

Ward 10

2009

WELCOME

I hope you will both enjoy and benefit from your attachment on Ward 10. Experience suggests that what you get out of the year depends on what you put in with lots of opportunities for learning clinical and practical skills. I have written these notes to give you an idea of what will be expected of you but also to help you get the most out of your attachment.

The in-patient work is predominantly general internal medicine with a flavouring of Rheumatology (Dr McMahon) and Infectious Diseases (Dr Jones). The outpatient workload will be more specialty oriented.

To get the most out of your attachment it is important that you do some background reading around these specialities and regularly check your management plans against those in your DGRI Doctor's handbook. We have a small library of textbooks on the ward and by reading around clinical cases you will consolidate your knowledge.



Your role on the ward

Co-ordination of patient care:

Review your patients daily or ensure one of your colleagues does this if you cannot do it yourself. Keep up to date about the progress of other assessments, such as social work and occupational therapy.

Write daily follow-up notes detailing the problem list, results of investigations, treatment changes, including the reason for those changes, and the response to treatment. All case note entries must be neat and legible with time, date, signature and clearly printed name with contact phone number. Keep focussed....it will make discharge summaries easier to do.

You must write in clear block capitals on the drug prescriptions and sign and date each entry. If you do not you will be asked to rewrite all entries so it is quicker to get it right the first time.

You must sign results on a daily basis so they can be filed by the ward clerks. You may need to catch up on a Monday when there is time for administrative duties including doing discharge letters. Never let these build up.....they are much harder to do after a delay. Try and keep them succinct and remember they are correspondence to the GP and a summary of events in the case notes so think what will be useful to know should the patient ever be readmitted.

I would like you to quickly visit each patient in the afternoon to tell them their results from that day, even if this is only to say "your blood count today is fine"

Talking to relatives about the patient's course and

The consultant ward round:

This is the focal point of the ward week both for clinical care and training. Attendance is mandatory and you should only leave with the consultant's permission.

Ensure all relevant paper work and investigation results are present on the trolley at the start of the round.

You are responsible for presenting every case. You may delegate some presentations to the FHO or medical students but should be ready to fill in any missing points yourself. You should identify the important problems clearly.

The most useful approach is to present the case, list the problems as you see them, and outline how you would address each one

You are responsible for recording the consultant's decisions in the case notes. Since you are responsible for carrying out these plans you must ask if you are unsure about any point or inform the consultant if you have been asked to do something outwith your experience.

Education:

On the last Thursday of the month we have a combined mortality and morbidity meeting for which you will be expected to review case notes and present salient details. This should be a learning experience for everyone and must be performed in a non-critical but questioning manner.

discharge plans is very important. Please record comments made to relatives and ensure that the patient has given consent first.

You must speak directly to the nurse in charge at the end of your ward round to clarify plans for all out patients.

Clerical matters:

Immediate discharge summaries should be prepared prior to discharge so as not to delay discharges unnecessarily.

Formal discharge summaries are to be dictated within 24 hours of the patient's discharge or at the latest by the following Monday. Set aside time for this. You might find it useful to set aside one hour on Monday afternoons to catch up with dictation etc. Arrange with Dr Jones' SHO to cover each other for an hour each so you can get this done without being disturbed. We will read the completed discharge letters each Thursday.

When patients are transferred to other hospitals, including community hospitals, formal discharge summaries must go with them.

On Tuesdays the teaching is around journals and papers. You will be given a journal to read and feed back to the group about interesting topics. Sometimes we will have a selected paper, often about ethical or non-medical issues, to read and discuss.

On Friday you will be asked to present and discuss the management of one of the cases on the ward or a specific topic.

Assignments are posted on <http://wardround.blogspot.com>

What can I expect to learn?

What can I have the opportunity to learn?

The clinical assessment of sick patients.
The process of investigation and diagnosis in general internal medicine.
The art of concise communication relating clinical details, both by word of mouth and in written formats.
Safe and effective prescribing.
To interact with other professionals effectively.
Assessment and management of Out-patients

Some general points:

You should be on the ward ready to start work at 9.00 am and in the out-patient clinic at least 15 minutes before the first patient is due.

You should be neatly dressed with short sleeves and no wristwatch.

You must wash your hands before and after patient contact and please do not sit on beds.
Please remove unused venflons and ensure catheters remain necessary and never touch the floor.

You must give me adequate warning of any planned absences including GP training events and ensure that clinics are cancelled and ward duties are covered.

Tell us early on if you are doing exams and we can arrange appropriate teaching

Dr McMahon and Dr Jones cross cover each others patients during absences and we would expect you to help each other team if one team are quiet...expecting this to be reciprocated. You should attend any acutely unwell patient on the ward immediately if asked by a member of the nursing team, until a member of that team can be located.

KEY MEMBERS OF THE TEAM

YOU

The FY1 on ward 10 rotates between the teams. Their priority is to know all the patients under their Consultant team but can assist with administrative duties for the other teams. The FY1 will do a ward round around Dr McMahon's patients on Wednesday mornings and Dr Jones's patients on Thursday mornings when the respective SHOs are in clinic. It is important to brief them the day before and get a report after clinic. Do not however delegate tasks such as PR examinations on patients they have not seen nor should they be doing all the discharge letters. Find out in the first week how these are done and sharing makes the teams function better.

Charge Nurse Martin Ridding, Sister Angela Scott and the ward 10 nurses

Dot, Senior ward clerk (who will make fantastic cakes if the office is tidy and results signed)

Dr Anne Drever, Associate Specialist in Rheumatology (special interest Osteoporosis) and Dr Lucy Maggiori, Staff Grade Rheumatology (special interest vasculitis and connective tissue disorders). Sister Audrey Cunningham, Rheumatology nurse specialist, work mainly in out-patients but will see patients on the wards if needed.

Dr Zyad Byaty, Staff grade (mostly has Out patient duties but will provide senior support on the ward particularly for HCV/HIV related problems)

LINKS

The Physician of Tomorrow:
Curriculum for General Internal medicine. *Federation of the royal Colleges of Physicians.*

Here are excerpts:

Page 91 - **Musculoskeletal**
Page 89 - **Infectious disease**

This is a document you must read and use as your basic curriculum for training. It outlines the competencies you must achieve.

National Guidelines

SIGN 48 Rheumatoid arthritis
SIGN 59 Respiratory infections
SIGN 71 Osteoporosis
SIGN 88 UTI
SIGN 92 Hepatitis C
BTS Pneumonia

RECOMMENDED READING

BUY YOURSELF A LITTLE BOOK ON THE SPECIALTY.

for example

Oxford Handbook of Rheumatology

Lecture Notes on Infectious Disease

Don't waste money on a "revision" type book if you don't already have a "learn it" book to start with.

Learning is not a spectator sport. – D. Blocher

SHO

TIMETABLE

Dr McMahon

Ward round am
Dictating discharges pm
Results round pm

MONDAY

OP clinic am
Rheumatology meeting 1.30
or Stranraer clinic

MJM round am
Teaching 11 am
MDT meeting 1.30 pm
Results round pm

TUESDAY

MJM round am
Teaching 11 am
MDT meeting 1.30 pm
Student teaching pm

OP clinic (8.45 am)
Grand Round lunchtime
Ward duties pm
Results round pm

WEDNESDAY

OP clinic (8.45 am)
Grand Round lunchtime
Admin pm

Ward round am
Ward duties pm
Morbidity meeting monthly
Results round pm

THURSDAY

OP clinic am
Management meeting lunchtime
Morbidity meeting monthly
Admin pm

Combined Ward round
Teaching 11 am

FRIDAY

Combined Ward round
Teaching 11 am

Teaching 11 am
Journal club 12.45 pm
Weekend patient planning
Results round pm

Teaching 11 am
Journal Club 12.45 pm
Weekend patient planning



Somewhere to go after work



Made on a Mac