

Acute Medical Unit (AMU) & Ambulatory Care Unit (known as WACU)

William Harvey Hospital,

Ashford,

Kent

Departmental Junior Doctor Induction Handbook

Introduction

Welcome. We hope that you have a fruitful time in the Acute Medical Unit (AMU) and the Ambulatory Care Unit (WACU).

This department is a new development in the trust, started as a pilot in June 2015 and due to its success in increasing patients' daily discharges and reducing length of stay. The acute medical unit model has now been adopted for William Harvey Hospital. The AMU has two parts, acute ward and ambulatory care unit.

The AMU receives patients from A&E or directly from GPs. On average, the AMU admits about 30 patients every 24hrs with an average of 13 (usually between 6 and 20) patient discharges per day. We also usually keep a few patients on Cambridge M1 (CM1) ward (short stay ward). Daily post take ward round starts at 8 am from patients admitted overnight and continues on patients admitted during the prior day shift who are still in AMU. There is usually a huddle at morning with the previous day on-call consultants and the acute med consultants to decide if any patients require input specifically from the on-call specialty or whether they can remain under acute medicine. Alongside, a ward round on current in-patients in AMU and CM1 is done by a second consultant. At the end of the entire ward rounds there is a board-round with the nurse in charge, to pass on the plans and discharge dates. Our third consultant runs the ambulatory care unit. The ward rounds are normally finished between 10am -12 midday. Remember, on the acute side, we are not on-call!

The WACU currently consist of a) the "cold part" (day cases): such as blood transfusions or drug infusions, which is predominantly run by our nursing staff b) The "hot part": which essentially aims to be a one-stop-shop general medical clinic and are cases that are expected not to need an admission. In the "hot part" patients are booked in advance, referred by the GP on the same day or brought in from A&E to bypass the clerking team and prevent admission. Ambulatory care unit also accommodates patients brought in for procedures such as ascitic drain/ lumbar puncture or chest drain. The aim of the ambulatory care unit establishment is admission avoidance.

The consultant team

3 medical consultants and one nurse consultant:

Dr Fidelis Abedo, Dr Kashif Hafeez (Currently covered by Dr Alfred Fawole), Dr Leila Faghahati

Dr Tim Collins (PhD), Nurse Consultant

CDU ward manager: Maria Linden

Ward sisters on CDU: Donna Hogan, Jane Simmonds, Danielle Wicken, Denise Pitt, Sony Joy, Karen Piper, Sue Herridge, Emily Player, Alison Waterfield, Sheila Hodge, Jenny White

Ward clerks on CDU: Janine Adam, Becky Hancock, Julia Willis, Suzanne Saxby, and Sarah Robinson

Ambulatory Care Unit sisters: Helena Jackson and Kerry Ray

DVT Lead Nurse: SAM K Mathew

WACU Ward Clerks: Kelly Marley and Amy Nye

We have an experienced team of nursing staff.

Induction

There will be an induction by the AMU consultants on the first week of your arrival.

Duties

The team of junior doctors are divided between the ambulatory and the acute side. As our department is constantly evolving, the duties might change over time.

Specialist registrars: Two specialist registrars are allocated to AMU. SpR 1 covers the acute side and starts at 9 am. In the morning, most days, s/he is expected to do ward round on current in-patients in AMU and CM1 alongside one of the consultants. Thereafter, addressing the problems of the junior doctors dealing with the jobs arising from the post take ward round. SpR 2 covers ambulatory care unit and starts at 9 am.

When only one SpR available, s/he is expected to liaise with the consultants and to cover the following areas: WR for in-patients, addressing the problems of the junior doctors, seeing patients in the ambulatory care unit. The priority would be on the acute side as ambulatory care unit has a consultant.

On the ambulatory care unit, you see patients under consultant supervision. There are plenty of opportunities to perform bed-side procedures.

Foundations doctors and core medical trainees: One junior doctor starts at 8 am joining the consultant doing PTWR. You are expected to be on-time, print 3 lists: the admission list, AMU In-patient list and patients under each 3 consultants list. You are expected to have excellent documentation in the PTWR sheet. All the sections need to be filled in. After the PTWR s/he will do the jobs from the PTWR including issuing the discharge letters. You will learn to be good at prioritising. If a patient needs a procedure and you are not competent to perform, you need to bring it to the attention of the AMU SpR as soon as possible for the SpR to set a time for it. There are plenty of opportunities for the junior doctors to perform procedures. Do ask your registrar if you wish to be supervised for those that you are not confident and competent to perform. Depending on the number of junior doctors and SpRs available on the day, the second junior doctor starting at 9 am might be needed in AMU or Ambulatory Care Unit.

In case of any clinical query, the juniors are expected to seek advice. The AMU is a very much consultant led service and at all times there will be a senior available to address your queries.

Consultant responsible on discharge

In case one patient is seen by more than one AMU consultant during admission, the discharge letter should be under the discharging consultant. Please ask the ward clerk to change the name on the Patient Centre.

Lunch breaks

You must make sure that you take your 30 minutes lunch time break. A non-stop work for 8 hours is not healthy.

Bleeps

Please make sure you carry your bleep during working hours.

Hand over

Every day you are expected to hand over your sick patients and those whom you would like a review over evening or night shift. Every Friday at 16:30 there is a hand over meeting in the seminar room in AMU. Do print a hand over form for the patient from the Patient Centre (iSOFT) and take to the meeting. (Select patient >> clinical functions >> patient documents >> hospital forms >> Forms >> weekend handover sheet).

Death Certification

Speak to the relevant consultant. Document the discussion in the notes i.e. Spoke to Dr X at (time)... on ...(date)..... Advised..... 1a)..... 1b)..... 1c)..... 2).....

Do the electronic discharge letter (EDN) while in bereavement office.

Sickness absence

In case unable to work due to sickness, please do inform Heather Wall on 07825963951 (or ext. 723-1915) or Terri Bunn 01233 616715 ext. 7236715 as soon as possible.

Teaching and training

Besides bedside teaching, there is weekly teaching for juniors for an hour on Thursdays. This could be a talk by one of the ward consultants, from someone outside the department or a presentation by the junior doctors.

Depending on your level you are allocated on certain days of the week to have your formal training.

Ground round: Wednesday 1 PM (lunch 12:30). Rather irregular up to now. Hopefully this is going to be more regular from August 2015.

There are also other teachings in the hospital that you can attend if you are on top of your duties.

Radiology meetings with respiratory physician Dr Sharma: Mondays at 1pm (lunch at 12.30). Bring interesting X-rays/CT chests.

Elderly medicine (HCOOP) teaching on Fridays at 1pm (lunch at 12.30). Generally Every week.

There are specialist clinics in WACU: pleural clinic on Tuesdays, you can ask Dr Sharma if you can do some chest drains. Also there is an ascetic tap clinic on Wednesdays that you can also attend.

Audit

Just ask the consultants or if you have your own idea, do consult them and ask for supervision!

Clinical guidelines

You can find them on the trust intranet: Clinical guidelines.

Antibiotic guidelines: <http://cms.horizonsp.co.uk/viewer/ekhu/adult> (also available on an app called microguide soon).

VTE prophylaxis

The trust is constantly audited on online VTE assessments and you are expected to fill in the online form as soon as possible, ideally before midday. All non-compliance to VTE

assessments are now being collated centrally and feedback will be given to consultants by the medical director if VTE assessments are not being performed.

Annual leaves/ Study leaves

Annual leaves are planned in advance by rota organisers and are fixed. Study leaves/training days should be discussed with AMU consultants minimum 2 months in advance.

Here are some practical tips from a former FY1 to help your start. You can off course develop your own ways of work during time.

- Try to get blood/scan requests and discharge letters that need to go pharmacy done first. Referrals can be done later on in the morning as most consultants don't do their ward reviews until the afternoon. If someone needs daily weights, write it on the drug chart. Put a star next to people on warfarin to remind you to check their INRs and prescribe warfarin, as it's a rubbish job for the cold F1 to have to do!
- All consultants like to catch up later on so you can make a list of all the issues or questions and find them or ask as soon as you can, they really don't mind.
- When it's quiet, you have time to get on with other things e.g. clerking, audits, teaching, etc.
- By end of each day/week:
 - a. Meet up with other juniors of the team if you've split up and catch up to ensure all jobs are done
 - b. Order all necessary bloods for tomorrow/Mon
 - c. Prescribe warfarin
 - d. Bleep 8504 at 5pm with a list of any outstanding jobs/sick patients to hand over to the night reg.
- Weekend handover happens at 4.30pm on Friday in the AMU seminar room (red office). Handover sheets can be found on patient centre. Complete for sick patients including admission details, PMHx and jobs for the weekend. Include as much detail as possible as you would be asked about blood results etc. Be very specific with what you want the weekend team to do. You'll generally struggle to make it there on time all together. So send allocate one person to start preparing them while the others finish jobs.
- You'll be busy, it is a high turnover job, but you will see a lot of patients with lots of pathology and the acute med consultants are keen to teach, so enjoy it and learn from them. Some days can be busy but generally manageable.