Associate Director of Medical Education and Consultant Anaesthetist. We have two pastoral fellows at ESHT - Jolie Wilkinson is based at Conquest hospital and Paul Gosling is at Eastbourne DGH - They offer a variety of confidential support, wellbeing advice, provide a safe space with a listening ear and can signpost you appropriately to relevant mental health organisations where specialist support is required. Paul and Jolie are visible around the hospitals, they also host events including the FY1 "Freshers Week" and have offices in the Education centres.



Name	Contact
Paul Gosling	Mobile: 07971 798192 Email: paul.gosling@nhs.net
Jolie Wilkinson	Mobile: 07971 984285 Email: jolie.wilkinson@nhs.net

2) The Doctors' Mess

The mess provides a space to meet with colleagues, as well as providing a variety of social events to suit everyone.

3) Take 5 sessions, run across both sites

A confidential junior doctor peer support group run by junior doctors for junior doctors.

A time to reflect and explore big or small stressful situations you may have encountered at work.

You may have had no problems, but would just like to check in with your colleagues around common concerns – it doesn't matter, you're welcome to attend. Whoever turns up on the day, will be the ones who lead the group and take ownership of it. Come to find support and enjoy some complimentary pizza with colleagues. Further details can be found on the Medical Education website: <https://www.esht.nhs.uk/medical-education/>



4) Staff Engagement and Wellbeing

The Engagement and Wellbeing team consists of the following teams:

Engagement and People Experience

Occupational Health

Equality Diversity and Inclusion team

Wellbeing team

onsite childcare facilities

Our teams supports the Trust in multiple ways, including:

- Supporting our people to achieve their potential and flourish in our organisation. We do this by supporting career journeys, supporting our leaders and develop and/or enhance the team's mission and vision for what it wants to be.
- Create a working environment where civility, respect and compassion can thrive; that enables healthy conflict to emerge; and a place where people can openly share their passions about the level and type of care and services, we want to provide.
- Improving the Wellbeing of our people at individual levels and within teams.
- Listening and acting on staff survey and pulse survey results and working with our leaders and divisions to drive improvements forward.
- Support members of staff to return to or remain in work, with fitness for work being central to this.
- Being committed to equality of opportunity, treatment and behaviour, employment, promotion, and development of all at ESHT.

Engaged staff think and act in a positive way about the work they do, the people they work with and the organisation that they work in."

Name	Contact
Jacquie Fuller (Assistant Director HR - Engagement & Wellbeing)	DGH Ext: 771344 Mobile: 07841 591510 Email: jacquie.fuller1@nhs.net
Mel Adams (People Experience Manager)	DGH: Ext: Ext: 771348 Email: melanieadams1@nhs.net
Sarah Feather (Workforce Equality and Diversity Lead)	Mobile: 07812 502112 Email: s.feather@nhs.net
Julie Allen (Organisation Development Advisor)	Mobile: 07966 268096 Email: julie.allen17@nhs.net
Ellie Darwood (Equality Diversity and Inclusion Co-Ordinator)	Email: e.darwood@nhs.net
Sarah - Jane Collard (Wellbeing Team Lead)	Mobile: 07976 553144 Email: scollard@nhs.net
Louise Wood (Staff Wellbeing Advisor)	Mobile: 07812 502347 Email: l.wood16@nhs.net

5) The Chaplaincy Team

The chaplaincy team are available to provide support:

Name	Contact
Graham Atfield (Lead Chaplain)	DGH 735472 / 0300 131 5472 CQ 735308 / 0300 131 5308 Mobile: 07972 242753 Email: graham.atfield@nhs.net
Michael Georgiou (Chaplain)	Conquest Hospital 735308 / 0300 131 5308 Email: michael.georgiou1@nhs.net
Reverend Michael Turnbull (Chaplain)	Conquest Hospital 735307 / 735308 / 0300 131 5307 / 0300 131 5308 Email: michael.turnbull3@nhs.net
Janet Vidler (Assistant Chaplain)	DGH 735472 / 0300 131 5472 Mobile: 07972 242807 Email: janet.vidler@nhs.net
Jeffrey Tutton (Assistant Chaplain) Thursday and Friday	DGH 735472 / 0300 131 5472 Email: jeffrey.tutton@nhs.net

For further information on health and wellbeing please visit the following website:

<https://www.esht.nhs.uk/working-for-us/health-and-wellbeing/>



Eastbourne - Day to day

Start:

- Medical shifts rota'd to start at 8:45, initially good to arrive at this time to work out what your team do, but in most teams things don't start until 9.
- Arrive on your ward, login to computer and print out a list for the team.

Morning:

- Most wards will have consultant lead ward rounds 2 days per week, typically Monday and Thursday, find out when these are
- On all other days you will round either with a registrar, or by yourself. This is daunting initially, but don't stress – go through each patient logically, if any concerns, escalate to senior.
- Consultants will see any new patients, typically admitted from AMU.
- Start to prep the notes for your bay – why are they here, what is the current plan for their management, how have they been overnight e.g. any notes from nurses or have they been seen by the on call team, how have their obs been, have they had any recent bloods or scans, what medications are they on.
- Might not have a chance to see anyone before the board round/handover meeting where nurses will give an update on patients, and chance to discuss patients with the rest of the MDT e.g. if medically fit, what are the PT requirements, and social care issues holding up discharge.
- Then start ward round.
- Try to keep a track of any jobs that come up along the way on your handover sheet as well as in the patient notes.

Rest of day:

- Once the round has finished, get started on any urgent jobs such as critical scans.
- Often lunchtime by this point, try to take a proper break, it will help you through the afternoon.
- Back to the ward and start with jobs – nurses will try to push you for things like TTOs and discharge summaries. This can be frustrating, but they are also just trying to do their job efficiently. If you don't have other pressing jobs, then try to do these as early as possible to facilitate discharge, but if you have patients who are sick or other more urgent jobs, then it is ok to explain this to the team and give them a realistic timeframe of when you will get to the job.
- When you start there are lots of jobs that you won't know how to do – for example different referrals are found in different places on esearcher. You can often find out how to do things on the trust extranet as well. If you can't work it out, don't be afraid to ask your team to show you how, can be useful to make a note for yourself for next time.
- If you are looking after a patient who is sick and you aren't sure what to do, don't worry about asking for support, it is better to do this early rather than late, people are never frustrated to be asked out to support, particularly for FY1s.

Before you leave:

- At the end of the day, if there are any sick patients who the on call team need to be aware of, or outstanding jobs such as blood results or scans which have not yet come through, hand over the the 2nd FY1 or SHO on call by bleeping them. Numbers on induction app.
- Make sure to book any bloods required for the morning on the phlebotomy round.
- On Fridays, add any patients who need to be seen over the weekend to the weekend handover list, with a concise summary of why they are here any why you need them reviewed. Make sure to state where they are.

Eastbourne - on calls

Probably the part that you are all most worried about are on call shifts. Being safe, efficient, learning to prioritise and knowing when to escalate are the most important aspects.



Day as the 2nd FY1 On call 8.30am – 8.30pm during a weekday

- You carry the 0883 bleep. This is a cardiac arrest bleep, you should attend all arrest or collapse calls at any point during the day no matter what you are doing.
- Attend the cardiac arrest team meeting in Resus in A&E at 8.30am. The resus officers will assign roles for the arrest team. On medical on call shifts, your role will be primarily on the wards. It is good to attend arrest calls in A&E if bleeped but you will likely be sent away there will be lots of doctors.
- Then go to AMU (Acute medical unit) to find the bleep and
- Then go to your assigned medical ward as usual and carry out your normal ward jobs from 9-5.
- At around 4.45pm you will start receiving bleeps from doctors on other medical wards with jobs to handover. Everyone organises this differently, but I take a piece of A4 paper and write out 3 headings with 3 columns. The X Number (Hospital number for the patient), the ward they are on and the job. Jobs will range from prescribing fluids/meds, chasing blood results, chasing imaging, and reviewing unwell patients.
- The key to not feeling overwhelmed is knowing which jobs to prioritise and when you're taking a handover don't be afraid to ask lots of questions and even ask nurses to start doing preliminary parts of a workup for you aka getting new observations, a VBG etc. You can get some of the work done before you even attend an unwell patient. Another Tip is whilst you're getting this handover, search the X number, check the obs yourself etc to see how sick someone is (will help with prioritisation).
- You can always escalate to the SHO for advice on the 0917 bleep. Dial 333, the bleep number and then the extension you're calling from. If they don't answer, bleep 0117 for the medical registrar and if you think a patient is very unwell and you are out of your depth put out a MET call (2222 through switchboard)– don't be afraid to do this. A team will arrive relatively quickly.
- Attend handover at 8.30pm, discuss with the night SHO any outstanding jobs and go home.

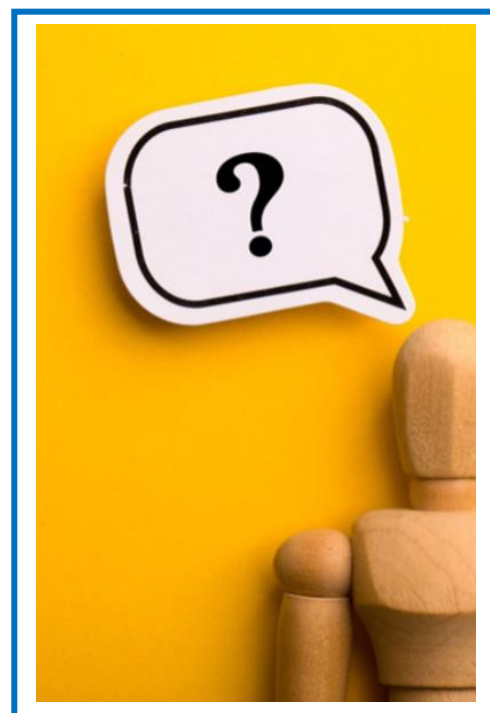
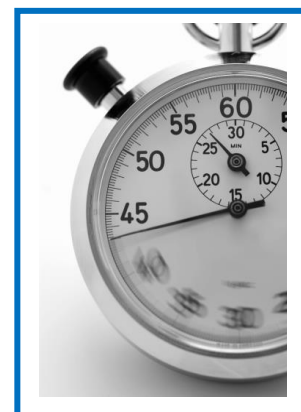
Weekend 2nd FY1 on call 8.30am – 8.30pm

- On E-searcher there is a weekend handover list that doctors add to for jobs. You will work with 2 SHOs and in the morning you will all meet and distribute wards between yourselves. You might cover up to 3-6 medical wards.

- Again, you carry 0883, the arrest bleep. Attend any arrest/collapse calls you get. On these shifts print out a copy of the list, circle the patients on wards that you are responsible for and start to attend to these jobs. Nurses on the wards might write a list of additional jobs for you to do.
- I approach this by spending an hour on each ward and then moving on to the next. You can get bogged down on wards with small jobs appearing which makes it hard to leave.
- This makes up the whole of your day. You will still receive bleeps on 0883 from nurses on the wards that you are covering, it still all comes down to prioritisation. Keep a separate A4 paper list for new jobs that arise. Then attend handover in AMU at 8.30pm to give jobs to the on-call night SHO.

1st FY1 On call 8.30am-8.30pm

- This is a clerking shift. There is a 1st FY1 on call bleep, but you rarely get bleeped. For this shift you attend AMU in the morning for handover from the night team - at 8.30am on weekends and 8.45am on weekdays. Do not hold an arrest bleep during these shifts.
- You will see new patients in A&E all day. The medical registrar will take referrals from the ED for new medical patients and add them to the "Pink List", an excel spreadsheet found in the AMU doctor's office only on their login. You will put your name on this list next to a patient you want to see. Take a clerking booklet and drug chart and then fill out as much as you can from the booklet. Go see the patient, take a history and exam, and create a management plan.
- You will have a medical registrar, IMT 3 and an SHO on a clerking shift and you should discuss your management plans with them before moving on to the next patient.
- During the day AMU consultants will want to "post take" patients with you. This will involve you going with them to see a patient you saw initially for their input and plan.
- As the FY1 you may also be asked to "post take" patients clerked overnight by the night team if this has not already been done by 8.30am. Some consultants come early to do their post takes and others don't. You are then responsible for carrying out these action plans if not already done.
- Then at 8.30pm handover to the night team patients that need "input" overnight. This might be a scan, bloods or someone you're worried may deteriorate. Always communicate your concerns.

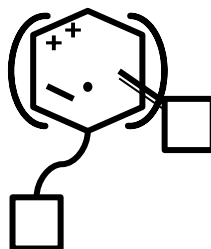


Conquest Surgery – day to day

- **Start:** 8am
- **Where:** No formal division between Gardner + Cookson Devas - you will have to decide between yourselves (this can be very flexible)
 - Gardner: elective surgery pts.
 - Cookson Devas: SAU transfer + longer stay pts.
- **Break down of the day:**
 - **From 8am:** prep notes for ward round.
 - **~9am:** reg of the week ward round (reg changes every Wed)
 - Throughout the day: consultants will come and see pts of their designated team (red, blue, green, yellow) or their own post-op pts.
 - Following ward round: complete jobs outlined in the plans (the more detailed the plans are, the easier it is to remember what needs to be done/put in the discharge summary). Common jobs:
 - Bloods
 - Reviewing imaging
 - Electrolyte replacement
 - Discussing cultures or abx with micro
 - PRs - DOPS!
 - Discharge summaries - short and sweet x
 - Assessing deteriorating pts - vomiting (obstruction/ileus/haematemesis), sepsis, anastomotic leak, pneumonia (HAP/aspiration), PR bleeding, abdo pain → escalate to seniors if any concerns
 - If the ward is well staffed, take the opportunity to do portfolio work or attend theatre (or help your F1 colleague on SAU!)
 - **5pm:** Hand over to the long day Dr before heading home - if handing over pending Ix, clearly state advised outcome following results.

EXAMPLE WARD ROUND NOTE

- WR - ***Surgeon name***
- Δ ***diagnosis*** e.g. acute appendicitis
 - Operation and operation date
 - Any complications (infections, PE etc.) + relevant Mx
- Bloods e.g. CRP 190(230)
- NEWS
- Drain output - serial days
- ?bowels opened
- ?passing urine
- ?eating and drinking
- O/E:
- Impression: ?MFFD
- Plan:



TOP TIPS FOR WR:

Questions to ask the consultant:

Abx - how long?

Scan - indication?

Drains - threshold or timeframe for removal?

Follow up following discharge?

Conquest surgery – on calls

Weekday Long Day:

- Normal day until 5pm.
- **5pm**: receive handover from colleagues, let the nurses know you are the long day dr.
- **5pm-8pm**: covering Cookson + Devas.
 - Complete outstanding tasks from the day.
 - Nurses will call you if there are concerns on the ward (leave phone number at the nursing desk on your 1st day)
 - If you need help - seniors are commonly found in SAU, contact seniors on WhatsApp, put out a SET/MET call.
 - CT scans after 5 need approval by Medica/on-call radiologist even if approved earlier in the day.
- **8pm**: handover in SAU coffee room.



Weekend Ward Cover

- Weekend handover sheet should be complete on Friday.
- **8am**: you can attend the SAU handover in the surgical corridor (useful to introduce yourself to seniors and hear about SAU pts that may be transferred to the wards) or head to the wards.
- **Ward round (variable timing)**: occurs once the consultant has finished on SAU. Sometimes a ward round may not occur - if this happens, use the weekend handover sheets to find out what needs to be done and to carry out your own ward round.
- **8pm**: handover in SAU coffee room.
- Senior support: seniors (SHO + Reg) are commonly in SAU, contact on WhatsApp, put out a SET/MET call.

SAU

- **Start**: 8am.
- **Where**: Handover in surgical corridor.
- **Break down of the day**:
 - Handover: collect the F1 bleep. Boardround of pts. Note jobs and which pts are likely to be discharged.
 - Ward round: QUICK! The SHO and medical students can help. Useful to note detailed plans (can come back after the ward round to put together a jobs list) and discharge details (makes writing the discharge summaries much easier)
 - Discharge letters - a large part of the day. TTOs only need to include new/altered medication
 - SAU list - update the list on esearcher throughout the day with scan findings, daily bloods, specialty discussions and plans.

Night shift

- **Start**: 8am.
- **Where**: Handover in surgical corridor.
- **Break down of the night**:
 - Clerking patients - will require senior review after (ask if your senior wants you to help clerking, different regs work differently)
 - Carrying the F1 bleep - you will not receive trauma/SET calls but you can join the reg if interested. F1s cannot accept referrals.
 - Assessing deteriorating patients.
 - Accompanying pts to CT scanner if they require a contrast scan (risk of anaphylaxis but this is rare)
 - Tasks that delegated to the day team: discharge letters, referrals.
 - Updating the SAU esearcher list.

Conquest medicine – day to day

Time: 08:30 – 17:00

The morning:

- The day begins with preparation of the notes for the ward round, often the team will decide amongst themselves who will take responsibility for each bay, patients with high NEWS will be prioritised for review as well as new patients to the ward.
- Prior to the ward round it is useful to print a patient list from Nervecentre on which you can record any jobs generated on the ward round.
- Each medical ward has different ways in which ward round is undertaken and this largely depends on the Consultant's preferences.
- On a Friday the ward round is documented on a weekend ward round sheet, this is usually an A4 sheet with a box of reminders for things that need to be sorted for the patients prior to the weekend e.g prescribing IV fluids, Warfarin dosing etc.
- On your first day, don't forget to identify where the crash trolley is located on your ward and how it can be accessed should there be an emergency.

During the day:

- Each ward will have a designated time in which an MDT meeting is undertaken, it is important to know what time this occurs on your ward as you will be expected to attend to discuss your patients. The team usually consists of the medical team, nursing team, PT/OT teams and discharge team/coordinator. During this meeting the team will discuss the current medical plan for the patients and address any problems regarding discharge planning e.g if the patient needs a package of care put in place, if they need PT/OT input to get back to baseline, if they need resettlement etc.
- Once ward round and MDT meeting are completed, the rest of the day will be spent undertaking jobs generated from the ward round.
- During the day you are entitled to a 30min lunch break.

Before going home:

- Before going home make sure to request any bloods required for the next day by adding them to the phlebotomy round (requested on esearcher), if it is a Friday you will need to request any bloods required over the weekend and on Monday.
- On a Friday it is important to identify which patients will need clinical review or review of investigations over the weekend. You will need to add these patients to the "General Medicine – handover" list on esearcher so that the weekend doctor knows what jobs need to be done for each patient.
- Any patients who have the potential to be discharged over the weekend should be added to the "General Medicine – discharge" list on esearcher so that they can be highlighted to the weekend discharge doctor.
- If there are any urgent jobs or investigations to review after 17:00 or patients who are unwell and will need review again by the evening/night team, you will hand this over to the FY1 on call by bleeping 2405.

Conquest medicine – on calls

Weekday – 5pm-8:30pm

- Come into work before attending regular ward and collect bleep from AAU - **FY1 Bleep is 2405.**
- Not necessary to attend AAU handover – but useful to find out who med reg/SHO for the day is!
- Attend resus meeting (8.45/9am) – find out role in cardiac arrest/introduce yourself.
- Go to normal day of work from 9am-5pm.
- Note: If bleeped during the day, answer but any ward jobs can be done by the day team on those wards.
- **You do go to cardiac arrests and collapse calls at any time of day**
- **On-call from 5pm -8.30pm**
- Will start receiving bleeps around 4.45pm onwards for handover of **on-call** tasks from ward doctors.
- On a blank piece of paper, write down all the information you need. Remember to ask about which ward, which bed, patient x number. Issues, and plan for the patient. Other than OOH jobs, other doctors may also handover patient that are unwell and may deteriorate who they would like you to review. Tick off the jobs as you go so you can keep track of it.
- Will get bleeps from nursing staff from all medical wards/ regarding any medical patient.
- Common bleeps: unwell patient/high NEWS, prescriptions e.g. pain relief, antiemetics, IV fluids; difficult cannula, abnormal blood result e.g. hyponatraemia/ hyperkalaemia, falls.
 - Prioritise tasks and give a realistic time line of when you will be able to complete them
 - document anything you have done in the notes.
 - If need help: medical registrar, medical SHO – never be afraid to ask for help.
 - routine relative updates should be done by the patient's primary team who know them best, however, if a patient becomes unwell during your on call you should update their next of kin.
- **Handover in management offices on 4th floor to night SHO at 8.30pm. Return bleep to AAU**
- **F1 should be allowed to handover first and then leave before on-call handover begins.**
- Note shift >9 hours = 1 hour entitled time off.

Weekend – FY1 ward day/1st FY1 on-call

- Works differently!
- You will be allocated 2-4 wards. This will be on the rota, check before you go to handover.
- Collect the F1 bleep before/just after handover.
- **Handover in AAU at 8:30.**
- After handover, go to your allocated wards.
- New patients will require post-taking. The medical consultant will come for the post take ward round – have the notes for these patients prepared.
- Sources of jobs during day until 7pm:
 1. Post-take jobs from patients seen by on-call consultant.
 2. On e-searcher- my documents- conquest weekend handover list- do the jobs for your wards.
 3. Nurses will write you a list of jobs, so you will need to check this intermittently.
 4. Bleeps, mostly from nurses. Tips: if about patient not on your ward before 7pm, tell nurses to contact doctor for that ward (see rota); if calling about non urgent jobs, ask to compile a list
 5. Cardiac arrest/collapse calls.
- After 7 pm: same as normal ward cover during the weekday, you cover all wards, will be handed over urgent tasks by other doctors and will be covering bleeps from all medical wards. 8: 30pm handover 4th floor at management offices as per weekday.

AAU weekend

- Works differently again! Like AAU normal day / SDEC normal day / AAU night as staffing similar.
- Attend AAU handover as usual, leave at time that shift ends. No bleep held!

Horus eportfolio

Throughout your foundation training you will use HORUS to log your achievements and activities throughout the year. It is worth logging onto this in the first few weeks to become familiar with how to use it.

Educational and clinical supervisor:

- You will be given an educational supervisor for the FY1 year, and a clinical supervisor for each rotation.
- You are advised to meet your clinical supervisor within the first 2 weeks of the rotation and your educational supervisor at the end of each rotation.

Mapping curriculum evidence:

- There is a list of 13 curriculum areas that need to have evidence mapped to them throughout FY1.
- Have a look at these curriculum areas in advance so you can think about how you can get the relevant evidence.
- Evidence from reflections, teaching sessions, courses/ training days/ additional achievements, or if you are struggling you can complete relevant e-learning (which can be viewed on Horus and accessed through e-learning for health). Additionally, Mini Clinical Experiences (Mini CEXs) and Case based discussions (CBDs) can be used.

*Requirements (based on 2023) *may change, always check with the education team/ ARCP for the most up to date information*

Rotation 1	<ul style="list-style-type: none"> • Initial meeting with educational supervisor and clinical supervisor, or combined if the same • Mini CEX 2-3 • CBD x 2 • DOP x 1 • Personal development plan • Satisfactory educational supervisor end of placement report • Satisfactory clinical supervisor end of placement report 	<ul style="list-style-type: none"> • Satisfactory team of assessment behaviour (TAB) – normally rotation 1 • At least one placement supervision group (PSG) report during the year (this will be started by your clinical supervisor you may need to remind them to do this)
Rotation 2	<ul style="list-style-type: none"> • Initial meeting with clinical supervisor • Mini CEX 2-3 • CBD x 2 • DOP x 1 • Personal development plan • Satisfactory educational supervisor end of placement report • Satisfactory clinical supervisor end of placement report 	<ul style="list-style-type: none"> • Personal learning log of core/ non-core teaching and other learning • Reflections including summary narrative • Passed the PSA • Involvement with quality improvement project/ audit
Rotation 3	<ul style="list-style-type: none"> • Initial meeting with clinical supervisor • Mini CEX 2-3 • CBD x 2 • DOP x 1 • Personal development plan • Satisfactory clinical supervisor end of placement report • Satisfactory end of placement report (educational supervisor) 	<ul style="list-style-type: none"> • Complete SCRIPT modules • ILS • Attend one simulation session

Quality improvement/ audit project:

Before you start a quality improvement or audit project you need to get permission prior to starting the project in addition to a clinical supervisor.

You need to register the project with the clinical effectiveness audit team. You can get advice about projects in addition to more information about existing programmes of work you can be involved in by emailing the QI team esht.improvements@nhs.net.

Teaching:

1 hour teaching a week. Tuesdays at Eastbourne, Wednesday at Conquest normally between 1pm- 2pm.

This can be logged as core hours. There is also grand round and departmental teaching that you are encouraged to attend. There is also Grand Round organised by the hospital, in addition to departmental teaching for many departments across the trust. Make sure you ask what teaching there is in your working areas when you start your rotations!

Often there are medical students on the ward, both from Brighton and Sussex Medical School and Kings Medical school. This is a great opportunity to teach. There are also opportunities for more formal teaching as well. If you are keen on teaching, then always ask the Educational Fellows at the trust who will be happy to get you involved!

Portfolio tips:

- Spend some time getting used to the HORUS portfolio when you get your log in, so you are aware of how to use it. If you are not sure, ask a friendly FY2 to show you.
- Look over the curriculum, if you click on 'descriptors' then you read what behaviors/ skills you will need to map by the end of the year. This will help your Mini-CEXs, CBDs and reflections etc be more geared to the curriculum aims.
- Try and do portfolio activities little and often. A good place to start to get two things completed/ signed off a week.
- Log teaching hours as you go to ensure that it is all recorded as it's easy to forget!
- Try and arrange your supervisor meetings well in advance. If they are difficult to get hold of then talk to their secretaries – they are often very helpful!
- Sometimes it is helpful to do reflections with other FY1 colleagues/ seniors.

Medical Education support contacts

The following people are available to provide you with support with your eportfolio.

Name	Contact
Luisa Tomasetti Programme Leader (FY1 and Undergraduate)	Email: luisa.tomasetti@nhs.net Phone: (Eastbourne) Ext:772417
Oana Laibach Programme Administrator (Undergraduate and FY1)	Email: oana.laibach@nhs.net Phone: (Eastbourne) Ext:7724184
Angela Geoghegan Programme Administrator (Undergraduate and FY1)	Email: a.geoghegan@nhs.net Phone: (Eastbourne) Ext:772416
Julie Deeprose Programme Administrator (Undergraduate and FY1)	Email: julie.deeprose@nhs.net Phone: (Conquest) Ext:735244



Payslip

- Paid monthly typically on the 24th of the Month for the previous month.
- Note you will not get your first payslip until 24th August.
- Payslip is available via ESR portal.
- Pay will be broken down into basic pay, additional hours, nights and weekends as below:

NHS

ASSIGNMENT NUMBER: 2655 Junior Medi
EMPLOYEE / PAYROLL NO.: [REDACTED]
DEPARTMENT: FY1 Geriatrics 011/F1/005
JOB TITLE: Foundation Doctor Year 1
LOCATION: Eastbourne District General Ho
PATROLA DESCRIPTION: Foundation Doctor Year 1

SALARY: 29384.00
TAX OFFICE REF: 577/H3T1
TAX CODE: 1257L CUMUL
P1 SALWAGE: 29384.00
YOUR STANDARD HRS: 40
YOUR PREDICTED ANNUAL PAY FOR CURRENT BLOCK: [REDACTED]

DESCRIPTION	WEEK EARNED	PAYABLE	RATE	AMOUNT	DEDUCTIONS OR INDICATED REFUND	AMOUNT	BALANCE OF
Basic Pay	173.81	173.81	14.0852	2445.67	PAYE (These are both types)	375.00	
Addn Roster Hours NP	24.99	24.99	14.0852	352.00	NIPPS (income tax)	308.53	
Night Duty 37%	38.11	14.47	14.0852	203.85	NHS Pension 9.3%	227.73	
Weekend <114-118				146.92	Student Loan	78.00	
					374 Doi Mass Hasting	12.00	

Handwritten notes:

- This is for the basic 40 hours per week. This represents the basic salary (£29,000 Dec 2021-2022).
- The beginning of your night shifts will guide a percentage increase in your pay as a whole. [NB you also get paid for these hours individually]
- This includes normal night shifts, or all hours of any shift between midnight and 4am. You will be paid at an increased rate of 37% for these hours.
- Any extra hours you work over 40 and up to 48 (or 56 if you have opted out of the working time regulations)
- These are all deducted from your raw salary

Year To Date Balances (This Employment Only)				This Period Summary			
GROSS PAY	6338.63	TAXABLE PAY	5883.17	PENSIONABLE PAY	2448.67	TAXABLE PAY	2923.71
NI LETTER **	A	TAX PAID	757.20	TAX PERIOD	2	NON-TAXABLE PAY	8.00
NI PAY	6338.63	OTHER NI PAY		FREQUENCY	Monthly	TOTAL PAYMENTS	3151.44
NI CONTR	821.77	OTHER NI CONTR		PERIOD END DATE	31 MAY 2022	TOTAL DEDUCTIONS	1001.25
PENSIONABLE PAY	4897.34	PENSION CONTR	455.46	PAY DATE	24 MAY 2022	NET PAY	2150.19
DD REF NUMBER	[REDACTED]	EMPLOYEE NO.	[REDACTED]	PAY METHOD	BACS		

MESSAGES FROM EMPLOYER - A PREVIOUS FY1

* "1257L CUMUL" is the correct tax code. This refers to the allowance of your income that is not taxed - i.e. your 'Personal allowance'. If this box reads anything different (e.g. 'D0 NONCUM', '0T' or 'B2 NONCUM') this indicates you may be being overtaxed - HMRC think you have >1 job.

** National insurance. It is likely you will be in category "A" for this tax. Further information may be found at: www.gov.uk/national-insurance-rates-letters

- Pay for locum shifts will be represented on a different pay slip and may have a different tax code.
- As an FY1 you are employed/paid by the foundation school rather than the individual trust.
- The first £12,000 you make in a year is not taxed, but your earnings will be constantly reassessed and predictions made by HMRC.

Exception reporting

Exception reporting is the process of reporting any extra hours you work.

Extra hours may be:

- leaving late.
 - arriving early.
 - missing teaching.
 - missing breaks (30 mins total on a normal ward day, or 1 hour on a 12-hour day)
- These are submitted on an online system called DRS4 (doctors rostering system)
 - They will be automatically sent for approval to your clinical supervisor. Your educational supervisor will also be notified.
 - You will get log in details for this when you start.
 - The purpose of exception reporting is to indicate where more support is required in the hospital, for example, recruiting a doctors' assistant or discussing with the team how to make timings more manageable.
 - Exception reporting is **NOT** a reflection on you as a doctor. Nor can it possibly be added to your record/work against you, despite what some may believe. It simply protects you, highlights where extra help may be beneficial and ensures you are paid for your worked hours.
 - If you receive resistance to your exception reports we would strongly advise escalating this for yourself, others, and the department.
 - All exception reports, whether approved or declined, will be reviewed by the guardian of safe working hours - a local doctor who reviews and acts upon areas that may need further support.
 - All exception reports should be submitted as soon as possible after the exception takes place. This should be done within a maximum of 14 days (or 7 days when making a claim for payment).
 - There is an option on the exception report for you to highlight any immediate safety concerns. If there is a safety concern, it is advised that you talk to a consultant immediately.
 - Exception reporting is a mechanism that ensures training is safeguarded and workloads are kept manageable.



Top tips: with exception reporting often, you will get additional pay for the time you have worked, or the time back in lieu. If you get the time back in lieu, make sure that you liaise with the rota coordinator so that you can take the time off. Also, if you get a payment make sure you check your pay slip to ensure that you are being paid for the additional time.

Contacts

Name	Contact
Dr Fraser Wiggins, Consultant Anesthetist, Guardian of Safe Working Hours (Conquest Hospital)	Email: fraser.wiggins@nhs.net
Dr Waleed Yousef, Guardian of Safe Working Hours (Eastbourne DGH)	Email: esh-tr.goswh@nhs.net
Sam Denyer, Guardian of Safe Working Hours Administrator	Tel: 0300 131 4500 Ext: 771240 Email: samantha.denyers@nhs.net

Education Team Contacts

Strategic Senior Management



**Dawn Urquhart Assistant
Director HR Education**
Conquest: Ext: 735252
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**Dr Osei Kankam Associate
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**Dr Naomi Forder Associate
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Operational Management



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Pastoral Fellows



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Mr Henry Willmott Surgery Email: hwillmott@nhs.net	Mr Oliver Keast-Butler Surgery (Deputy Lead) Email: oliver.keast-butler1@nhs.net	

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