FACTFILE 2024

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DISCLAIMER

This is Version 5 of the FELS Factfile. We continue to try to keep the Factfile as up to date and complete as possible. However, as rotas can frequently change between rotations, please be aware that rota hours and number of nights/weekends, as well as rota coordinator details, may differ to those specified. These details have been provided by current FY1/2s. We will continue to try to coordinate with HR to ensure the information included in the Factfile is correct.

This Factfile serves to provide key information to ease the initial transition to a new rotation and we hope you find it useful!

ACUTE AND GENERAL MEDICINE

John Radcliffe Hospital

Normal day 9-5. Meet for handover in Doctors Mess on Level 3, by the canteen. Normally ward rounds are in the morning and jobs in the afternoon. You are responsible for anywhere between 5 - 50 patients at a time along with an SHO, SpR and Consultant. Your evening on-calls are either medical take, AGM + medical outliers ward cover or CMU ward cover.
On nights you are medical ward cover (not EAU and not medical take).
On weekend you either cover EAU, the short stay medical wards (5A, 5B, 5E-F) or outliers throughout the hospital.

AVERAGE NUMBER OF:

- **HOURS WORKED PER WEEK:** 45
- **NIGHT SHIFTS:** 1 set of nights per 6 weeks on average
- **ON-CALLS:** 1 on call per week on average, but very variable
- **WEEKENDS:** 1 weekend per month on average

FY 1

UNIFORM: Own smart clothes/scrubs
ROTA COORDINATOR/FOR MORE INFORMATION:
EMT.MedicalStaffing@ouh.nhs.uk
HOW IS SDT ALLOCATED? Variable. Mostly half-days. Occasional full day.
HOW DO YOU COORDINATE ANNUAL LEAVE? On CMU by emailing Dr Sarah Millette or Dr Rob Irons. On AGM by emailing Consultant.
TEAM STRUCTURE: Usually 1 FY1, 1 SHO, 1 SpR and 1 Consultant
WHO DO YOU ESCALATE CLINICAL CONCERNS TO? SHO --> SpR --> Cons
TRAINING/PORTFOLIO OPPORTUNITIES: Lots of training opportunities throughout the rotation, just ask especially when on AGM firms if well staffed.
KEY BLEEPS: 1475 (ward cover medical SpR); 1470 (medical take SpR)
COMMON PRESCRIPTIONS: Laxido, paracetamol .... and much more– utilise the intranet Medicine Information Leaflets (MILs), the BNF and Microguide

TIPS:

1. Make sure to prioritise tasks appropriately.
2. Time management is key, especially after a take day.
3. Be familiar and confident about ECGs and CXRs as you will see and need to interpret a lot of these during the rotation.

ACUTE AND GENERAL MEDICINE

John Radcliffe Hospital

You will rotate through working on JWW (infectious diseases), CMU (acute med) or SEU (perioperative medicine). If you're on JWW you meet for handover at 9 in the doctors office on JWW. If you're on CMU you will be on take. and then handing over to on-call or being on-call. For SEU (peri-op) you meet at 8.30 am to go through those on the list. You typically finish around 5 each day unless you're on-call (then you finish at 8 pm). On night shifts you cover gastroenterology, cardiology, respiratory and all medical outliers that aren't cover by the F1. You are also the point of escalation for the F1 on nights. There are Resp/Gastro SpRs on call out of site to escalate to.

AVERAGE NUMBER OF:

- **HOURS WORKED PER WEEK:** 47
- **NIGHT SHIFTS:** 7
- **ON-CALLS:** Variable
- **WEEKENDS:** 4 including 1 weekend of nights

FY 2

UNIFORM: Scrubs/own clothes
ROTA COORDINATOR/FOR MORE INFORMATION: Amanda.Brough@ouh.nhs.uk
HOW IS SDT ALLOCATED? 4 full days – 1 per month
HOW DO YOU COORDINATE ANNUAL LEAVE? Email rota coordinator

TEAM STRUCTURE: Depends on the ward, on CMU you have SpRs and 2 FY1s, on JWW you have another SHO and an SpR usually, on peri-op you are the only SHO and have a consultant
WHO DO YOU ESCALATE CLINICAL CONCERNS TO? SpR/Consultant
TRAINING/PORTFOLIO OPPORTUNITIES: Not a lot on CMU wards but opportunities on JWW for clinical skills and Mini-cex/CBDs on perioperative medicine
KEY BLEEPS: 1475 (ward cover medical SpR); 1470 (medical take SpR) – JWW and Perioperative team do not have bleeps but you have a personal bleep that you use on CMU that you also utilise on JWW
COMMON PRESCRIPTIONS: All your most common medical emergency treatments

TIPS:

1. Speak to others who have done the job. It's confusing rotating every few weeks on different wards and on getting EPR set up for each department
2. Be used to working within different teams
3. Nights can be busy. Escalate to SpR or work with F1 to spread workload

ACUTE AND GENERAL MEDICINE

Horton General Hospital

Meet for handover in trauma and orthopaedic seminar room (below physiotherapy department). Board round and then ward round with Consultant/Registrar.
Responsibility can vary depending on staffing and you are usually responsible for approximately 20 patients on the ward during the day (sometimes you are the only junior on ward)
On-call: responsible for 60 patients. If on-call evening you cover 2x medical wards unless bleeped to join the medical take. Sometimes get bleeped by the critical care unit (nurse led) but this isn't the FY1s responsibility so can escalate to SHO. Wards: EAU, Juniper, Laburnum. Out of hours – cover Laburnum and Juniper.

AVERAGE NUMBER OF:

- **HOURS WORKED PER WEEK**: 48
- **NIGHT SHIFTS:** 14 per 4 month rotation
- **ON-CALLS:** 1 per week
- **WEEKENDS:** 1 in 2 – 1 in 3

FY 1

UNIFORM: Scrubs or own clinical clothing. No scrubs provided.
ROTA COORDINATOR/FOR MORE INFORMATION: EMT.MedicalStaffing@ouh.nhs.uk
HOW IS SDT ALLOCATED? Pre-allocated by rota coordinator. 4 half days and 2 full days per 4 month block. Protected on rota.
HOW DO YOU COORDINATE ANNUAL LEAVE? Email EMT.MedicalStaffing@ouh.nhs.uk with filled out annual leave form (provided at start of rotation)
TEAM STRUCTURE: Usually 1 consultant on firm (rotate from JR - usually stay for 4 weeks on some wards, some are permanent Horton staff). Dependent on ward. 1-2 Registrars. 1 SHO and 1 FY1 on ward. On call team consists of 1 Reg, 1 SHO and 1 FY1.
WHO DO YOU ESCALATE CLINICAL CONCERNS TO? SHO/Registrar/Consultant
TRAINING/PORTFOLIO OPPORTUNITIES: Practical procedures – ascitic taps etc, CBDs and Mini-Cex's from presenting on take
KEY BLEEPS: 9510 FY1 on call, 9511 SHO on call, 9509 SpR on call
COMMON PRESCRIPTIONS: IV Fluids, analgesia, anti-emetics, dalteparin, palliative medications

TIPS:

1. Get to know the nursing staff on Juniper and Laburnum by name
2. Check the rota ahead and escalate short staffing early
3. Become familiar with where equipment is on the wards you work on

ACUTE AND GENERAL MEDICINE

Horton General Hospital

Rotating between 3 jobs:

1. Emergency assessment unit - inpatient ward for first 48hr of admission, new patients most days, consultant ward round every morning, 5-10 patients per doctor.
2. Rowan ambulatory care unit - seeing ED/GP referrals, can have 6-8 patients per day but sometimes very empty, consultant sees each patient
3. Take - can have up to 10 patients on a very busy day, 1:1 registrar support, all are post-taked the same shift

AVERAGE NUMBER OF:

- **HOURS WORKED PER WEEK:** 46
- **NIGHT SHIFTS:** 3 sets of 3-4 nights per rotation
- **ON-CALLS:** One late shift per week + 1 in 3-4 weekends (one day only)
- **WEEKENDS:** 1 in 3-4

FY 2

UNIFORM: Scrubs or smart
ROTA COORDINATOR/FOR MORE INFORMATION: emt.medicalstaffing@ouh.nhs.uk
HOW IS SDT ALLOCATED? Half days in rota, occasional full day
HOW DO YOU COORDINATE ANNUAL LEAVE? Fill in a form and send to rota coordinator. Guaranteed a full week off in a row (float week on rota)
TEAM STRUCTURE: 1 FY1 per team, lots of SHOs, 1 reg per team, 1 consultant
WHO DO YOU ESCALATE CLINICAL CONCERNS TO? Registrar or Consultant
TRAINING/PORTFOLIO OPPORTUNITIES: Every patient is seen by a consultant, lots of opportunities to present and discuss cases for sign-offs
KEY BLEEPS: 9509 (on call reg), 9511 (on call SHO)
COMMON PRESCRIPTIONS: Analgesia, anti-emetics, IV Fluids – utilise MILs and Microguide

TIPS:

1. Get confident in making your own management plans before a consultant sees them
2. Read up on Falls, UTIs and DVTs

"Very good placement overall, very good at building confidence in initiating management plans yourself"

ANAESTHETICS

Horton General Hospital

Each day you work with an anaesthetic consultant (rarely the same senior multiple days per week). Pre-op assessments and pre-meds either in day case/trauma ward/women's day case at 7:30am. WHO surgical checklist with surgeons at 8:15am. Depending on the list usually cannulate/i-gel/LMA/intubate around 6 patients per day. Prescribe post-op medications and fill out anaesthetic chart during procedure.

Location: Theatres at Horton - day case, women's day case, trauma ward (F ward).

FY 1

AVERAGE NUMBER OF:

- **HOURS WORKED PER WEEK:** 40 - 45
- **NIGHT SHIFTS:** 0
- **ON-CALLS:** 0
- **WEEKENDS:** 0

UNIFORM: Scrubs provided in the theatre changing rooms (bring theatre shoes)
ROTA COORDINATOR/FOR MORE INFORMATION: Asheesh.Bharti@ouh.nhs.uk
HOW IS SDT ALLOCATED? Ask for it (supernumerary)
HOW DO YOU COORDINATE ANNUAL LEAVE? Ask for it (supernumerary)
TEAM STRUCTURE: Many consultants but the next lowest grade is CT1 (no other FY1/FY2 at the Horton for anaesthetics)
WHO DO YOU ESCALATE CLINICAL CONCERNS TO? Clinical Supervisor
TRAINING/PORTFOLIO OPPORTUNITIES: Many 1 to 1 sessions so lots of opportunity for teaching and DOPS.
KEY BLEEPS: 9512 for anaesthetist on call if you can't find anyone else
COMMON PRESCRIPTIONS: Anaesthetics PowerPlan

Tips

1. Be proactive otherwise its easy to sit back – good opportunity to sort out portfolio entries.
2. Seek out time in ITU as you don't have it rotated in.
3. Review basic physiology (cardiac and respiratory) as well as opioid prescribing and how a pre-operative anaesthetic assessment is carried out.

ANAESTHETICS and ITU

John Radcliffe and Churchill Hospitals

FY 1

Rota is 4 days a week 0800 – 1800.
0800 – Meet in Oxford Critical Care (OCC) Level 3 hub room – team split between levels
0815-0830 – Handover in OCC Level 2 or 3 hub room
0830-0900 – Daily reviews – patients assigned to you – review notes and results, speak to the patients nurse, examine the patient and document comprehensive pre-formatted 'daily review' ± provisional management plan to be discussed with consultant
0915-0945 – Ward round (1-4 hours, usually <2) – present the patients you carried out daily reviews on to the team, discuss and document a plan with the consultant
1030/1200 – Ward jobs, update hub room whiteboard with outstanding jobs e.g. requesting scans, completing specialist consults, bleeping surgical teams to ask for clarification on outstanding ward round plan items such as anticoagulation, making prescription changes, preparing the discharge summary ± updating relatives for a non-complex or non-palliative patient, verifying a death
1300 – Teaching (ITU teaching is on Tuesdays, Journal club is on Wednesdays)
1400 – Continue ward jobs
1600/1630/1700 – Ward round – Consultant in charge will let you know when the afternoon ward round is planned for – quick update round discussing job completion and patient status – usually 30 minutes excluding new admissions 1800 – End of shift – rare not to finish on time

AVERAGE NUMBER OF:

- **HOURS WORKED PER WEEK:** 40
- **NIGHT SHIFTS:** 0 (can elect to for more experience, not paid overtime for nights)
- **ON-CALLS:** 0
- **WEEKENDS:** 0 (can elect to for more experience, not paid overtime for weekends)

UNIFORM: Scrubs are mandatory
ROTA COORDINATOR/FOR MORE INFORMATION: andrew.chadwick@ouh.nhs.uk , foundation doctor rota only, seniors have a separate rota which you cannot view)

ANAESTHETICS and ITU

John Radcliffe and Churchill Hospitals

FY 1

HOW IS SDT ALLOCATED? No formal SDT for F1s, however, the rota is very Flexible to allow you to set aside specific days for studying/conferences etc

HOW DO YOU COORDINATE ANNUAL LEAVE? Email andrew.chadwick@ouh.nhs.uk supernumerary role so off-days and annual leave are very flexible

TEAM STRUCTURE:

JR - 2 levels which operate as independent wards, per level: maximum 11 beds, 1 consultant, 1/2 SpRs, 2 SHOs (ICM/anaesthetics/ACCS,/IMT), 1 foundation doctor 1 nurse co-ordinator, 3 physios, 1/2 pharmacists (for both levels), 1 dietician (for both levels)

Churchill - 8 beds maximum, 1 consultant, 1 registrar, 1 SHO, 1 Foundation Doctor, 1 sister on site, 1/2 physios, pharmacist and dietician will drop in during the day

~ 20 different consultants in total

WHO DO YOU ESCALATE CLINICAL CONCERNS TO? SHO/Registrar, consultant on site (office next to the doctor's office in the Churchill or on Level 1 of the new JR Oxford Critical Care building), nurse coordinator (on the ward or nearby in an office).

TRAINING/PORTFOLIO OPPORTUNITIES: Lots of opportunities for Mini-Cex's and CBDs – present patients on ward rounds with provisional management plans, consultants/registrars are happy to teach/discuss cases currently on ITU, DOPS – regular opportunities for US-guided cannulation and arterial line insertion, DCT – present at ITU Wednesday Journal Club over Teams, Audits/QIPs – Dr Andrew Chadwick will send you an organised spreadsheet of ITU audits and QIP projects at the beginning of the placement Tuesday Seminars, Wednesday Journal Club, Friday Case discussions, ad hoc simulation sessions.

KEY BLEEPS: JR ITU consult/senior reg – 1418, JR ITU reg/out-and-about – 4138, Churchill ITU bleep - 5505, Pharmacist – 4017, Dietician – 4019, Physio – 1900 – Induction App

COMMON PRESCRIPTIONS: Morphine/Oxycodone – Adult PCA PowerPlan, regional anaesthesia - local anaesthetic wound catheters, nerve infusions (PCEA PowerPlan), Clonidine infusions, Oxygen, Albumin/HASS infusion

TIPS:

1. Be proactive and make the most of learning opportunities throughout the rotation, contact Laura Vincent to be added to the ITU teaching mailing list
2. You can move between units from day to day, but to learn the most, stay in one location all week
3. ITU has its own EPR – 'CareView'; you must prescribe all the patients current meds on EPR ('PowerChart') when they are discharged
4. Read Royal College of Anaesthetics eLearning on eLfH, How to Survive Anaesthesia and Critical Care Medicine at a Glance

BONE INFECTION UNIT

Nuffield Orthopaedic Centre

1. Ward round
2. Ward jobs e.g. DTAs, getting info from other hospitals etc).
3. Occasionally review patients

Based at the BIU in the NOC.

FY 1

AVERAGE NUMBER OF:

- **HOURS WORKED PER WEEK:** 40
- **NIGHT SHIFTS:** 0
- **ON-CALLS:** 0
- **WEEKENDS:** 0

UNIFORM: Scrubs (self-provided)

ROTA COORDINATOR/FOR MORE INFORMATION:
tomedical.staffing@ouh.nhs.uk

HOW IS SDT ALLOCATED? Discuss with clinical team at beginning of rotation, can allocate as a half day every two weeks or as a day a month depending on staffing

HOW DO YOU COORDINATE ANNUAL LEAVE? Discuss with team, make sure IMT is not on annual leave at the same time as if they are it will be rejected

TEAM STRUCTURE: 1 IMT, 1 SpR ± Consultant

TRAINING/PORTFOLIO OPPORTUNITIES: Lots of time available for teaching/audits on the unit

COMMON PRESCRIPTIONS: Antibiotics, particularly vancomycin and meropenem

TIPS:

1. Find a project to do/exam to revise for in your afternoons
2. Enjoy the rota and make the most of learning opportunities
3. Review abx and side effects, joint and bone infections

CARDIOLOGY

John Radcliffe Hospital

SHO led ward rounds with occasional registrar input mostly. CCU has consultant led ward rounds and you will hold a bleep for the day case unit to write TTOs and discharge summaries. There is also the cardiology ward and RAU with occasional outliers on CTW.

FY 2

AVERAGE NUMBER OF:

- **HOURS WORKED PER WEEK:** 48
- **NIGHT SHIFTS:** 1 set every 8 weeks
- **ON-CALLS PER WEEK:** 1
- **WEEKENDS:** 1 in 4/5

UNIFORM: Scrubs/own smart clothes
ROTA COORDINATOR/FOR MORE INFORMATION:
cardiacjuniordoctors@oih.nhs.uk
HOW IS SDT ALLOCATED? Liaising with rota coordinator, generally you can choose yourself
HOW DO YOU COORDINATE ANNUAL LEAVE? First come first served request with rota coordinator
TEAM STRUCTURE: At least 4 SHOs on per day with an on-call Registrar, a Registrar per firm (electrophysiology/structural/interventional) who is available to a varying extent, as well as a Consultant of the week.
WHO DO YOU ESCALATE CLINICAL CONCERNS TO? Firm Registrar or on-call Registrar
TRAINING/PORTFOLIO OPPORTUNITIES: Lots of chances to go to clinics and cath lab if you coordinate amongst SHOs.
KEY BLEEPS: All on the morning handover sheet
COMMON PRESCRIPTIONS: Secondary prevention medications (ACEi, beta blocker, statin) up titrated.

TIPS:

- Work together with SHOs to share work and maximise training opportunities
- Handover day case bleep (6858) whilst on CCU ward to a reliable colleague to avoid ward round interruptions

CARDIOTHORACIC SURGERY

John Radcliffe Hospital

We meet for handover on the 3rd floor of the heart centre. There are 25 beds. Standard shifts are 0730-1730. There are usually 2-4 ward doctor equivalents (fy2s/PA)

- Day to day tasks involve reviewing patient's with registrars in the morning
- Firm based system - ward rounds can be very hectic as there are 5 Cardiac surgery consultants and 3 Thoracic surgery consultants. The rest of the morning consists of carry out jobs generated from the ward round - requesting tests, seeking advice from other specialities, chasing results.
- In the afternoon, most firms have another ward round/consultant review daily. This can generate further jobs for the day or a provisional plan for the next day.
- On - calls: 0730-1930 - carry the bleep, take handover for ITU stepdowns, answer queries - reg takes referrals, clerk inter-hospital transfers/elective/urgent admissions
- Weekends - the schedule is as per a weekday - however, 0730-1930
- Nights - pending jobs,, all discharge summaries/ttos are done overnight. Also have to take bloods for the following day (phlebs only on mon,wed,fri)
- Pre-admissions clinic - pre-allocated on rota - clerking in outpatients SHO-led clinic

FY 2

CARDIOTHORACIC SURGERY

AVERAGE NUMBER OF:

- **HOURS WORKED PER WEEK:** 48
- **NIGHT SHIFTS:** 20/21 (1930 – 0800)
- **ON-CALLS:** 8 (0730 – 2000)
- **WEEKENDS:** 3

FY 2

UNIFORM: hospital scrubs
ROTA COORDINATOR/FOR MORE INFORMATION:
cardiacjuniordoctor@ouh.nhs.uk
HOW IS SDT ALLOCATED? Pre-allocated on rota (x1 day/month)
HOW DO YOU COORDINATE ANNUAL LEAVE? Request via Medirota app - excluding nights/on calls
TEAM STRUCTURE: 8 consultants, 12 registrars, 4 Fy2, 2PAs
WHO DO YOU ESCALATE CLINICAL CONCERNS TO? Registrar(s) for the firm or on call registrar
TRAINING/PORTFOLIO OPPORTUNITIES: Theatre week and CT ITU weeks pre-allocated on rota
KEY BLEEPS: SHO: 1928, Cardiac reg on call 1963, Thoracic reg on call 1652, coordinator 1971
COMMON PRESCRIPTIONS: Pre-made Powerplan for thoracics,
Cardio-protective meds for cardiac patients (ACEi, BB, statins), Diuretics, Warfarin (including bridging)

1. know AF management - very common in post-cardiac surgery patients
2. The actual job is not daunting as it may seem - a lot of senior support - just know when to escalate - have a low threshold
3. Good baseline knowledge of ECGs and CXR interpretation will help - we do a lot of both!

Top three things to read up on before starting this role:

1. ECGs
2. Chest X-rays
3. Arrhythmia/electrolyte management

CHEMICAL PATHOLOGY
John Radcliffe Hospital

Chemical pathology day 0900-1700.
Biochemistry On-Calls 0830-1300 or 1300-1700 – hold duty biochemist bleep 1718, go through 'SPRC' list of abnormal results and notify clinicians if urgent, run and report xanthochromia samples, deal with inappropriately labelled specimen request.
Academic Day – usually Wednesdays.
Gastro Thursdays – Meet 0830 am Gastro Office (Ward 7f) 0830-1730. On Call Evenings 1700-2200/ Weekends 0900-2200 (Gastro/Respiratory)
Medical Nights (Gastro/Resp/Medical) 2130-0930 – handover in Ops room at 2130 – cover EAU, help the SHO taking medical referrals, finish with post-take ward round at 0800.
Evenings from 5-10 pm covering wards 7F (Gastro), 5E (Resp) and Cystic Fibrosis patients on John Warin Ward (JWW).

AVERAGE NUMBER OF:

- **HOURS WORKED PER WEEK:** 47
- **NIGHT SHIFTS:** 7 (1 set of 4 nights, 1 set of 3 nights)
- **ON-CALLS:** 1 a week
- **WEEKENDS:** 2 or 3 weeks per 4 month rotation (on Gastro/Resp)

FY 2

UNIFORM: Scrubs/own smart clothes for biochem
ROTA COORDINATOR/FOR MORE INFORMATION: Nishan.Guha@ouh.nhs.uk
HOW IS SDT ALLOCATED? You can self allocate, every non on-call biochem shift is potentially SDT
HOW DO YOU COORDINATE ANNUAL LEAVE? If taking annual leave on a Gastro Thursday, let the other gastro SHOs know the dates. To swap an on call evening or weekend, you need to discuss with one of the Gastro-Chest-Biochem day by day rota SHOs. To swap a medical night, you need to discuss with one of the other SHOs on the Cardiac-Chest-Gastro-Biochem SHO nights rota.
TEAM STRUCTURE: Rota SpRs in the biochem lab, on the wards there are other SHOs. To main consultants on chemical pathology. Gastro team. You are the sole FY2 on Chemical Pathology
WHO DO YOU ESCALATE CLINICAL CONCERNS TO? SpRs in the biochem lab
TRAINING/PORTFOLIO OPPORTUNITIES: Ascitic taps/drains. Lab techniques. Presentation. Teaching medical students as part of the lab med module.
KEY BLEEPS: Gastro SpR on-call 4084, Respiratory SpR on call 5005. Biochemistry SpR on-call 1718

TIPS:

- Worth revising blood test interpretation, gastro and resp common emergencies and prescriptions because you cover them on call
- Useful to practice examination skills before starting as on take will help take medical referrals and clerk patients in

COMMUNITY GERIATRICS

Witney Community Hospital

Reviewing ill patients, liaising with families, MDT meeting, family meetings, clerking new patients. No handover since you are the only team junior on the ward. You often have to cross cover if the other FY2 is off. Responsible for 12-18 patients depending on ward. Linfoot/Wenrisc Wards.

FY 2

AVERAGE NUMBER OF:

- **HOURS WORKED PER WEEK:** 40
- **NIGHT SHIFTS:** 0
- **ON-CALLS:** 0
- **WEEKENDS:** 0

UNIFORM: Scrubs/ward clothes
ROTA COORDINATOR/FOR MORE INFORMATION: Rota organised by Registrar - changes every 6 months
HOW IS SDT ALLOCATED? Worked around other FY2 and rota coordinator
HOW DO YOU COORDINATE ANNUAL LEAVE? Speak with rota coordinator. Ensure adequate cover by remaining team members.
TEAM STRUCTURE: Two wards - One Consultant and one FY2 on each. Registrar covers both wards. Often need to cross cover. Consultants work 3 days a week.
WHO DO YOU ESCALATE CLINICAL CONCERNS TO? Registrar then Consultant
TRAINING/PORTFOLIO OPPORTUNITIES: Lots of opportunities, just ask!
KEY BLEEPS: None
COMMON PRESCRIPTIONS: Laxatives, Analgesia, Barrier creams, Trimovate, Daktarin

TIPS:

1. Earn the trust of the nurses quickly
2. Ensure your list is up to date
3. Ensure the escalation plans for the patients are clear
4. Read up on dementia, diabetes and hypertension

DERMATOLOGY

Churchill Dermatology Outpatients

Supernumerary rotation. Main role is to coordinate CPC meetings (Histopathology meetings), held every Wednesday morning at 8am, as well as cover morning tumour clinics. You can help out with other outpatient clinics if an GPST1 trainee is covering the tumour clinic. After each patient, you will have to either complete a proforma/GP letter/or request investigations/prescriptions. 0900-1700 except Wednesdays.

FY1

AVERAGE NUMBER OF:

- **HOURS WORKED PER WEEK:** 44
- **NIGHT SHIFTS:** 0
- **ON-CALLS:** 0
- **WEEKENDS:** 0

UNIFORM: Own smart clinical clothes

ROTA COORDINATOR/FOR MORE INFORMATION: catriona.wootton@ouh.nhs.uk

HOW IS SDT ALLOCATED? Based on your discussion with your supervisor. It is usually half days every 2 weeks and they usually allow you to choose the date as long as there is a junior clinician.

HOW DO YOU COORDINATE ANNUAL LEAVE? Before you request leave, ensure that another junior clinician is covering tumour clinic on that day and inform your educational supervisor of the proposed dates. You can request leave via Medirota. Your leave will then be approved by your rota-coordinator online.

TEAM STRUCTURE: There will always be a consultant-in-charge for each clinic (am or pm) ± a Registrar. Juniors in the team (i.e. usually 2 GPST1s and yourself as an F1) won't usually have their own clinics assigned. Clinic allocations discussed and coordinated in advance.

WHO DO YOU ESCALATE CLINICAL CONCERNS TO? Consultant in charge. You will run clinics yourself i.e. history and skin examination, but you always need to present your findings to the consultant, who will also then review the patient.

TRAINING/PORTFOLIO OPPORTUNITIES: Lots of opportunities, just ask! Your CS will support you and help to connect you with the right people

KEY BLEEPS: 28280 - Derm Surgical theatres (to ask about one-stop tumour slots). Everyone else is quite readily accessible via email or finding them in the office on the first floor.

COMMON PRESCRIPTIONS: Steroids (usually ointments rather than creams), Emollients (Hydromol, Dermol), Isotretinoin, Efudix 5% cream. ALWAYS give patient information leaflets for each prescription.

TIPS: You need access to the Dermdata sever prior to starting the rota. The tumour clinical rota is organised between FY1s and GP trainees via a Google Doc (shared on whtspp). Make sure you get opportunities to help out in all types of clinics and ask questions, you are well supported. Useful resources: BAD med student/junior doctor handbook, DermNetnz .

EMERGENCY MEDICINE

John Radcliffe Hospital

Clerking, clinical skills, referrals, discharge summaries. 4 days a week 0800 – 1630. One day a week academic (Thursdays 0900 – 1700). Consultant in charge allocates you to area of ED each day, mainly Majors/Minors. Handover is at 0800 and at 1600 in Resus 1 or 9.

AVERAGE NUMBER OF:

- **HOURS WORKED PER WEEK**: 42
- **NIGHT SHIFTS:** 0
- **ON-CALLS:** 0
- **WEEKENDS:** 0

FY 1

UNIFORM: ED green scrubs provided at induction – 4 sets – wash yourself at home
ROTA COORDINATOR/FOR MORE INFORMATION: Lillian.Moore@ouh.nhs.uk
HOW IS SDT ALLOCATED? 1 day per month – Wednesdays – for further study leave email rota coordinator (9 days study leave for the rotation)
HOW DO YOU COORDINATE ANNUAL LEAVE? Email Lillian.Moore@ouh.nhs.uk, ideally give 6 weeks notice, but very flexible as supernumerary role. 9 days annual leave for the rotation.
TEAM STRUCTURE: 2 Consultants (1 in-charge, 1 in resus), 3-4 Registrars (junior/senior – in resus, paeds, ambulatory, majors), 4-6 SHOs (FY2/Staff grade/CT), 1 FY1, 2 ANPs
WHO DO YOU ESCALATE CLINICAL CONCERNS TO? Discuss with ED Consultants/Senior Registrars/Clinical Supervisor
TRAINING/PORTFOLIO OPPORTUNITIES: You have to discuss each patient you see with a senior so lots of opportunities for Mini-Cex's, CBDs, DOPs etc, large ED team so great rotation for getting a TAB and PSG done, ED weekly teaching on Wednesday afternoons, teaching everyday at 1600 handover, lots of audits/QIPs/research projects are run in the ED (EMROX team for ED research)
KEY BLEEPS: ED Porters 23800, Duty Radiologist 57722, US Coordinator 26263, Med Reg 1470
COMMON PRESCRIPTIONS: Analgesia!, Anti-emetics, IV fluids – There is an ED PowerPlan for each of these, antibiotics - use Microguide

TIPS: Tell the consultant in charge what you are most interested in and they will try to allocate you according to your interests.
Put your plan in motion i.e. send off bloods, order CXRs etc and then write up your clerking proforma for efficiency.
Read up on: Wound management, Fractures, and RCEM guidelines

EMERGENCY MEDICINE

John Radcliffe Hospital

Clerking, clinical skills, referrals, discharge summaries, teaching.
Shifts: Early 0800-1700, Mid 1000 – 1900, Evening 1330-2200, Late 1600-0100, Night 2200-0830
Handover 0800/1600 in Resus 1 or 9 and 2200 in 'Shark Tank' – centre of majors. Must deliver at least 1 10-minute teaching session at 1600 handover – session date allocated in advance.

FY 2

AVERAGE NUMBER OF:

- **HOURS WORKED PER WEEK:** 41.7
- **NIGHT SHIFTS:** 18 – in blocks of 3 or 4 – usually Monday to Thursday or Friday to Sunday, sometimes Friday to Monday
- **ON-CALLS:** 4 (ED EAU) + any nights where you are covering the ED EAU SHO Bleep
- **WEEKENDS:** 6 (1 in 3) (50% weekend days, 50% weekend nights)

UNIFORM: ED green scrubs provided at Induction – 4 sets – wash yourself at home.
ROTA COORDINATOR/FOR MORE INFORMATION: Lillian.Moore@ouh.nhs.uk
HOW IS SDT ALLOCATED? 1 full day off per month, pre-allocated
HOW DO YOU COORDINATE ANNUAL LEAVE? Email Lillian.Moore@ouh.nhs.uk – you can take any shift that isn't a night or twilight off – and sometimes twilight shifts if well staffed.
TEAM STRUCTURE: Day: 2 Consultants (1 in-charge, 1 in resus), 3-4 Registrars (junior/senior – in resus, paeds, ambulatory, majors), 4-6 SHOs (FY2/Staff grade/CT), 1 FY1, 2 ANPs
Night: 1 Consultant on call if required, 1 Senior Registrar in charge, 2-3 Junior/Senior registrars covering Resus/Paeds/Ambulatory, 2-3 SHOs
WHO DO YOU ESCALATE CLINICAL CONCERNS TO?
Day: Registrar in the same clinical area or to the Consultant in charge Night: Registrar overseeing the department
TRAINING/PORTFOLIO OPPORTUNITIES: Lots of opportunities to practice clinical skills and for Mini-Cex's, CBDs, DOPs etc plus DCT for 10-minute handover teaching session (ask consultant on the day). Few opportunities to work in Paeds/Resus.
KEY BLEEPS: ED EAU SHO on call: 4249 (typically if you're leaving but have a patient with investigation / management still outstanding who needs to be handed over and followed up later) Medical SpR on take: 1470, Stroke SpR: 6669, Cardiac ANP: 1485 (in hours), Cardio SpR: 4205 (STEMIs out of hours), Trauma SpR: 1222 (bleep for all fractures except hand / head / face), Plastics SpR: 6540 (bleep for all burns, major face and hand fractures / wounds)

EMERGENCY MEDICINE

John Radcliffe Hospital

Gen Surg SHO: 4049 Urology SpR: 5206, ED Geris SpR: 6668, ICU SpR: 4138, ED FIT team: 1586 (for all ED OT/PT assessments), Duty Radiologist: 57722 (for all scans that need quick vetting or further discussion), ED CT Scanner (radiographers): 40380 (can be helpful for coordinating getting patients through the CT scan quickly if required)

FY 2

COMMON PRESCRIPTIONS:

Paracetamol 1g QDS (for pain), Codeine 30mg QDS (for pain), Oral Morphine Solution - titrate dose to effect (for pain), IV Morphine - titrate dose to effect (for pain), Diclofenac 100mg PR (for kidney stones), Treatment dose dalteparin (for PE / VTE), Aspirin 300mg Stat + Ticagrelor 180mg Stat (for ACS) + Fondaparinux 2.5mg SC (if not imminently going for PCI), Ondansetron 4mg TDS typically IV (for nausea / vomiting), Salbutamol 2.5mg Nebulised over 15 mins (asthma)

TIPS:

- Depending on how complex your patients are, whether they're majors or minors, and how speedy you are at clerking etc you can get through between anywhere from 3-10 patients per shift typically.
- It is very daunting to have literally anything come through the door so don't be afraid to ask for help/advice from seniors.
- Make sure you keep the nurses looking after your patients up to date with the patients management plan.
- Book your annual/study leave early to avoid disappointment.
- Refresh on history taking structure for medical/surgical/paeds/psych/obs and gynae.
- Learn/revise how to reduce fractures/dislocated joints.
- Watch and learn the procedural steps for advanced procedures like chest drains, fascia iliacus block, pneumothorax aspiration, ring blocks etc so that you can act on opportunities to perform them yourself under supervision.

EMERGENCY MEDICINE
Horton General Hospital

Always join handover in the main room - formal handovers at 8am (between night and day team) and 4pm (includes bite sized 5 minute teaching) You generally pick up patients as they come in to the department (time order) however you may be asked to see red alerts or nurses may escalate patients to you You generally see between 7-10 patients on a shift You see majors/minors/resus/paeds

FY 2

"The rota is intense but its a brilliant rotation You learn plenty and get given lots of responsibility, but there is always someone to escalate to"

AVERAGE NUMBER OF:

- **HOURS WORKED PER WEEK:** 47
- **NIGHT SHIFTS**: 4-7 a month
- **ON-CALLS:** they are all "on-call" shifts
- **WEEKENDS:** 1 in 3 - 1 in 4

UNIFORM: ED scrubs - they will provide you with these
ROTA COORDINATOR/FOR MORE INFORMATION: Emma.Butt-Gow@ouh.nhs.uk
HOW IS SDT ALLOCATED? 1 day per 4 weeks. You can ask for a specific day
HOW DO YOU COORDINATE ANNUAL LEAVE? Contact the rota coordinator via email
TEAM STRUCTURE: You are paired with one other junior for the majority of shifts. Then consultants and registrars alternate.

- Day shifts - 1 consultant 8-4 and another consultant 4-10pm. 1-3 registrars and 2-6 SHOs.
- Night shifts - 2 SHOs and 1 registrar

WHO DO YOU ESCALATE CLINICAL CONCERNS TO? Consultants and Registrars
TRAINING/PORTFOLIO OPPORTUNITIES: Lots of opportunities for CBDs/Mini-CEX/DOP
KEY BLEEPS: Surgical SHO bleep/Gynae reg bleep
COMMON PRESCRIPTIONS: Analgesia, Anti-emetics, Antibiotics

Top three things to read up on before starting this role:

- Ottowa ankle/knee rules
- Diagnosis and management of acute chest pain (probably most common presentation!)
- Diagnosis and management of back pain (also very common)

Top three tips:

1. If you don't know how to do something ask if someone can teach you and try and do it yourself next time (under supervision) - everyone is really friendly
2. Try and take the two days off between the two sets of nights in 2 weeks if possible
3. It is expected (particularly at the start) that you discuss everyone with a senior. If a consultant is present discuss with them first. Also all ECGs are signed by a senior.

ENT
John Radcliffe Hospital

Rotate between on-call (8am - 8pm - hold the bleep for referrals and advice from GPs/ED/ward/other local hospitals without ENT cover); ward cover (8-5pm), GPRU (GP referral unit - like the ENT emergency clinic/dept) (10am - 7pm), nights (8pm - 8am); float/clinic/SDT. Work in SSIP, GPRU, A&E, outliers who request ENT review/input

FY 2

AVERAGE NUMBER OF:

- **HOURS WORKED PER WEEK:**
- **NIGHT SHIFTS:** 6 weekend nights (Fri-Sun), 8 weekday nights
- **ON-CALLS:** 6 weekend days, 8 weekdays
- **WEEKENDS:** 4 (Day on-call 0800-2000 and night on-call 2000-0800)

UNIFORM: Scrubs or own smart clothes

ROTA COORDINATOR/FOR MORE INFORMATION: Most junior registrar for each rotation

HOW IS SDT ALLOCATED? 1 day per month

HOW DO YOU COORDINATE ANNUAL LEAVE? Email rota coordinator ideally 6 weeks in advance. Needs to be taken on normal working days. If you want it on an on call day, need to swap these.

TEAM STRUCTURE: Weekdays: 1 consultant (sometimes come at 5pm, rarely come in the day), 1 reg is on call, minimum of 4 SHOs (1 x on call, 1 x ward cover, 1 x GPRU, 1 x float). SHOs are FY2s CTs or GP trainees, no FY1s. Weekends: consultant ward round at least once, registrar (same reg covers from 8am Saturday - 8am Monday), 1 SHO. Nights: non-residential SpR (covering JR and Churchill).

WHO DO YOU ESCALATE CLINICAL CONCERNS TO? SpR

TRAINING/PORTFOLIO OPPORTUNITIES: Well-staffed speciality. Opportunities to attend clinic and theatre.

KEY BLEEPS: 6221 on call, 6216 ward cover

COMMON PRESCRIPTIONS: Quinsy/tonsillitis power plan, ciprofloxacin ear drops, betamethasone drops

TIPS:

1. Download ENTsho app - will be essential on call;
2. 2. GPRU is a good place to develop your practical procedures;
3. 3. Work as a team with the other SHOs
4. Websites: 1. ENT SHO 2. ENT UK induction materials 3. ENT Academy

GASTROENTEROLOGY

John Radcliffe Hospital

The team is split into luminal (mainly IBD/intestinal failure, fewer patients, some extremely complex) and liver (mainly ARLD, lots of social concerns, some quite unwell). There are two rounds each morning, one for each. The number of patients varies hugely from occasionally only 2-5 per team to 15+ per team. Sometimes one patient will take up a significant amount of time if they are unwell as they will often be quite complex. The F1 gets in at 8am and prepares the lists for an 8.30 handover meeting which includes the nurses/OT/discharge coordinator. Ward round often lasts until lunchtime. In the afternoon we do ward jobs. The nurses are really excellent and will often help out with bloods and cannulas so you often only get asked to do the difficult ones. Often the juniors communicate directly with the consultant as registrar support can be patchy and the registrars that are assigned to the ward often spend a lot of time in clinics and endoscopy. There is a Wednesday morning MDT for the luminal team where the juniors are expected to present patients.

AVERAGE NUMBER OF:

- **HOURS WORKED PER WEEK:** 48
- **NIGHT SHIFTS:** 0
- **ON-CALLS:** 0
- **WEEKENDS:** 0

FY 1

UNIFORM: Scrubs

ROTA COORDINATOR/FOR MORE INFORMATION: megan.brain@ouh.nhs.uk

HOW IS SDT ALLOCATED? One Thursday (whole day) a month

HOW DO YOU COORDINATE ANNUAL LEAVE? One doctor coordinates for F1/SHO level, minimum junior doctor staffing is 2 and any leave allowing this is approved

TEAM STRUCTURE: FY1, 2-4 SHOs, usually 2 gastro registrars at any time for ward round, but. usually FY1/SHOs only after ward round on ward. Consultant led luminal and liver ward rounds usually twice a week.

WHO DO YOU ESCALATE CLINICAL CONCERNS TO? Seniors on the ward

TRAINING/PORTFOLIO OPPORTUNITIES: Good place for an audit/Tab, Thursday lunchtime teaching is very good, as is IBD MDT on Friday afternoons for luminal team, ask to do a clinic towar the end of your placement if you feel confident to do so. Lots of opportunities such as ascitic taps and inserting ascitic drains.

KEY BLEEPS: Liver SHO 1694, luminal SHO 1520, referral SpR 4084

COMMON PRESCRIPTIONS: Fluids, electrolytes (refeeding), diuretics, steroids, Vitamin K, carvedilol, biologics under consultant instruction, HAS

Expect quite traditional consultant teaching at times (try not to be put off by this, you learn a lot even if it is stressful), if on luminal prepare for the Wednesday morning MDT with plenty of time (ideally don't leave it until Tuesday PM) - particularly for IBD patients they want a lot of detail including detailed biologic drug history, don't worry about feeling overwhelmed at the start as the patients are often complex and aren't always managed as you would expect

GENERAL PRACTICE
Oxfordshire

Patient consultations, referrals, clear and concise documentation, induction which may last 2-3 weeks and include shadowing/joint consultations. Supernumerary.
Usually 40 hour week which is 9-5 and can often be adapted for your learning needs. Morning and afternoon clinics/SDT. Home vits are not done alone as an FY2. Appointment slots up to 30 minutes initially but they are gradually reduced as you increase confidence.
Software used: MIS, E-consult. AccuRx. Docman. Lexacron.

FY 2

AVERAGE NUMBER OF:

- **HOURS WORKED PER WEEK:** 40
- **NIGHT SHIFTS:** 0
- **ON-CALLS:** 0
- **WEEKENDS:** 0

UNIFORM: Own clinical clothes
HOW IS SDT ALLOCATED? Discussed at GP practice induction
HOW DO YOU COORDINATE ANNUAL LEAVE? Coordinate with GP practice team/ oxforddistrictgptraining@gmail.com
TEAM STRUCTURE: Variable
WHO DO YOU ESCALATE CLINICAL CONCERNS TO? Practice GPs
TRAINING/PORTFOLIO OPPORTUNITIES: Frequent teaching sessions on CBDs or topics you want to revise. Tutorials on Thursdays. Lots of senior support. Minor surgery, nurse-led clinics, care home visits/home visits.
COMMON PRESCRIPTIONS: Antibiotics, regular medications for chronic conditions, creams

TIPS:

1. Be proactive in seeking out learning opportunities/experiences
2. Don't try to do everything in one consultation
3. Write down information of patients to follow up
4. Get to know local community resources early

GENITOURINARY MEDICINE

ROLE SUMMARY:

FY 2

AVERAGE NUMBER OF:

- **HOURS WORKED PER WEEK:**
- **NIGHT SHIFTS:**
- **ON-CALLS:**
- **WEEKENDS:**

UNIFORM:

ROTA COORDINATOR/FOR MORE INFORMATION:

HOW IS SDT ALLOCATED?

HOW DO YOU COORDINATE ANNUAL LEAVE? TEAM

STRUCTURE:

WHO DO YOU ESCALATE CLINICAL CONCERNS TO?

TRAINING/PORTFOLIO OPPORTUNITIES:

KEY BLEEPS:

COMMON PRESCRIPTIONS:

TIPS:

HAEMATOLOGY

Churchill Hospital

SHO responsible for inpatients. Patients include elective admissions for initiation of chemotherapy, bone marrow transplants etc; admissions of patients who have started treatments and deteriorated post-discharge - typically presentations of neutropenic sepsis). Haematology ward - WR are split into leukaemia + lymphoma and general haematology.

AVERAGE NUMBER OF:

- **HOURS WORKED PER WEEK:** 48
- **NIGHT SHIFTS:** 7 nights within 10 weeks
- **ON-CALLS:** 8 within 10 weeks
- **WEEKENDS:** 2 within 10 weeks

FY 2

UNIFORM: Scrubs/own clothes
ROTA COORDINATOR/FOR MORE INFORMATION:
suwon.MedicalStaffing@oxnet.nhs.uk

HOW IS SDT ALLOCATED? Allocated on rota but you can request changes (providing staffing is sufficient)
HOW DO YOU COORDINATE ANNUAL LEAVE? Booking with Medirota and swapping any on call shifts with colleagues
TEAM STRUCTURE: 2x FY2s, 2x IMTs, 2x JCFs (may or may not be there at time you start)
WHO DO YOU ESCALATE CLINICAL CONCERNS TO? Dr N Roy - contact for all SHO queries
TRAINING/PORTFOLIO OPPORTUNITIES: Lots of opportunities, just ask!
KEY BLEEPS: 5160 SHO; 1143 night Churchill SpR; other key ones listed on handover sheet.
COMMON PRESCRIPTIONS: Very variable. Induction very good at outlining these

1. Always ask.
2. The team are very supportive and know that this is a daunting rotation for many, with little undergraduate teaching in the subject neutropenic sepsis, graft versus host disease, basic components of the blood.
3. Read up on neutropenic sepsis, graft versus host disease and basic components of the blood.

HEAD AND NECK ONCOLOGY

Churchill Hospital

Responsible for up to 16 Blenheim Ward patients and up to 4 immediate post-op patients in CORU/ITU (between 3 SHOs). Handover followed by ward round. Ward cover and clerking in post op patients. Spend the day doing ward jobs, assisting in theatre, referrals for PEGs, suturing in OP clinic and preparing the MDT list for the team.
On call for ENT, Plastics and OMFS for Churchill hospital (will get asked to review haem/onc/OPD/transplant patients too) Also responsible for preparing and presenting at Thursday PM MDT (up to 40 cases a week).

FY 2

AVERAGE NUMBER OF:

- **HOURS WORKED PER WEEK:** 45
- **NIGHT SHIFTS:** 0
- **ON-CALLS:** 0
- **WEEKENDS:** 0

UNIFORM: Scrubs

Things to revise:

1. Peri op management of patients Scrubbing into theatre and NG tubes
2. Basics of H+N oncology/anatomy, ENT and plastics
3. Feeding tubes and regimens

ROTA COORDINATOR/FOR MORE INFORMATION: Uthaya.selbong@ouh.nhs.uk

HOW IS SDT ALLOCATED? By the rota coordinator

HOW DO YOU COORDINATE ANNUAL LEAVE? With the rota coordinator. Usually worked out informally between SHOs (minimum staffing of 2 SHOs) - OMFS Consultant Mr Selbong is ultimately in charge.

TEAM STRUCTURE: 3 F2's in total, usually at least 2 SpR's for each speciality covered- ENT, plastics and Maxfax – not always on site

WHO DO YOU ESCALATE CLINICAL CONCERNS TO? On the ward to the SpR on call, for other issues to your clinical supervisor/consultant in charge

TRAINING/PORTFOLIO OPPORTUNITIES: Assisting in theatre, NG tubes, airway management

KEY BLEEPS: SpR (1527), 1472

COMMON PRESCRIPTIONS: Hyoscine, analgesia, laxatives, dalteparin, Feeding regimes (eg OOH feed), antibiotics, mouthwash, chloramphenicol ointments

TIPS:

1. Complete trachy/lary e-learning and be confident in managing airway issues
2. Ask SpR early about assessing free flaps as you'll have to do this a lot
3. Get started on MDT prep straight away
4. If concerned about a patient and/or flap escalate to seniors immediately
5. Always check/ with seniors before making active changes to patients Abx/VTE regimens
6. Haem/onc patients can be very unwell - prioritise reviewing these patients first

INTENSIVE CARE

John Radcliffe Hospital and Churchill Hospitals

As an academic trainee, you work 3 days a week 8:00-18:00 and 1 day is academic day release. 1 of your ITU days will be an on-call day where you clerk people in for acute medicine until 21:00. If you are a standard trainee, you work 4 days a week 8:00-18:00 with no on calls.

FY 2

AVERAGE NUMBER OF:

- **HOURS WORKED PER WEEK:** 45
- **NIGHT SHIFTS:** 0
- **ON-CALLS:** 1 a week
- **WEEKENDS:** 1 a month

Daily jobs include: requesting scans, completing specialty consults, bleeping surgical teams to ask for clarification on outstanding plans such as anticoagulation, making prescription changes, preparing discharge summaries.

UNIFORM: Scrubs

ROTA COORDINATOR/FOR MORE INFORMATION: Andrew.Chadwick@ouh.nhs.uk (ICU and Resp Consultant)

HOW IS SDT ALLOCATED? Joint discussion between trainee and consultant

HOW DO YOU COORDINATE ANNUAL LEAVE? Joint discussion between trainee and consultant **TEAM STRUCTURE:** Alongside foundation doctors, at JR, you have 3 middle tier doctors and 3 senior tier/airway trained doctors every day, split between two levels (AICU level 3 and AICU level 2). At Churchill, alongside 1 foundation trainee, there is 1 middle tier and 1 senior tier/airway trained doctor.

WHO DO YOU ESCALATE CLINICAL CONCERNS TO? ICU registrar and ICU consultant on that day

TRAINING/PORTFOLIO OPPORTUNITIES: Lots of opportunities for procedures (US-guided cannulas, arterial lines, BALs, bronchoscopy, central lines) and assessing unwell patients

KEY BLEEPS: 1418 (SpR in ICU at JR), 5508 (SpR in ICU at CH)

TIPS: useful to review respiratory pathology and the science behind ventilator settings as well as anaesthetic drugs used for sedation and ventilation. There is lots of RRT on the ward so would revise the topic as well

USEFUL RESOURCES:

- Critical Care Medicine at a Glance - Leach
- Oxford Handbook of Critical Care - M. Singer

Usual Day:

08:00: meet in OCC Level 3 hub room and the junior team will be divided up
08:15: handover
08:30: daily reviews of the patients by junior doctors (you each get allocated between 1-3 patients in the morning to examine and review)
09:30: consultant-led ward round
13:00: teaching - there is 1 hour ICU teaching on Tuesdays and Journal club on Wednesday
16:00: 2nd afternoon consultant led ward round
18:00: end of day

NEUROLOGY

John Radcliffe Hospital

Inpatients are divided between three wards:

- **Green (Inflammatory)**
- **Purple (Epilepsy)**
- **Rainbow/Orange-Red-Blue "ORB" (Movement disorders and everything else)**

You will cover all of these on rotation during your block.

There are various shift patterns you can be on:
Standard day: 9:00 -17:00
Early day: 7:30 – 16:00
Late day: 14:30 – 23:45
Liaison: 8:30 – 16:30
Clinic day: 9:00 – 17:00
Weekend late: 13:00 – 23:45

FY 2

AVERAGE NUMBER OF:

- **HOURS WORKED PER WEEK:** 45
- **NIGHT SHIFTS:** 0
- **ON-CALLS:** 1 week every 6
- **WEEKENDS:** 2 weekends in 6 weeks

UNIFORM: smart clothes
ROTA COORDINATOR/FOR MORE INFORMATION: Simon.Rinaldi@ouh.nhs.uk
HOW IS SDT ALLOCATED? By the rota coordinator, usually on clinic days and liaison days **HOW DO YOU COORDINATE ANNUAL LEAVE?** With the rota coordinator - The minimum number of SHOs required to be working is three during the week, and two at weekends.
TEAM STRUCTURE: If ward based, a few other SHOs, SpRs and a consultant. Some of your days you will be rostered to work in the Neurosciences Investigation Unit (NIU) – a day unit which is used by Neurology and Neurosurgery to review patients, give treatments and perform procedures on an outpatient basis. Its open Monday-Friday and is staffed by a small group of nurses, ward clerk and SHO.
WHO DO YOU ESCALATE CLINICAL CONCERNS TO? For clinical concerns of patients, the SpR/Cons that did the ward round; for other concerns your clinical supervisor **TRAINING/PORTFOLIO OPPORTUNITIES:** Lots of LPs + review of patients in clinics: 3 general neurology patients are booked in for the SHO to see on the Friday clinic (1300, 1415, 1515)
KEY BLEEPS: The ward early and ward late shift SHOs should carry bleep #6223. #6203 should be held by the SHO covering NIU each day between 09:00 – 17:00.

TIPS: patients admitted for elective PEG insertion, patients with **PD** for DBS workup and Interventional Neuroradiology patients undergoing **carotid stent insertion** so worth revising these. Additionally day case patients attending the ward for **Cyclophosphamide infusions** are primarily the responsibility of the ward SHOs.

1. There is a really useful handbook that is provided by the department which outlines all the jobs for the individual "teams" (green, purple, orange)
2. When clerking "purple" patients in, make sure you pay particular attention to the **semiology and frequency of seizures**, and **birth and developmental history** + prescribe the correct anti-epileptics (check with pharmacy if concerned)
3. **As part of the neurology team, you will also look after MND**

NEURO ICU

John Radcliffe Hospital

ROLE SUMMARY:

FY 2

AVERAGE NUMBER OF:

- **HOURS WORKED PER WEEK: 45 a week (on average)**
- **NIGHT SHIFTS: 1:4, alternates between 3 nights Friday – Sunday and 4 nights Monday – Thursday**
- **ON-CALLS: 1:6, on-calls cover plastics and max-fax**
- **WEEKENDS: 1:5**

UNIFORM:

ROTA COORDINATOR/FOR MORE INFORMATION:

HOW IS SDT ALLOCATED?

HOW DO YOU COORDINATE ANNUAL LEAVE?

TEAM STRUCTURE:

WHO DO YOU ESCALATE CLINICAL CONCERNS TO?

TRAINING/PORTFOLIO OPPORTUNITIES:

KEY BLEEPS:

COMMON PRESCRIPTIONS:

On-call day: 7:30 – 20:30
day:
08:00- 20:30
Standard day: 7:30 – 17:30
Night: 20:00 - 20:30

TIPS:

NEUROSURGERY

John Radcliffe Hospital

7.30am SHO handover in the SHO office on NIU (ward). Then attend 'handover meeting' in radiology department (ward + region). Divided into firms, each firm has ~3 consultants and you are responsible for these pts. Usually a single firm for entire rotation. Sometimes 'cross cover' other firms if short staffed. Ward rounds usually between 8.30am and 10.30am, sometimes longer. 'Round-up' with SpR after WR to prioritise jobs. Board round 11am. Rest of the day jobs, some patients will be seen again by SpR/cons. Notably jobs include managing the devices and drains on the ward, you are trained and supported for this. 'Round-out' with SpR 4.00pm (go through the jobs and ensure any action needed). Handover 4.30pm-5pm/wrap up jobs.

FY 2

AVERAGE NUMBER OF:

- **HOURS WORKED PER WEEK:** 48 hours
- **NIGHT SHIFTS:** One set of days (4) and one of nights (3) every 15 weeks.
- **ON-CALLS:** Around one 'long day' per week on average (including weekends)
- **WEEKENDS:** Two weekends every 15 weeks

UNIFORM: Scrubs + clogs (need to be able to speak to team in theatre)

ROTA COORDINATOR/FOR MORE INFORMATION: Role rotates between trainees
HOW IS SDT ALLOCATED? On rota automatically
HOW DO YOU COORDINATE ANNUAL LEAVE? Request through rota coordinator as above
TEAM STRUCTURE: Firm-based.

- 3 consultants
- 2 SpR
- Single SHO day-to-day on each firm (6-7 SHO total)

WHO DO YOU ESCALATE CLINICAL CONCERNS TO? SpR, NITU SpR
TRAINING/PORTFOLIO OPPORTUNITIES: many clinical skills and CBDs
KEY BLEEPS: 6227 SHO Oncall, 6609 SpR Oncall
COMMON PRESCRIPTIONS: really variable based on the patient; use the BNF and pharmacy team are really helpful

There is an unofficial departmental website that has information on the staff and teaching carried out: https://www.oxfordneurosurgery.org/

Top 3 things to read up on:

1. SAH (diagnosis, management, possible complications)
2. Brain tumour ddx
3. SDH

OBSTETRICS AND GYNAECOLOGY

John Radcliffe Hospital

You cover many different sub-departments, so the role is very varied even day to day: **Delivery Suite:** Assist with the Ward Round, although largely supernumerary. The Consultant leads the round and the Registrar scribes in paper notes. Prescribe on EPR. Afterwards clerk continuously in MAU/bleeped to assist in theatres.
MAU: Clerk pregnant women past 16 weeks gestation and post natal women. Lots of speculum examinations. Discuss every patient with an SpR. Paper notes.
Antenatal: Ward Round with Consultant and Registrar then ward jobs. You also get asked to see occasional patients in DAU and do prescriptions for them. Paper notes.
Postnatal: You see all the Postnatal C section patients and 'complex' vaginal delivery patients. Often on your own but can ask Antenatal Registrar questions. You discharge most patients and write TTOs. Most patients don't need a doctor's discharge summary. Days can be very busy. Paper notes.
Gynae: Gynae Ward Round with Consultant and Registrar. Then ward jobs. Clerk continuously. No Registrar on weekends. Busy shift.
Women's Centre theatres: You assist. 0730 for pre-op Round. Get to leave early most days. Must write discharge summaries for every patient.
Elective C Sections: You assist and cover pre-op assessments. 0730 for pre op Round. Useful day for focussing on learning.
Gynae Oncology: Churchill. 8 to 5. Ward Round with Reg at 8.30 ± Consultant later in the day. Sometimes you go to theatre. Urology handover at 5pm. Urology for 3 hours.

AVERAGE NUMBER OF:

- **HOURS WORKED PER WEEK:** 46
- **NIGHT SHIFTS:** 7 nights in 15 week rotation
- **ON-CALLS:** 15 within 15 weeks
- **WEEKENDS:** 4 within 15 weeks

FY 2

UNIFORM: Scrubs
ROTA COORDINATOR/FOR MORE INFORMATION:
Suwon.MedicalStaffing@oxnet.nhs.uk

HOW IS SDT ALLOCATED? By Suwon.MedicalStaffing@oxnet.nhs.uk

HOW DO YOU COORDINATE ANNUAL LEAVE? Suwon.MedicalStaffing@oxnet.nhs.uk, any 8-5 day can be requested

OBSTETRICS AND GYNAECOLOGY

John Radcliffe Hospital

FY 2

TEAM STRUCTURE: Highly variable – on gynae oncology for example you are the only person responsible for the patients once the consultant does the ward round as they then go to theatre/clinic. In other areas of the rota you have several SHOs or SpRs on with you.

WHO DO YOU ESCALATE CLINICAL CONCERNS TO? Depends on where based. Escalate to the most senior person in the team you are working with, or contact your clinical supervisor. If there are work-based issues and the individuals you have escalated to are not helping, escalated to your educational supervisor.

TRAINING/PORTFOLIO OPPORTUNITIES: Lots of training/portfolio opportunities, just ask! Be proactive in telling your team what you would like to do and if you are interested in the speciality there are lots of projects and audits being carried out by the department.

KEY BLEEPS: Use induction as there are many and held by different people based on which rota you are on and which hospital (gynae oncology is covered at the Churchill for example)

COMMON PRESCRIPTIONS: Ferinject, dalteparin, ferrous sulphate, Ben pen, anti D, blood products, contraception, HRT

TIPS:

1. Always escalate
2. Don't be afraid to ask questions
3. You aren't expected to know everything on day 1 and you will learn a lot throughout the rotation
4. Here are several things that are worth revising before starting:
    1. Medications and side effects (HRT, contraception)
    2. Gynae emergencies and especially complications (useful when you based on the gynae ward)
    3. Common maternal conditions in pregnancy like gestational diabetes
    4. History and examination in pregnancy, as you clerk patients in MAU and its worth remembering the different scans/bloods needed at various weeks as makes it easier when clerking to check if these have happened or if it is part of their check-up.

ONCOLOGY

Churchill Hospital

The day starts at 9am with an MDT where every patient is discussed - usually lasts about 1 hour. The FY1 then usually joins the consultant on the ward round where they see all the new admissions since the previous day and especially complicated patient. Consultant ward round usually takes between 2-4 hours, rest of the day is spent doing jobs for the patients such as organising scans and procedures (a lot of discussion with interventional radiology), the FY1 occasionally does solo ward round for medically stable patients. There is a second MDT at 3pm (lasts 30-45 minutes on average). When you are on call you are holding the bleep for the entire junior medical team and you are responsible for clerking elective admissions - usually for chemotherapy, radioactive isotope procedure or elective drains (usually 2-3 per day), you might also be asked to help clerk patients in the oncology triage area. The on call lasts until 9pm and you are only covering the oncology ward and outliers.

AVERAGE NUMBER OF:

- **HOURS WORKED PER WEEK:** 47
- **NIGHT SHIFTS:** 0
- **ON-CALLS:** 6 within 5 weeks
- **WEEKENDS:** 1 within 5 weeks

FY 1

UNIFORM: scrubs/own clothes
ROTA COORDINATOR/FOR MORE INFORMATION: suwon.medicalstaffing@ouh.nhs.uk
HOW IS SDT ALLOCATED? Allocated on the rota
HOW DO YOU COORDINATE ANNUAL LEAVE? discuss with rota coordinator, request on Medirota
TEAM STRUCTURE: 1 consultant, 1 registrar on ward, 1 in oncology triage usually 3-5. FY1/FY2/SHOs and there are often medical support workers
WHO DO YOU ESCALATE CLINICAL CONCERNS TO? registrar/consultant
TRAINING/PORTFOLIO OPPORTUNITIES: clerking in triage (CBDs and mini-CEX). Easy TAB as big team with very frequent MDTs, weekly departmental teaching by SpRs.
KEY BLEEPS: on Induction
COMMON PRESCRIPTIONS: Morphine, Chemotherapy support drugs: anti-sickness, steroids, filgrastim etc - quite complicated, best to do with pharmacist, Steroids as per MSCC protocol, Tazocin, Anticoagulants. You don't prescribe anti-cancer treatment such as chemotherapy - this is only prescribed by registrars and consultants.

Top tips:

1) review oncological emergencies
2) always review anticoagulation - often held as patients have frequent procedures but they are at very high clotting risk so it needs to be restarted in time

Two things to review:

1) neutropenic sepsis protocol
2) MSCC protocol

ONCOLOGY

Churchill Hospital

The day starts at 9am with an MDT where every patient is discussed - usually lasts about 1 hour. The FY1 then usually joins the consultant on the ward round where they see all the new admissions since the previous day and especially complicated patient. Consultant ward round usually takes between 2-4 hours, rest of the day is spent doing jobs for the patients such as organising scans and procedures (a lot of discussion with interventional radiology), the FY1 occasionally does solo ward round for medically stable patients. There is a second MDT at 3pm (lasts 30-45 minutes on average). When you are on call you are holding the bleep for the entire junior medical team and you are responsible for clerking elective admissions - usually for chemotherapy, radioactive isotope procedure or elective drains (usually 2-3 per day), you might also be asked to help clerk patients in the oncology triage area. The on call lasts until 9pm and you are only covering the oncology ward and outliers.

AVERAGE NUMBER OF:

- **HOURS WORKED PER WEEK:** 48
- **NIGHT SHIFTS:** 7 nights within 10 weeks
- **ON-CALLS:** 8 within 10 weeks
- **WEEKENDS:** 1 within 5 weeks

FY 2

UNIFORM: scrubs/own clothes
ROTA COORDINATOR/FOR MORE INFORMATION: suwon.medicalstaffing@ouh.nhs.uk
HOW IS SDT ALLOCATED? Allocated on the rota
HOW DO YOU COORDINATE ANNUAL LEAVE? discuss with rota coordinator, request on Medirota
TEAM STRUCTURE: 1 consultant, 1 registrar on ward, 1 in oncology triage usually 3-5. FY1/FY2/SHOs and there are often medical support workers
WHO DO YOU ESCALATE CLINICAL CONCERNS TO? registrar/consultant
TRAINING/PORTFOLIO OPPORTUNITIES: clerking in triage (CBDs and mini-CEX). Easy TAB as big team with very frequent MDTs, weekly departmental teaching by SpRs.
KEY BLEEPS: on Induction
COMMON PRESCRIPTIONS: Morphine, Chemotherapy support drugs: anti-sickness, steroids, filgrastim etc - quite complicated, best to do with pharmacist, Steroids as per MSCC protocol, Tazocin, Anticoagulants. You don't prescribe anti-cancer treatment such as chemotherapy - this is only prescribed by registrars and consultants.

Top tips:

1) review oncological emergencies
2) always review anticoagulation - often held as patients have frequent procedures abut they are at very high clotting risk so it needs to be restarted in time

Two things to review:

1) neutropenic sepsis protocol
2) 2) MSCC protocol

OPTHALMOLOGY

John Radcliffe Hospital

FY 2

AVERAGE NUMBER OF:

- **HOURS WORKED PER WEEK:**
- **NIGHT SHIFTS:**
- **ON-CALLS:**
- **WEEKENDS:**
- **UNIFORM:**
- **ROTA COORDINATOR/FOR MORE INFORMATION:** katia.haddad@ouh.nhs.uk

HOW IS SDT ALLOCATED?

HOW DO YOU COORDINATE ANNUAL LEAVE?

TEAM STRUCTURE:

WHO DO YOU ESCALATE CLINICAL CONCERNS TO?

TRAINING/PORTFOLIO OPPORTUNITIES:.

KEY BLEEPS:

COMMON PRESCRIPTIONS:

Top tips:

Two things to review:

ORAL AND MAXILLOFACIAL SURGERY

John Radcliffe Hospital

FY 2

You will be Based in SSIP, GPRU, Theatres, Oral and Maxillofacial Outpatients Department

Weekday on-call shifts: On-call SHO to attend SSIP doctor's office at 07:45 for handover from night SHO. Night/day SHO on-call to print handover lists (stored on O-drive, access requested through IT). Morning handover at 0800 in the on-call room close to SSIP then ward-round on SSIP/any outliers requiring assessment by reg/consultant - there are usually no more than 5 in-patients.
As the SHO on-call new referrals will come to you first , the OMFS induction handbook/powerpoint will support you to approach cases effectively.
The most common referrals are dental abscesses, facial bone fractures and facial lacerations. If the laceration involves the eyelid then it is for oculoplastics, contacted via Ophthalmology SpR (Bleep #1225).
Night shifts: The night SHO cross covers plastic surgery and maxillofacial surgery. OMFS evening handover is SHO to SHO at 2000 SSIP doctor's office. After the OMFS handover, attend the Plastics handover in HAPI Clinic. On the weekend, the morning plastics handover happens in the seminar room on SSIP. For OMFS overnight, ensure you have the mobile phone number for the night SpR, they are usually not on-site overnight. Any referrals for facial lacerations overnight in children under the age of 5 will require closure under GA. For these patient's you can ask them to bring the child into CDC in the morning at 0800, NBM and ensure you contact the paeds bed manager on bleep #1528 to let them know to expect the child in the morning. For children under 5 you should also book the patient onto the emergency theatre list using EPR, which will be explained during induction. For adult facial lacerations you can bring them into GPRU. It is usually best to ask them to come in for ~10am onwards, as this is usually the latest that ward round will finish. If you ask anyone to attend GPRU, write their details on the whiteboard in GPRU or let the GPRU nurses know when they come in at 0700 in the morning.
For plastics referrals overnight you will need an OARS account registered with the plastic surgery team, ensure this is arranged prior to your first night shift. You will also need access to the ouh-tr.plasticreferrals@nhs.net email address.

ORAL AND MAXILLOFACIAL SURGERY
John Radcliffe Hospital

FY 2

AVERAGE NUMBER OF:

- **HOURS WORKED PER WEEK:** 48
- **NIGHT SHIFTS:** 1 in 4
- **ON-CALLS:** 1 in 3
- **WEEKENDS:** 1 in 4

UNIFORM: Scrubs
ROTA COORDINATOR/FOR MORE INFORMATION: Siddharth.Gowrishankar@ouh.nhs.uk
HOW IS SDT ALLOCATED? 1 afternoon every 2 weeks allocated for SDT
HOW DO YOU COORDINATE ANNUAL LEAVE? Email the rota coordinator for SHOs which is currently the OMFS SpR Omar Sheikh
TEAM STRUCTURE: On any shift there will usually be multiple registrars around - at least 1 consultant, 1 registrar and 1 SHO on-call - During weekdays there will often be additional SHOs + SpRs around, and there should be at least 1 DCT (Dental trainees) on-call each weekday. The DCT on-call should carry the bleep until 2pm, at which point the SHO on-call will take the bleep.
WHO DO YOU ESCALATE CLINICAL CONCERNS TO? SHO > SpR > Cons
TRAINING/PORTFOLIO OPPORTUNITIES: Many theatre opportunities, lots of opportunities to suture facial lacerations independently and perform incision and drainages of dental abscesses.
KEY BLEEPS: OMFS SHO bleep – 1049, OMFS SpR bleep - 1086 (only carried from 0800-1700 Mon-Fri - can contact OMFS SpR on-call via switch or mobile phone)
COMMON PRESCRIPTIONS: Maxfax PowerPlan. Chlorhexidine mouthwash - 2 weeks duration to avoid staining of teeth/altering of taste. Co-amoxiclav 5/7 for most dental abscesses - Clindamycin if pen allergic - see Microguide.

TIPS:

1) Familiarise yourself with management of common and emergency MaxFax presentations including white-eye/blowout fracture (orbital floor fracture with entrapment of orbital contents, not including fat), Ludwig's angina and retrobulbar haemorrhage.

2) Utilise opportunities to improve surgical skills with supervision, the team are happy to teach and support you.

2) Utilise opportunities to improve imaging interpretation at team meetings - in particular OPGs

ORTHOPAEDIC SURGERY

Nuffield Orthopaedic Centre

Handover happens in a meeting room in Theatres - you only attend this if you are on call for the day. Otherwise start the day in the junior doctors office. Ward rounds done daily - sometimes consultants or registrars will text you and come do a round, but often foundation doctors will be doing the ward round themselves. Number of patients varies significantly depending on what team you are assigned to (eg. knee, hip, hand, upper limb, sarcoma, limb reconstruction, paediatrics). Individual responsibilities vary significantly between these teams. Some FY2s will have outpatient/pre-op duties. You will be sent all pre-OP ECGs for your team to be signed off - if there are any issues with the ECGs you are expected to arrange appropriate investigations/interventions (ie. anaesthetic review, cardiology referrals, initiating treatment for AF, ECHO). When on call you are responsible for clerking emergency admissions with the on call registrar and dealing with their care for the first 24 hours of their admission. The on call SHO (who is frequently an FY2) is expected to lead any crash calls - they don't care that none of the current FY2s are not ALS trained - in hours there is an anaesthetist on the crash team, out of hours it's only an SpR, SHO and ops manager. Any emergencies or very sick patients should be transferred to the JR. There is also not a CT scanner at the NOC, so if you need a CT/CTPA the patient has to be transferred to the JR - for stable patients they can go to AAU (call the AAU consultant), for unstable patients they generally go to resus or EAU (call the JR referrals med SpR).

AVERAGE NUMBER OF:

- **HOURS WORKED PER WEEK:** 45
- **NIGHT SHIFTS:** 3 if weekend, 4 if weekday. You work 2 sets of nights in a 15-week cycle
- **ON-CALLS:** 1 per week generally, 2 if covering a weekend. There are two types on on call: long day (8am-9pm) and short day (8am-5pm). Short day on call only involves responding to crash bleeps unless acute admissions are very busy

FY 2

- **WEEKENDS:** 4 weekends in a 15-week cycle: 1 weekend where you work both days as short day on call, one weekend nights, and two weekends where you work only one day as long day on call.

UNIFORM: Most people wear their own clothes, some wear scrubs

ROTA COORDINATOR/FOR MORE INFORMATION:
tomedical.staffing@ouh.nhs.uk

HOW IS SDT ALLOCATED? Liaising with the rota coordinator

HOW DO YOU COORDINATE ANNUAL LEAVE? Can be taken when another junior from your team or your cross cover is working. Rota is through medi-rota so requested on the app.

One of the staff grade doctors here is planning on creating an induction booklet for NOC ortho jobs - this hasn't yet been done but hopefully coming soon and should be very useful for incoming doctor as t the NOC because foundation doctors are assigned to specific surgical teams and every team has different requirements and expectations of their juniors.

TEAM STRUCTURE: Number of consultants and SpR/clinical fellows varies depending on what team you are on. there are 4x FY2s and 2x FY1s, as well as 3 staff grade and 4 locum SHOs that work long term in this department.

WHO DO YOU ESCALATE CLINICAL CONCERNS TO? Your team SpR/clinical fellows/consultant, or the on-call SpR if out of hours or your team is in theatres. For medical problems escalate to the JR Med SpR.

TRAINING/PORTFOLIO OPPORTUNITIES: Can spend time in theatres, workload generally allows for this as well as audits and projects.

KEY BLEEPS: 7404 - on call SpR, 7202 - on call SHO long day, 7303 - on call SHO short day, 7101 - NOC ops manager, 1475 - JR med SpR for advice, 1470 - JR med SpR for referrals/transfers

COMMON PRESCRIPTIONS: Analgaesia, laxatives, vancomycin (per microguide) + meropenem (standard dose is 500mg TDS IV for parients with presumed joint infection post-op), other abx per BIU plans

FY2s: refresh your ECG skills and remember to check your EPR Message Centre throughout the day. Also remember to ask to be added to the POAC whatsapp group and tell them any time you are away/on nights so they can send your ECGs to your crosscover and you don't come back to a whole pile of them. No one will warn you about the ECGs, and the nurses rarely check them, so you occasionally pick up on emergencies that need to be dealt with on the day. And remember to check the potassium!

ORTHOGERIATRICS

Horton General Hospital

Weekday (8-3):

- Meet at doctors office and go down to trauma MDT
- Ward round with consultant or sometimes independently. Usually responsible for 24 patients, but have good consultant support, F2 and sometimes EAU medical support.

Late (2-10):

- Handover in doctors office on F ward (24 patients)
- Main jobs are to finish up any outstanding tasks from the day team and be the on-call doctor for the nurses.
- Responsible for admission clerking, post-op reviews and any deteriorating patients.
- Alone on ward after 4-5pm, but can reach orthopaedic SpR on-call for surgical problems or med reg on call for medical problems.

Night (9:30-10):

- Handover at F ward and also attend medical handover in ambulatory. Mainly responsible for new admissions, any deteriorating patients
- overnight and, if really busy, EAU will sometimes ask for help. Also preparing ward round entries for next day.

Weekend (9-10):

- Medically responsible for all the ward patients. Meet at F ward doctors office and responsible for weekend ward round (see all patients at least once over the 2 days), new admissions and deteriorating patients. No phlebotomists over the weekend, so responsible for all bloods, cannulas etc, as well as post-op reviews. Typically the most busy and difficult shift on F-ward.

Float: As day, but 9-5

SEU: Cover for SEU triage 1 week in 6.

Generally, you are made responsible for tracking whether people have had their scans and had bone-protection plans in place.

AVERAGE NUMBER OF:

- **HOURS WORKED PER WEEK:** 47
- **NIGHT SHIFTS:** 7 every 6 weeks
- **ON-CALLS:** Variable
- **WEEKENDS:** 1 in 3 (1 weekend night and 1 weekend day)

FY 1

UNIFORM: Own (most people were scrubs or scrub top and trousers, but can equally wear smart clothing)

ORTHOGERIATRICS

Horton General Hospital

FY 1

ROTA COORDINATOR/FOR MORE INFORMATION: shwan.henari@ouh.nhs.uk

HOW IS SDT ALLOCATED? You get 30 mins at the end or beginning of some shifts, e.g 90 mins at the end of a nightshift

HOW DO YOU COORDINATE ANNUAL LEAVE? People tend to take their float leave and then arrange to see if there is enough cover to take day shifts off. Shwan organises leave, but you are often left to determine that there is appropriate cover before taking it.

TEAM STRUCTURE: 2 medical consultants (Dr Kannan and Dr Stewart), 4-5 surgical consultants, who you don't really interact with, 5+ surgical SpRs, who you will see
on-call, 1 SHO sometimes from EAU, 1 FY2 9-5

WHO DO YOU ESCALATE CLINICAL CONCERNS TO? In hours: medical consultant for medical problems, surgical SpR on call for surgical problems. Out of hours: Surgical SpR unless medical and urgent, in which case med reg on call.

TRAINING/PORTFOLIO OPPORTUNITIES: Good opportunity to go to theatre if interested. Very good and friendly consultants, so good opportunity to ask questions and learn about a range of medical problems. Very supportive of audits, other related work. Good opportunity to get involved with procedures.

KEY BLEEPS: Very few bleeps, nurses often come to you directly r.e. low blood pressure, confused patient, especially post-op or overnight, discharge summary, change in prescription

COMMON PRESCRIPTIONS: Pain relief, Fluids, VRII, Antibiotics

TIPS:

1. Take advantage of the time you have on ward to get involved in theatre or audits
2. Communication is essential, as you will have to keep track of long-term jobs that can be missed on patients that may be fit for discharge (e.g. patient being sent home without having had a post-op scan).
3. You will have lots of on-calls and night shifts, which are ultimately not too busy. Manage your time well as far as how you plan for regular night shifts and take advantage of the fact that your nights could end up not being too busy.
4. Revise bone anatomy and useful to also learn how to review bone X-rays

ORTHOGERIATRICS

Horton General Hospital

Weekday Shifts with no on-calls [9-5 or 8-4 if you want to attend trauma MDT in morning and spend more time in theatres in pm]

- Either start in trauma MDT [if starting at 8 or ward round at 9.
- Ward Round with Consultant or sometimes independently. Usually responsible for 24 patients, good consultant support and EAU medical support. At least one another junior doctor every day.
- Rota is 9-5, 5 days a week, with a lot of free time in between.
- You'll be the only FY2 on the ward working with a group of FY1's and an EAU Medical Support SHO, doing ward rounds and jobs.
- The trauma registrars are very good as well, you'll see them in and out of the wards, in the trauma MDT and in theatres. This job is particularly good if you're interested in surgery.
- Majority of patients have had Neck of Femur fractures. You will also have medical outliers on the ward, but majority tend to be trauma

"In preparation for the job I would just refresh yourself on AF, PE's, chest infections and UTIs. Surgically, review NOF fracture management and general orthopaedic anatomy for X-Ray reviews"

AVERAGE NUMBER OF:

- **HOURS WORKED PER WEEK:** 40
- **NIGHT SHIFTS:** 0
- **ON-CALLS:** 0
- **WEEKENDS:** 0

FY 2

UNIFORM: Scrubs/Smart/Formal [No Strict Uniform Code]
ROTA COORDINATORS EMAIL ADDRESS: shwan.henari@ouh.nhs.uk
HOW IS SDT ALLOCATED? You liaise with your clinical supervisor which days/half days you want SDT.
HOW DO YOU COORDINATE ANNUAL LEAVE? You can take any days off given that there is at least 2 junior doctors covering the morning shift [F1 Float, F1 Early or EAU Support SHO]
TEAM STRUCTURE: 2 Medical Consultants (Dr Kannan and Dr Stewart). 4-5 T&O Consultants. 5+ T&O SpRs. 1 SHO from EAU [Available 4/5 weekdays]. 4-5 FY1's [at least 1 is working with you in am]
WHO DO YOU ESCALATE CLINICAL CONCERNS TO? medical consultant or surgical SpR on call
TRAINING/PORTFOLIO OPPORTUNITIES: Fantastic opportunity to go to theatres if interested, as most operations happen during the afternoon and by that time you would have completed most of the jobs at hand - great for surgical E-logbook. Very supportive of audits and other related work.
Overall a good opportunity to get involved with procedures, teaching and other projects.
KEY BLEEPS: You do not have a bleep [only FY1's]
COMMON PRESCRIPTIONS: Pain Relief, Laxatives, Fluids, VRII, Antibiotics, FPS Plans, VTE Prophylaxis.

Top things to review before role:

1. Managing NOF Fractures and reviewing X-Rays
2. Managing General Medical Conditions [Pneumonia, Afib, UTI's, PE's etc.]
3. General Peri-Operative Management [Analgesia, Laxatives, Diabetic Considerations]

PAEDIATRICS

John Radcliffe Hospital

FY 1

There are 3 main areas of paediatrics that you can be assigned to work. In general you will stay in one place for a whole week, and switch to another clinical area the next. The clinical areas you may be working in are:

1. Acute Paediatrics

- Morning handover at 8:30 and evening handover at 4:30
- You will be part of a team of a consultant, 2-3 registrars and 2-3 SHOs
- Ward round usually lasts until anywhere between 11am-2pm depending on workload and there can be anywhere between 10-30 inpatients at any time
- Usually there is a 'catch up' after ward round where jobs are split up
- Jobs you may be asked to do: afternoon reviews of patients, bloods/cannulas on older children, assisting SpRs with cannulas/bloods on babies, discharge summaries (LOTS!)

2. Specialities

- Morning handover 9:00 and evening handover at 5pm.
- You will be assigned to either gastro/endo, cardio/resp, neuro or haem/onc and work alongside a registrar only seeing specialist patients.
- Usually you will join the registrar on the morning ward round, and occasionally you will have to do this alone if the Reg is running a clinic. The consultants are all lovely and very eager to be bleeped for the smallest of questions if this is the case, so don't hesitate to bleep them
- There are also specialty specific tasks you may be asked to do e.g. consenting Daycare patients for anti-TNF infusions on gastro, or attending MDT meetings. This is very clearly laid out in a master document that you will be sent by Dr Choy Lee (Consultant)

3. CDU

- Join the acute team morning handover at 8:30, afternoon handover takes place in CDU at about 4:30
- There is also a twilight CDU shift (listed as 'ED' on the rota) which is from 4-11pm.
- CDU (children's decision unit) is where patients are referred either from their GP or A&E to be reviewed. You'll see lots of feeding problems, rashes and safeguarding concerns
- This is a great place for learning as you can see patients yourself, and check over plans with the Reg/Consultant

PAEDIATRICS

John Radcliffe Hospital

FY 1

AVERAGE NUMBER OF:

- **HOURS WORKED PER WEEK:** 44
- **NIGHT SHIFTS:** 2-3 blocks of nights per 4 month rotation
- **ON-CALLS:** ~1 long day every 2 weeks (8:30am-9:30pm)
- **WEEKENDS:** ~1 in 3-4 weekends

UNIFORM: Most people wear scrubs, but this is optional
ROTA COORDINATOR/FOR MORE INFORMATION: rajat.pratap@ouh.nhs.uk

HOW IS SDT ALLOCATED? You'll need to do this yourself by picking a day each month and agreeing with rota coordinator
HOW DO YOU COORDINATE ANNUAL LEAVE? AL isn't usually a problem to get, just make sure you email the rota coordinator early
TEAM STRUCTURE: One important thing to note - there is no 'FY1' bleep. You will carry the SHO bleep and are also on the SHO rota. You're well supported by seniors, but I found it useful to make it clear over the phone that I was an FY1
WHO DO YOU ESCALATE CLINICAL CONCERNS TO? First port of call will be the SpR you are working with, and consultants are also very present on the ward and very approachable.
TRAINING/PORTFOLIO OPPORTUNITIES: When on specialities, ask to attend clinic if you are not busy
KEY BLEEPS: Acute SHO: 4067/4087
COMMON PRESCRIPTIONS: Movicol (see paediatric constipation guideline). Hepsal (heparin saline for keeping PICC lines patent)

TIPS:

- Guidelines are available on the intranet by going to: A-Z > Children's services > General Paediatric Guidelines
- The Paediatric Fluids PowerPlan will save you a lot of time
- Ring nurses 45 mins before bloods and ask them to apply 'Ametop' local anaesthetic cream - this will save you a lot of time!
- Go over guidelines on bronchiolitis and croup (this will be 50% of the patient's you see), constipation, paediatric fluid

PAEDIATRICS

John Radcliffe Hospital

Ward round, assessing and seeing patients on CDU and A+E. Senior support available. You work in the Children's Hospital, CDU and A+E – normal day/CDU/ward/paediatric specialities 0830-1730. Long day/weekend day 0830-2130. Nights 2100-0900. Twilight CDU/ED 1600-2300.

FY 2

AVERAGE NUMBER OF:

- **HOURS WORKED PER WEEK:** 44.25
- **NIGHT SHIFTS:** 10
- **ON-CALLS:** 22
- **WEEKENDS:** 3

UNIFORM: Not provided, wear own smart clinical clothes/scrubs

ROTA COORDINATOR/FOR MORE INFORMATION: rajat.pratap@ouh.nhs.uk

"Everyone is really lovely! Get to know the nurses, HCAs and play staff. Try and have a good relationship with your ED colleagues. It's okay to ask consultants about literally anything, they know you might not have any paeds experience. There's an intranet page with a protocol for literally everything."

HOW IS SDT ALLOCATED? Request SDT by emailing rajat.pratap@ouh.nhs.uk

HOW DO YOU COORDINATE ANNUAL LEAVE? Email rajat.pratap@ouh.nhs.uk

TEAM STRUCTURE: multiple – always one consultant and one SHO on. During the weekday there are usually 2 consultant and 1-4 SHOs

WHO DO YOU ESCALATE CLINICAL CONCERNS TO? Discuss with Registrars / Consultants

TRAINING/PORTFOLIO OPPORTUNITIES: Lots of training/portfolio opportunities, just ask!

KEY BLEEPS: 4087, Acute Paediatrics SHO - 4067

COMMON PRESCRIPTIONS: Paracetamol, ibuprofen, antibiotics, TPN

TIPS:

1. Be organised and take the opportunity to go to clinic
2. Take the opportunity to learn paediatric procedures
3. Revise bronchiolitis, limp, seizures.

PAEDIATRICS

Horton General Hospital

Ward round in morning. Take and see referrals from GPs, ED and midwives. Always senior reviewed by a consultant

FY 2

AVERAGE NUMBER OF:

- **HOURS WORKED PER WEEK:** 48
- **NIGHT SHIFTS:** 1 set of nights every 4 weeks
- **ON-CALLS:** 1 late shift a week
- **WEEKENDS:** 1 in 4

UNIFORM: scrubs/own clothes

ROTA COORDINATOR/FOR MORE INFORMATION: Rota on Medirota
Tania.Davison@ouh.nhs.uk
HOW IS SDT ALLOCATED? self scheduled, normally on outpatient clinic days
HOW DO YOU COORDINATE ANNUAL LEAVE? coordinated on Medirota
TEAM STRUCTURE: 5 GPVTs and 3 FY2s. Np SpRs. Usually 2 consultants during the day and 2 on 1 site and overnight
WHO DO YOU ESCALATE CLINICAL CONCERNS TO? Your clinical supervisor in the first instance
TRAINING/PORTFOLIO OPPORTUNITIES: outpatient days in the rota, regular ward teaching, all cases are discussed with the consultant so easy to do CBDs
KEY BLEEPS: 9531, 9403
COMMON PRESCRIPTIONS: analgesia, antibiotics, apple juice and ice cream!

TIPS:
Enjoy it! Very well supported, lots of learning opportunities, really friendly team Can swap late shifts easily with colleagues to help get leave Can use OP days to go to stuff at JR

Top things to read up on:
The trust guidelines on asthma, VIW, bronchiolitis, Gastroenteritis (e.g. common paediatric conditions)

PAEDIATRIC SURGERY

John Radcliffe Hospital

Pre-op clerking, post-op reviews, consultant/registrar ward round, clinics, documentation on EPR, discharge summaries, clinic letters, see all elective and emergency patients promptly, ensure elective admissions are dealt with within working hours, develop surgical skills, use surgical skills lab for 2-3 hours per month.
0745 am handover – Toms ward. Also at 1645.
Normal working day 0754-1645. Weekday long day 0745-2015. Night 1945 – 0800.
Weekend long day 0800-2015.

AVERAGE NUMBER OF:

- **HOURS WORKED PER WEEK:** 49
- **NIGHT SHIFTS:** 14 per 4 month rotation
- **ON-CALLS:** 14 per 4 month rotation
- **WEEKENDS:** 1 in 4

UNIFORM: Scrubs/own clinical clothing
ROTA COORDINATOR/FOR MORE INFORMATION: Natalie.Durkin.Rota@Gmail.com
HOW IS SDT ALLOCATED? Allocated as per Trust guidelines/contract. Study leave requests to the rota coordinator should be accompanied by a copy of the signed Study Leave form. The request should also be on Medirota.
HOW DO YOU COORDINATE ANNUAL LEAVE? No more than two registrars and no more than two junior trainees may be away simultaneously. Book leave early. Email Natalie.Durkin.Rota@Gmail.com and submit request on Medirota. 9 days per 4 month rotation
TEAM STRUCTURE: 8 Registrars, 2 Core Surgical Trainees, 3 FY2s, 3FY1s
WHO DO YOU ESCALATE CLINICAL CONCERNS TO? Registrar/Consultant
TRAINING/PORTFOLIO OPPORTUNITIES: Portfolio sign offs from presenting patients on ward rounds. Journal Club presentations. Audits. MDT (Colorectal, urology – excellent teaching and CBD opportunities). Radiology meeting and weekly departmental teaching.
KEY BLEEPS: Anaesthetic coordinator 6522
COMMON PRESCRIPTIONS: Analgesia, VTE prophylaxis, TPN, Antibiotics

TIPS:

1. Review fasting guidelines – under 1 year and over 1 year
2. Review pre-operative assessment and management
3. Review fluid prescribing, VTE prophylaxis, G+S/Crossmatch, TPN Paediatrics

PLASTIC SURGERY

John Radcliffe Hospital

F1s work 8am-5pm Monday to Friday with no evenings or weekends whilst F2 doctors have day shifts, on-call shifts and nights. Each FY1 and FY2 has 4 personal development days in their 4 month rotation and time to attend all mandatory teaching

FY 1

FY 2

Handover for on-call SHO

07:45- HAPI clinic- Night SHO hands over to OMFS SHO

080:00- SSIP ward – Night SHO hands over to Plastics SHO20:00- HAPI clinic-Day SHO hand over to the night SHO

AVERAGE NUMBER OF:

- **HOURS WORKED PER WEEK:** F1s (40), F2 (48)
- **NIGHT SHIFTS:** 1:10 (Only F2, Cross over with MOFS)
- **ON-CALLS:** 1:5 (only F2)
- **WEEKENDS:** 1:5 Fri-Sun (only F2)

UNIFORM: scrubs or smart clothes

ROTA COORDINATOR/FOR MORE INFORMATION: Rosie.Ching@ouh.nhs.uk

HOW IS SDT ALLOCATED? Allocated in the rota by the rota coordinator

HOW DO YOU COORDINATE ANNUAL LEAVE? Liaise with the coordinator

TEAM STRUCTURE: usually an F1, an SHO and an SpR/Cons

WHO DO YOU ESCALATE CLINICAL CONCERNS TO? SpR/Consultant that has reviewed the patient that day

TRAINING/PORTFOLIO OPPORTUNITIES: lots of opportunities to carry out minor ops and be supervised by SpR assessing patients that need plastics input; there is a monthly TEACH day run by SpRs where SHOs and SpR present different plastics teaching topics

KEY BLEEPS: plastics F1 (6305), plastics SpR (6540), plastics SHO (6300)

COMMON PRESCRIPTIONS: opioids, antibiotics and many more!

TIPS

1. Annual leave can only be taken on days scheduled normal days or paeds days.
2. All doctors receive a protected induction session to discuss rota and common clinical problems, and receive a departmental handbook in advance.
3. Revise management for: necrotising fasciitis, flexor tenosynovitis, compartment syndrome, burns, soft tissue injury

F2 Shifts

- 8am-5pm shifts - day shift, Pads/CHAPI
- 8am-8pm day on-call shift in a typical 4 month rotation they do 4 weekday on-calls (4 shifts Monday-Thursday) + 4 weekend on-calls (3 shifts Friday-Sunday)
- 8pm-8am night on call shift - in a typical 4 month rotation they do 2 weekday nights (4 shifts Monday-Thursday) + 2 weekend nights (3 shifts Friday-Sunday)

PUBLIC HEALTH

Nuffield Department of Public Health (NDPH)

Work-from home on health economics academic research projects. Option to work in Nuffield Department of Population Health but no office space available. Occasional exposure to public health through taster days/ registrar teaching.
On-call shifts (average 7hr/week) in JRH.

FY 2

AVERAGE NUMBER OF:

- **HOURS WORKED PER WEEK:** 45
- **NIGHT SHIFTS:** 0
- **ON-CALLS:** 7 hrs/week in EAU
- **WEEKENDS:** 1:5 in AAU (Saturday and Sunday)

UNIFORM: Scrubs/smart clothes in EAU/AAU, smart clothes in NDPH
ROTA COORDINATOR/FOR MORE INFORMATION:

- EAU/AAU - EMT.MedicalStaffing@ouh.nhs.uk
- Public Health - filipa.landeiro@ndph.ox.ac.uk

HOW IS SDT ALLOCATED? Self-rostered
HOW DO YOU COORDINATE ANNUAL LEAVE? With the above coordinators
TEAM STRUCTURE: there is also another FY2 on PH at the same time, but rarely work together
WHO DO YOU ESCALATE CLINICAL CONCERNS TO? During EAU, the medical firm SpR/consultant you are clerking for. During AAU, the consultant running AAU that day.
TRAINING/PORTFOLIO OPPORTUNITIES: Public health teaching regularly, research papers/involved in lots of different type of research available, public health taster days
KEY BLEEPS: N/A
COMMON PRESCRIPTIONS: On EAU/AAU - VTE, analgesia/pain ladder, antibiotics, oxygen, laxatives, antiemetics (Microguide and BNF app essential)

Top 3 tips/things to be aware of:

1) It is primarily academic
2) have home office set-up
3) on-call shifts regular so will need to swap if want extended leave

3 things to revise:

1) Health economics
2) Public health
3) Good clinical practice

PSYCHIATRY AND SEU

Warneford Hospital and John Radcliffe

9 am handover with the team. 2 days a week (usually Monday/Thursday) is a day-long ward round where you see all the patients. Patient numbers vary between the ward but around 16-20. One day a week there is an SEU shift - weekdays will be triage/helping other F1s, weekends you have to take care of 1 ward by yourself, doing the ward round and taking care of patients on the ward.

Read up on:
1. CD-10
2. How to do a good MSE
3. Common surgical conditions

FY 1

AVERAGE NUMBER OF:
- **HOURS WORKED PER WEEK:** 45
- **NIGHT SHIFTS:** 0
- **ON-CALLS:** 2 weekends every 6 weeks
- **WEEKENDS:** 2 weekends every 6 weeks

UNIFORM: Scrubs

ROTA COORDINATOR/FOR MORE INFORMATION: medicalstaffing@oxfordhealth.nhs.uk

HOW IS SDT ALLOCATED? Need to ask your clinical supervisor for it - can take it when the ward is not busy and there is enough staff cover

HOW DO YOU COORDINATE ANNUAL LEAVE? Confirm dates with supervisor and your team, email the dates to medical staffing. Usually quite easy to get if asked about early. Cannot take weekends off on SEU, will need to swap these. Be aware of any SEU shifts you take - you can take 2 days of annual leave off from SEU (non-weekends).

TEAM STRUCTURE: 1 consultant per ward and makes all the decisions and signs forms (if they are absent they will have to have consultant cover from other wards), 0-1 registrars, 1 SHO usually, no FY2, 2 F1s

WHO DO YOU ESCALATE CLINICAL CONCERNS TO? SpR and consultant on the ward

TRAINING/PORTFOLIO OPPORTUNITIES: Opportunity to do audits, a lot of teaching provided (3 hours of psych teaching on Tuesdays).

COMMON PRESCRIPTIONS:
- Basic physical health prescriptions - manage BP, diabetes, asthma, angina, oedema.
- Know about certain psych medications - clozapine, atypical antipsychotics, antidepressants, benzodiazepines - know side effects and their use.

TIPS:
1. Prepare yourself for the SEU shifts, you will be a lot slower than the other F1s on SEU who have that as a normal job, ask for help there.
2. Make a jobs list for the day, there are HCAs that can do bloods and ECGs for you.
   Leave non-priority jobs for the next day, avoid staying late
3. Do not make any decisions you are not comfortable to make.

PSYCHIATRY

Warneford Hospital and EDPS Radcliffe

9 am handover with the team. 2 days a week (usually Monday/Thursday) is a day-long ward round where you see all the patients. Patient numbers vary between the ward but around 16-20.

AVERAGE NUMBER OF:

- **HOURS WORKED PER WEEK:**
- **NIGHT SHIFTS:** 0
- **ON-CALLS**
- **WEEKENDS:**

FY 2

UNIFORM:

ROTA COORDINATOR/FOR MORE INFORMATION: medicalstaffing@oxfordhealth.nhs.uk

HOW IS SDT ALLOCATED?

HOW DO YOU COORDINATE ANNUAL LEAVE? TEAM STRUCTURE:

WHO DO YOU ESCALATE CLINICAL CONCERNS TO?

TRAINING/PORTFOLIO OPPORTUNITIES:

COMMON PRESCRIPTIONS:

- Basic physical health prescriptions - manage BP, diabetes, asthma, angina, oedema.
- Know about certain psych medications - clozapine, atypical antipsychotics, antidepressants, benzodiazepines - know side effects and their use.

Read up on:

1. CD-10
2. How to do a good MSE

RENAL AND TRANSPLANT

Churchill Hospital

Daily job: ward round, and then completion of jobs. Bloods, clerking and pre-op preparation of incoming transplant patients, afternoon board rounds and prepare for Friday MDT

FY 1 & 2

AVERAGE NUMBER OF:

- **HOURS WORKED PER WEEK:** 47
- **NIGHT SHIFTS:** 1 in 4
- **ON-CALLS:** 2 a week, on average
- **WEEKENDS:** 1 in 6

UNIFORM: Scrubs or smart clothes

ROTA COORDINATOR/FOR MORE INFORMATION: Medical staffing Transplant Lead - Megan Brain megan.brain@ouh.nhs.uk

HOW IS SDT ALLOCATED? By the rota coordinator

HOW DO YOU COORDINATE ANNUAL LEAVE? By emailing the rota coordinator

TEAM STRUCTURE: Generally working with one other SHO or FY1, although you can be the only SHO on Transplant. Transplant SpR generally leads the ward round - their availability can be limited by theatre commitments. Renal SpR acts as a 'consult' for the medical issues on ward. Afternoon board rounds usually with both Transplant and Renal consultant.

WHO DO YOU ESCALATE CLINICAL CONCERNS TO? Renal/Transplant SpR, Transplant / Renal Cons.

TRAINING/PORTFOLIO OPPORTUNITIES: Transplant can be very busy, limiting opportunities for portfolio development. However, if you do have the time, plenty to see procedure wise (lines, biopsies) The ward provides a balance of surgery and medicine and patient group can be fairly complex, providing interesting cases to learn from.

KEY BLEEPS: 5045 (Transplant SHO) 5503 (Renal SHO and on call bleep)

COMMON PRESCRIPTIONS:

- Tacrolimus - specific guidance for different patient groups. Ask for senior input on dose adjustments.
- Renally adjusted prescriptions - always check in the renal handbook, take extra care with opiates. Pharmacists generally recommend Tramadol over Codeine because of renal clearance.

TIPS:

1. Ask the pharmacists if not sure.
2. Set up a folder with all the bloods you need to take when a recipient comes in - print out the part of the guideline that tells you which ones you need and what bottles need to be used
3. If possible, try and prep as much as possible for Friday. MDT generates new jobs mid afternoon - having discharges prepared before will help!

RESPIRATORY
John Radcliffe Hospital

You meet in the Osler doctor's office at 9am and nursing station for handover. The ward is split into 2 teams, 12 patients per team. Each team has Consultant, reg and 1 or 2 SHOs and 1 F1.

AVERAGE NUMBER OF:

- **HOURS WORKED PER WEEK:** 46
- **NIGHT SHIFTS:** 0
- **ON-CALLS:** 0
- **WEEKENDS:** 1:5

FY 1

Top tips for ward round:

1. Prepare ward entries early if you can as day can be busy
2. Have a computer for prescriptions during ward round so you can prescribe while someone else types the ward entries up

UNIFORM: Scrubs/smart clothes
ROTA COORDINATOR/FOR MORE INFORMATION: joanne.hinton@ouh.nhs.uk
HOW IS SDT ALLOCATED? By the rota coordinator
HOW DO YOU COORDINATE ANNUAL LEAVE? with the rota coordinators
TEAM STRUCTURE: In any one day, you have 2 consultants, 2 SpRs and 2-4 SHOs split into 2 teams of 12 patients each; you tend to work with the same team for the whole week
WHO DO YOU ESCALATE CLINICAL CONCERNS TO? any of the seniors present on the ward
TRAINING/PORTFOLIO OPPORTUNITIES: Lots of CBDs, Mini-Cex's and procedures with supervision; learn lots on weekends
KEY BLEEPS: n/a
COMMON PRESCRIPTIONS: Oxygen, inhalers, antibiotics, CF medications

TIPS - REVISE:

1. Asthma pathology and acute exacerbation treatment. Focusing on when ICU may need to be called for review
1. Different modes of given oxygen and settings are useful to know when on for the weekend or if reviewing a patient (although there is always someone senior around the ward, useful to understand how they work when reviewing)
2. Cystic fibrosis and medications used for patients with CF when unwell (Microguide is your best friend on the respiratory ward!)

SARCOMA

Nuffield Orthopaedic Centre (NOC)

Days are 8-4pm Mon-Fri for FY1s (8-5pm for FY2s with some on-calls/weekends/nights)
The unit has 4-5 consultants, each of whom has a fellow, then 1 F2 and 1 F1.
Generally, there are 10-16 patients covered by the team at any one time.
Mondays are consultant WR (most important for the week). Weds, Thurs, and Fri are all operating days, so the fellows or consultants will pop to see their patients before theatre or between cases. Each fellow/consultant tends to only see their own patients, so you sometimes end up doing multiple mini ward rounds.

Daily ward jobs: documentation, discussing patients with other specialties (most commonly orthogeriatrics on-site, haematology/oncology at the Churchill, and bone infection unit on-site), doing bloods/cannulas/procedures, checking results (pre- and post-op), discharge paperwork, etc.

AVERAGE NUMBER OF:

- **HOURS WORKED PER WEEK:** 40
- **NIGHT SHIFTS:** 0
- **ON-CALLS:** 0
- **WEEKENDS:** 0

UNIFORM: Own clothes or scrubs

Work across all wards - sarcoma patients can be day case, on bone infection unit, or the E wards.

FY 1

ROTA COORDINATOR/FOR MORE INFORMATION: Christine.hall@ouh.nhs.uk
HOW IS SDT ALLOCATED? Via a rotating SHO who does the day-to-day rota allocations
HOW DO YOU COORDINATE ANNUAL LEAVE? Trough Medirota and by emailing rota coordinator
TEAM STRUCTURE: 4-5 consultants for the unit, each of whom has a fellow/registrar, 1 FY2 and 1 FY1. There are several trust-grade SHOs who have been at the NOC for a long time who are great for support.
WHO DO YOU ESCALATE CLINICAL CONCERNS TO? Fellow, then consultant, on-call anaesthetist (only present overnight on Wednesdays), trust-grade SHOs (BIU has an IMT trainee & infectious diseases med reg & medical consultant) and orthogeris consultant if non-urgent
TRAINING/PORTFOLIO OPPORTUNITIES: Opportunity to go into theatre, CBDs fortnightly with orthogeriatrics consultants, lots of audit opportunities
KEY BLEEPS: 7139: sarcoma F1, 7132: sarcoma F2, 7202: SHO on call, 7303: crash bleep
COMMON PRESCRIPTIONS: VTE/dalteparin, post-op analgesia, laxative management, peri-op prescribing (holding/stopping meds)

The fellows and consultants do not mind being called directly or being visited in clinic if you need the answer to a question. Note that the NOC does not have a CT scanner on site, so if you think you need a CT, start organising logistics early.

SURGICAL EMERGENCY UNIT
John Radcliffe Hospital

FY 1

Overview of the ward: you meet in GPEC for handover at 0815. There are 3 wards (D, E, F) and outliers. Additionally, there is a triage area and the F1s covering D side also cover the post-take patients there on ward round. Normal day is 8-5 pm. Handover SEU seminar room. Normal days 8-5, on call is an extra 5-8.30pm where you continue jobs from the day and cover two wards instead of one (i.e.. 1 F1 covers D and E, the other F1 covers F and outliers).

3 things worth revising:

1. Management of Common surgical problems
2. Use of gastrografin to relieve bowel obstruction
3. Analgesic pain ladder

AVERAGE NUMBER OF:

- **HOURS WORKED PER WEEK:** 47.5
- **NIGHT SHIFTS:** 3 or 4 days a month/4 months
- **ON-CALLS:** around 2 a week (depending on the week)
- **WEEKENDS:** around 1 in 4

UNIFORM: Either scrubs or smart clothes
ROTA COORDINATOR FOR MORE INFORMATION: vicky.robinson@ouh.nhs.uk
HOW IS SDT ALLOCATED? A half day every two weeks
HOW DO YOU COORDINATE ANNUAL LEAVE? Apply on Medirota, can only take leave on normal working days, for nights and on-calls you need to swap with another F1
TEAM STRUCTURE: Ward is manned by F1s (at least on F1 per ward, sometimes 2). Very occasionally an SHO helps on the ward. Most of the time we have to seek help from seniors working separately in triage
WHO DO YOU ESCALATE CLINICAL CONCERNS TO? The team in triage or the WR consultant
TRAINING/PORTFOLIO OPPORTUNITIES: CBDs and Mini-cex's during triage shifts mainly
KEY BLEEPS: Ward bleeps: 1227, 6398, 6745, 1770
COMMON PRESCRIPTIONS: Opioids, antibiotics, VTE prophylaxis, laxatives, TPN, nutritional supplements, syringe drivers, VRIII, gaviscon, anti-emetics, gastrografin

Weekdays - ward round usually on your own with a consultant for 18-20 patients and then perform jobs all afternoon and assess unwell patients.
Weekends - 8-8 pm shift. 3 F1s on the day.
Clerking shifts - you have a few shifts in triage clerking in patients with surgical problems, which is a 2-8.30pm shift.
Night shifts - meet in the SEU seminar room at 8 pm. Usually quieter but often patients can be more unwell and you learn who to get help from and how to perform initial management of unwell patients. You are on with 1 other F1 covering FD, E, F and Outliers.

SEU - HEPATOBILIARY

Churchill Hospital

This is a 3 month post as part of a 6 month general surgery rotation where 3 months are spent in SEU at the JR and 3 months in HPB at Churchill. Normal working day is 8-5, on-calls and weekends are 8-8 and night shifts begin at 8 pm and finish at 8 am.

On the weekend, you will cover HPB and UGI, whilst another F1 will cover colorectal. On-call 5-8 and on nights, you cover both UGI, HPB and colorectal on your own.

AVERAGE NUMBER OF:

- **HOURS WORKED PER WEEK:** 47
- **NIGHT SHIFTS:** 1 in 4
- **ON-CALLS:** 2 a week, on average
- **WEEKENDS:** 1 in 6

FY 1

UNIFORM: Either scrubs or smart clothes
ROTA COORDINATOR/FOR MORE INFORMATION: vicky.robinson@ouh.nhs.uk
HOW IS SDT ALLOCATED? A half day every two weeks

HOW DO YOU COORDINATE ANNUAL LEAVE? Apply on Medirota, can only take leave on normal working days, for nights and on-calls you need to swap with another F1 (from UGI or colorectal)
TEAM STRUCTURE: There is usually 1 F1 on, you share a ward and office with the F1 covering UGI. You have a registrar and consultant that do the WR with you but then they go to theatre or clinic.
WHO DO YOU ESCALATE CLINICAL CONCERNS TO? the SpR and consultant who did the WR. On-call and on nights, you escalate to the SHO covering urology **TRAINING/PORTFOLIO OPPORTUNITIES:** if not busy, can go and assist in theatre but will need to keep bleep and leave if it needed. Can do several CBDs and Mini-cex's on ward round when consultants don't have to go to theatre immediately.
KEY BLEEPS: HPB F1 (5890), Urology SHO (5028)
COMMON PRESCRIPTIONS: Analgesia, VTE, antibiotics

TIPS:

1. The ERAS pathway really useful when reviewing patients as it provides useful information on medications, diet, mobilisation based on post-op day
2. The pharmacist team is really good and approachable
3. Nights start with a ward round run by the urology SHO on post-op patients, make sure you have a proforma and know what to look for when reviewing all patients (drain bilirubin for example)

Normal Working Day

8:00- handover in the UGI office
8:15 – ward round, there are usually 9 -15 -patients (a few outliers usually on renal).
9:30-16:45 – ward jobs (cannulas, bloods, catheters, radiology discussions)
17:00 – handover in UGI office

If patients are day cases under IR for liver embolization, they will be seen by HPB on the ward as there is no IR ward team

SEU – UPPER GI
Churchill Hospital

This is a 3 month post as part of a 6 month general surgery rotation where 3 months are spent in SEU at the JR and 3 months in UGI at Churchill. Normal working day is 8-5, on-calls and weekends are 8-8 and night shifts begin at 8 pm and finish at 8 am.

On the weekend, you will cover HPB and UGI, whilst another F1 will cover colorectal. On-call 5-8 and on nights, you cover both UGI, HPB and colorectal on your own.

FY 1

AVERAGE NUMBER OF:

- **HOURS WORKED PER WEEK:** 47
- **NIGHT SHIFTS:** 1 in 4
- **ON-CALLS:** 2 a week, on average
- **WEEKENDS:** 1 in 6

UNIFORM: Either scrubs or smart clothes

ROTA COORDINATOR/FOR MORE INFORMATION: vicky.robinson@ouh.nhs.uk

HOW IS SDT ALLOCATED? A half day every two weeks

HOW DO YOU COORDINATE ANNUAL LEAVE? Apply on Medirota, can only take leave on normal working days, for nights and on-calls you need to swap with another F1 (from HPB or colorectal)

TEAM STRUCTURE: There is usually 1 F1 on, you share a ward and office with the F1 covering HPB. You have a Registrar/Consultant that do the WR with you but then they go to theatre/clinic

WHO DO YOU ESCALATE CLINICAL CONCERNS TO? the SpR and consultant who did the WR. On-call and on nights, you escalate to the SHO covering urology

TRAINING/PORTFOLIO OPPORTUNITIES: if not busy, can go and assist in theatre but will need to keep bleep and leave if it needed. Can do several CBDs and Mini-cex's on ward round when consultants don't have to go to theatre immediately.

KEY BLEEPS: UGI F1 (1737), Urology SHO (5028)

COMMON PRESCRIPTIONS: analgesia, VTE, antibiotics

Normal Working Day

8:00- handover in the UGI office
8:15 – ward round, there are usually 9 -15 patients (a few outliers usually on renal)
9:30-16:45 – ward jobs (cannulas, bloods, catheters, radiology discussions)
17:00 – handover in UGI office to on-call F1
Endocrinology surgical patients fall under the upper GI team overnight as there is no surgical endo team so you sometimes need to review these patients on-call (an endo SpR will be there 9-5 pm)

Three Things To Revise

1. Chyle leaks
2. Common post-op complications following colorectal surgery and Whipple surgery (as you cover HPB, UGI and colorectal on nights)
3. Clinical skills – on-call and on nights if patients are unwell you will be doing the bloods, catheters, cannulas and NGs

SEU – LOWER GI

Churchill Hospital

This is a 3 month post as part of a 6 month general surgery rotation where 3 months are spent in SEU at the JR and 3 months in LGI at Churchill.
Normal working day is 8-5, on-calls and weekends are 8-8 and night shifts begin at 8 pm and finish at 8 am.

On the weekend, you will cover colorectal whilst another F1 will cover UGI and HPB. On-call 5-8 and on nights, you cover both UGI, HPB and colorectal on your own.

AVERAGE NUMBER OF:

- **HOURS WORKED PER WEEK:** 47
- **NIGHT SHIFTS:** 1 in 4
- **ON-CALLS:** 2 a week, on average
- **WEEKENDS:** 1 in 6

FY 1

UNIFORM: either scrubs or smart clothes
ROTA COORDINATOR/FOR MORE INFORMATION: vicky.robinson@ouh.nhs.uk
HOW IS SDT ALLOCATED? A half day every two weeks
HOW DO YOU COORDINATE ANNUAL LEAVE? Apply on Medirota, can only take leave on normal working days, for nights and on-calls you need to swap with another F1 (from HPB or UGI)
TEAM STRUCTURE: There is usually 1 F1 on, you share a ward and office with the SHO covering gynae-oncology as they are on the same ward. You have a registrar and consultant that do the WR with you but then they go to theatre or clinic.
WHO DO YOU ESCALATE CLINICAL CONCERNS TO? the SpR and consultant who did the WR. On-call and on nights, you escalate to the SHO covering Urology
TRAINING/PORTFOLIO OPPORTUNITIES: if not busy, can go and assist in theatre but will need to keep bleep and leave if it needed. Can do several CBDs and Mini-cex's on ward round when consultants don't have to go to theatre immediately.
KEY BLEEPS: Colorectal F1 (1732), Urology SHO (5028)
COMMON PRESCRIPTIONS: analgesia, VTE, antibiotics, laxatives, gastrografin

Normal Working Day

8:00- handover in the UGI office
8:15 – ward round, there are usually 9 -15 patients (a few outliers usually on renal)
9:30-16:45 – ward jobs (cannulas, bloods, catheters, radiology discussions)
17:00 – handover in UGI office
Post-op breast patients will be the responsibility of the colorectal team overnight if they are staying in (usually day cases so doesn't happen often)

Three things to revise

1. Different colorectal operation and stoma care (the stoma nurses are excellent but only available during working hours, and you will often be called to review stomas on-call or on night shifts)
2. Common post-op complications following oesophagectomies and Whipple surgery (as you cover HPB and UGI on nights)
3. Nutrition and TPN

SEU - TRANSPLANT

Churchill Hospital

This is a 3 month post as part of a 6 month general surgery rotation where 3 months are spent in SEU at the JR and 3 months in transplant at Churchill.

Normal working day is 8-5, on-calls and weekends are 8-8 and night shifts 8-8. Your on calls and night shifts are done covering HPB, UGI and LGI, not transplant.

FY 1

Daily job: ward round, and then completion of jobs. Bloods, clerking and pre-op preparation of incoming transplant patients, afternoon board rounds and Friday MDT

AVERAGE NUMBER OF:

- **HOURS WORKED PER WEEK:** 47
- **NIGHT SHIFTS:** 1 in 4
- **ON-CALLS:** 2 a week, on average
- **WEEKENDS:** 1 in 6

UNIFORM: Scrubs or smart clothes

ROTA COORDINATOR/FOR MORE INFORMATION: Medical staffing lead for Transplant - Megan Brain

HOW IS SDT ALLOCATED? By the rota coordinator

HOW DO YOU COORDINATE ANNUAL LEAVE? By emailing the rota coordinator

TEAM STRUCTURE: Generally working with one other SHO or FY1, although you can be the only SHO on Transplant. Transplant SpR generally leads the ward round - their availability can be limited by theatre commitments. Renal SpR acts as a 'consult' for the medical issues on ward. Afternoon board rounds usually with both Transplant and Renal consultant.

WHO DO YOU ESCALATE CLINICAL CONCERNS TO? Renal/Transplant SpR, Transplant/Renal Cons.

TRAINING/PORTFOLIO OPPORTUNITIES: Transplant can be very busy, limiting opportunities for portfolio development. However, if you do have the time, plenty to see procedure wise (lines, biopsies) The ward provides a balance of surgery and medicine and patient group can be fairly complex, providing interesting cases to learn from.

KEY BLEEPS: 5045 (Transplant SHO) 5503 (Renal SHO and on call bleep)

COMMON PRESCRIPTIONS:

- Tacrolimus - specific guidance for different patient groups. Ask for senior input on dose adjustments.
- Renally adjusted prescriptions - always check in the renal handbook, take extra care with opiates. Pharmacists generally recommend Tramadol over Codeine because of renal clearance.

TIPS:

1. Ask the pharmacists if not sure.
2. Set up a folder with all the bloods you need to take when a recipient comes in - print out the part of the guideline that tells you which ones you need and what bottles
3. If possible, try and prep as much as possible for Friday. MDT can last over an hour and generates new jobs mid afternoon - having discharges prepared before

UROLOGY
Churchill Hospital

Urology Ward, nights on call (including acceptance of referrals) and weekends (ward and on call both Saturday and Sunday). Around 20 patients in total.

Mainly based in urology doctor's office next to urology ward and triage. During night and weekend also the first point of contact for general surgery FY1.

FY 2

AVERAGE NUMBER OF:

- **HOURS WORKED PER WEEK:** 47.25
- **NIGHT SHIFTS:** 7 within 7-week period
- **ON-CALLS:** 2-3 weekends day on call
- **WEEKENDS:** 1 within a 7-week period

UNIFORM: Scrubs or smart casual
ROTA COORDINATOR/FOR MORE INFORMATION:
Suwon.MedicalStaffing@oxnet.nhs.uk
HOW IS SDT ALLOCATED? Discussion with SHO rota coordinator (Ed Armstrong). Usually as whole days.
HOW DO YOU COORDINATE ANNUAL LEAVE? Discussion with SHO rota coordinator
TEAM STRUCTURE: Around 10 consultants, 7-8 SpRs, 5 SHOs including the F2, no F1, 1 PA
WHO DO YOU ESCALATE CLINICAL CONCERNS TO? On-call SpR
TRAINING/PORTFOLIO OPPORTUNITIES: Opportunity to attend theatres and flexi lists depending on workload and interest
KEY BLEEPS: 5028 (SHO), 5206 (SpR), SHO carries both
COMMON PRESCRIPTIONS: Analgesia, PR diclofenac, BPH meds, anticholinergics for bladder spasm

TIPS:

1. Read the urology handbook
2. Call SpR if in doubt (phone number on board)
3. The PA knows about most things if not everything about ward work. The team is all very nice to work with
4. Access to R: drive is important

VASCULAR SURGERY

John Radcliffe Hospital

2 FY1s, usually 1 FY1 on shift only. May be responsible for up to 24 patients.
07:45-08:00 - Handover from night FY1 (Ward 6A on Monday-Thursday, in SEU seminar room between 6E/F Friday-Sunday)
08:00-~09:00/10:00 - Ward round (surgical consultant, surgical reg, peri-op consultant will all see patients on the ward) - FY1 scribes and prescribes
~10:00-11:00 - board round (peri-op consultant, nurse co-ordinator, all ward nurses, OT/PT, pharmacy)
~11:00-17:00 - Ward jobs - prioritise TTOs and discharge letters, urgent bloods including APTT for patients on heparin infusions which are timed, routine monitoring bloods, cannulas, referrals and prescription changes
~17:00-20:00 - Post-op reviews and new clerking - specific EPR templates for 'Vascular Post-Op Review' and 'Vascular Clerking', ideally these should be done within 30 minutes of the patient arriving on the ward
19:45-20:00 - Handover to the night FY1

FY 1

AVERAGE NUMBER OF:

- **HOURS WORKED PER WEEK:** 45
- **NIGHT SHIFTS:** 4 every 4 weeks (covering F side on SEU and vascular)
- **ON-CALLS:** 5 every 4 weeks, split across 2 weeks (all long days compensated as on-calls)
- **WEEKENDS:** 1 in 4

UNIFORM: Scrubs/Own clothes
ROTA COORDINATOR/FOR MORE INFORMATION: daniel.urrizarodriguez@ouh.nhs.uk
HOW IS SDT ALLOCATED? Included into the rota
HOW DO YOU COORDINATE ANNUAL LEAVE? You can take annual leave on any short day (07:45-17:00) by emailing Mr. Rodriguez and requesting it. You can swap nights or long days (07:45-20:00) with other vascular FY1s informally but need to update Mr. Rodriguez so he can change the rota accordingly.
TEAM STRUCTURE: 1 ward surgical consultant (other consultants are in theatre), 1 ward SpR (will come on ward round then go to triage/clinic, can be easily contacted on reg mobile #40421), 1 peri-op Consultant and sometimes 1 peri-op SpR (AGM/geriatric background, will come on ward round then go off the ward to their office, get their mobile and you can get in touch with them, they usually finish at 16:00), 1 SHO (there is a surgical FY3 on our rota)
3 FY1s (two of you roted on days, one at night and on weekends)

VASCULAR SURGERY

John Radcliffe Hospital

WHO DO YOU ESCALATE CLINICAL CONCERNS TO? Vascular SpR or Tuesday lunchtime
weekly micro/ID meeting - present a patient and get a miniCex. Go to theatre on quiet weekends/nights. SpRs are very happy to sign CBDs and Mini-cex's.
peri-op consultant

TRAINING/PORTFOLIO OPPORTUNITIES: KEY BLEEPS: FY1 1726, Vascular SpR 40421, Ward 6A pharmacist 1470

COMMON PRESCRIPTIONS: 1) IV heparin - requires timed monitoring bloods, there is a MIL
2) dual antiplatelets (75mg aspirin + 75mg clopidogrel, clarify how long they want it for)
3) COMPASS protocol (2.5mg rivaroxaban BD + 75mg aspirin OD)
4) diabetic foot infection antibiotics (usually 48 hours iv 1.2g co-amoxiclav followed by 625mg oral co-amoxiclav for several weeks

FY 1

TIPS:

1. Prioritise discharges on the days when you can
2. Read up on what different procedures actually involve (carotid endarterectomies, angioplasty, bypass grafting).
3. Always have a go and try to feel foot pulses.
4. You will learn loads if you get stuck in!
5. Review Oxford Handbook of Medicine and Surgery - leg ulcers/pain chapters, COMPASS trial (Steffel et al., 2020), IV Heparin MIL
6. It's okay to hand things over to the night FY1 - it is extremely busy on the ward during the day, especially when you are on your own, don't stay late every day finishing non-urgent jobs as you will burn out in runs of long days
7. Make use of peri-op - the consultant and reg usually leave at 16:00, if you need them to review blood results or vet advice from a consult, try to get in touch with them early afternoon at the latest
8. Prioritise, prioritise, prioritise - people will come at you from every angle with 'urgent' jobs, prioritise patient safety