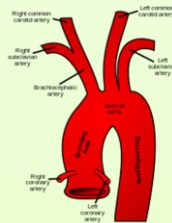


# MY WARD –MY TEAM



**DOCTORS 4 DOCTORS**

**INDUCTION INFORMATION**



**VASCULAR**

**KENT WARD  
KENT & CANTERBURY HOSPITAL**

Well organised and managed ward. On the whole a relatively quiet job - enough to keep yourself busy and interested but rarely very busy or stressful. Time allocated to go to theatres. Weekly journal clubs. Time in afternoons to do audit/e-portfolio/anything else - make the most of it, most other rotations aren't like this!

## People

- 5 consultants: Mr Wilson (NW), Mr Shirazi (MS) Mr Senaratne (JS), Mr Khushal (AK) and Mr Rix (TR)



NW



JS



AK



TR

- 1 on-call registrar (4 on the rota)
- 4 STs (usually 1 on call days, 1 on call nights, 1 on ward and 1 off (post-call/AL etc))
- 3 FY1s

## Ward round tips

- Prepare the list in time for 8am - make sure it is updated with dates of ops, what exactly occurred, a bit of PMHx, current situation, pending jobs
- If there's time then write the observations in the notes before ward round
- Things you need with you on ward round:
  - COW - log-in and open PAS, PACS, vitalpac and EDN/EPR so they are ready to go
  - Ipad with vitalpac
  - Trolley with essentials on:
    - All notes folders
    - Doppler
    - Inco pads
    - Gloves
    - Betadine spray
    - And a few other bits which live on there...
- Juniors take it in turn to go in with the patient (the other juniors can be preping the notes for the next patient to make the ward round seamless)
- Whilst with the patient write down **everything**, the vascular consultants are thorough
  - Patient's comments
  - Examination (pulses, dopplers, visuals of wounds)
  - Any explanations given to the patient
  - Any restrictions given to the patient (don't weight-bear...don't bathe for 48 hours...etc)
  - The plan
- Check urine output, BMs, drug chart

- Often good idea to look at these whilst you are prepping the notes for your patient (whilst the ward round is in with another patient)
- **TAKE A LEAD:** The registrars and consultants will be up to date with the vascular plan though may enquire about which tests are done or pending. Prompt decision making regarding antibiotics, anaemia, other medical problems, DNAR decisions. The more you get answered on ward round the less time you spend chasing your registrar or consultant later
  - Keep track of non-urgent questions and raise them during ward round

### **Rota**

- Laura Miller is in charge of the rota and can be found in the Vascular Offices (near Haematology and Phlebotomy)
- Mr Rix emails round a weekly rota as per Laura Miller's but also including which days people have theatre days and who is down for journal club that week
- Reply asap if there are any discrepancies
- Generally you can take leave and half days when you want as long as there is adequate cover (2 doctors) on the ward
  - Sometimes it works out that someone is alone on the ward - this isn't the end of the world for an afternoon but isn't ideal for a morning/whole day (if the ward is busy then this isn't safe, if it is quiet then it is doable)

### **Journal Club**

- 8am on Wednesdays (before ward round)
- Rota is pinned up in the Day Room on Kent Ward
- Check it asap to find your date
- Choose a paper to critically appraise and discuss
  - Randomised controlled trials are best but can be anything
  - Vascular or general surgery
  - Run it past a registrar or consultant to check you aren't repeating anything and if you want any advice
- Prepare a PowerPoint with about 15-20 mins of slides
- Critically appraise paper - method, patient selection, analysis, outcomes
- Think about what impact this paper has had on your practice, if any
- Friendly meeting - they will be encouraging and not harsh, however they do expect a timely and well prepared presentation

### **MDM**

- Wednesdays at 0930 after journal
- In meeting room in Vascular Offices
- To add a patient to MDM, bring their details to one of the IR secretaries in the Vascular Offices
- There is a PVD MDM list and an aneurysm MDM list
- Anyone can attend but it isn't compulsory
- Good idea to go if there are inpatients being discussed (though you can find out the outcomes from registrars/vascular nurses/consultants afterwards if you didn't attend)
- **TIPS**

- If an inpatient is being discussed then ask to go and present the case (good practice at formally presenting a vascular history and examination)
- If you don't go to MDM then go for a coffee, but also try to pre-empt jobs as ward round won't finish until midday e.g. check bloods if they're back before ward round, order scans, review BMs/UO/antibiotic/pain/post-op notes, do EDNs, send drug charts to pharmacy

### **Wednesdays**

- Prepare the list and bring to journal club
- Person presenting journal go to meeting room in Vascular Offices and power up the computers for an 8am start (takes 10 mins)
- 8am Journal Club (all attend, in meeting room in Vascular Offices)
- Run the list usually upstairs in Vascular Offices straight afterwards
- Sometimes see some patients on ward round before MDM
- Sometimes don't see any until after MDM
- 0930 MDM starts (in meeting room in Vascular Offices)
- Ward round afterwards

### **M&M**

Morbidity and mortality meeting  
COMPLICATIONS

- Every 2 months
- Find out the date early - ask Laura Miller or any of the consultants or registrars
- MDM box on the list - prompt to check if any inpatients need adding to the M&M list
- M&M word document
  - Add patients as you go along (a lot easier than trying to work it out in hindsight)
  - Write as much information down as possible (saves having to request the notes nearer the time)
- When writing the presentation think about the learning point for each case
  - If someone is re-admitted with a PE then check on vitalpac if they had VTE prophylaxis when with us, check if their sats were ok post-operatively or if any concerns documented on EDN

### **STATISTICS**

- Speak to Dr Dent (consultant anaesthetist) and if you ask very nicely he will help you get a list of all the cases done by each vascular and IR consultant since the date of the last M&M (saves trawling through Theatreman day by day which is the alternative)
- For IR look at the EVT log book and do it via that instead of Theatreman
- Some consultants keep their own records - they will give you their data (TR, AK and JS mainly)

### **Admission and discharge information**

### **EVAR**

- **ADMISSION**
  - Will have been seen in VNP clinic for pre-assessment, HDU bed will have been booked at that point (unless otherwise stated)
  - Morning clerking required
    - Abdominal and chest examination
    - PMHx and DHx
    - Prescribe regular medications and aspirin and statin (unless contraindicated)
    - Check FBC, ECr, eGFR, clotting and 2 x group and saves are complete (usually requires taking clotting and 1-2 group and saves on morning of operation --> take straight to lab)
- **During admission**
  - Usually go to HDU for 24 hours post-op (bed booked by VNP at pre-assessment)
  - We are responsible for their discharge paperwork, not HDU
- **DISCHARGE**
  - Check bloods in the morning
  - Document foot and leg pulses and wound status (?haematoma ?infection)
  - EDN
    - Lifelong aspirin and statin on EDN (ward TTOs, no need to send to pharmacy)
    - 6-8 week follow-up in appropriate vascular consultant clinic
    - CTA will be arranged by Lead VNP

### **Open aneurysm repair**

- **ADMISSION**
  - Will have been seen by VNP for pre-assessment and ITU bed will have been booked (unless otherwise stated)
  - Morning clerking required
    - Chest and abdominal examination
    - PMHx and DHx
    - Prescribe regular drugs and aspirin and statin (unless contraindicated)
    - Check FBC, ECr, eGFR, clotting and 2 unit cross match done (usually requires taking clotting and cross match 2 units on morning of operation --> take straight to lab)
- **DURING ADMISSION**
  - Usually go to HDU post-op for 24 hours (bed booked by VNP at pre-op assessment)
  - We are responsible for their discharge paperwork, not HDU
- **DISCHARGE**
  - Check bloods in the morning
  - Document foot and leg pulses and wound status (?haematoma ?infection)
  - EDN
    - Lifelong aspirin and statin on EDN (ward TTOs, no need to send to pharmacy)
    - 6-8 week follow-up in appropriate vascular consultant clinic
    - No imaging required post-discharge

### **Elective carotid endarterectomy**

- ADMISSION
  - Will have been seen by VNP in pre-assessment clinic *unless* a RACE patient (Rapid Access Carotid Endarterectomy)
  - Morning clerking required
    - Chest and abdominal examination
    - Stat dose of 75mg clopidogrel at 13:00 on day before op
    - PMHx and DHx
    - Prescribe regular medications on drug chart including aspirin and statin (unless contraindicated)
    - Check FBC, ECr, eGFR, clotting and 2 x group and saves done (usually involves taking 1 clotting and 1 group and save on the morning of surgery)
  - Pre-op Duplex and bifurcation marking should have been arranged by VNP (if not then arrange ASAP!)
- DURING ADMISSION
  - Usually go to HDU post-op for 24 hours (bed booked by VNP at pre-op assessment)
  - We are responsible for their discharge paperwork, not HDU
  - If RACE, usually go back to Kingston (Stroke Ward) for further rehab, though if TIA/minimal residual deficit then can be discharge home post-op
  - If RACE, make sure stroke follow-up also in place
- DISCHARGE
  - EDN
    - Lifelong aspirin and statin on EDN (ward TTOs, no need to send to pharmacy)
    - 6 week follow-up in appropriate vascular consultant clinic
    - Book carotid Duplex for 4-6 weeks at local hospital
    - 3 month follow-up with stroke physician if applicable

### Carotid stenting

- ADMISSION
  - Morning clerking required
    - Chest and abdominal examination
    - Check FBC, ECr, eGFR, clotting and 2 x group and saves done (usually involves taking 1 clotting and 1 group and save on the morning of surgery)
    - PMHx and DHx
    - Prescribe regular medications and aspirin and clopidogrel (unless contraindicated)
    - Prescribe loading dose clopidogrel 300mg for 6 hours pre-op (may have been arranged already via pre-assessment)
  - Do not require carotid Duplex as done at time of stenting
- DISCHARGE
  - EDN
    - Aspirin 75mg and clopidogrel 75mg daily for life
    - Book carotid Duplex for 4-6 weeks at local hospital
    - 8 week follow-up in appropriate vascular consultant clinic
    - 3 month follow-up with stroke physician if appropriate

### Acronyms

VNP - Vascular Nurse Practitioner

RACE - Rapid Access Carotid Endarterectomy - scheme to get CEAs done quickly for those admitted with TIAs or strokes found to have carotid disease to prevent further infarcts whilst awaiting surgery.

EVAR - Endovascular arterial/aortic repair

CEA - Carotid Endarterectomy

## Psychiatry

### **The department**

1 Consultant, 1 Registrar, 2 GP Trainees  
Located on Fern Ward, female 17 bed inpatient ward.  
Ward round/meetings 4 per week. Times vary

### **The type of work to expect and learning opportunities**

Entry of ward round data into RIO during ward rounds  
Taking bloods and ECGs  
Clerking new patients  
Managing ward list  
Reviewing long term medical conditions in inpatients

### **Where the placement is based Clinical Supervisor(s) for the placement**

Day starts at 9am with MDT meeting  
Fern Ward, St Martins Psychiatry Hospital

### **Main duties of the placement**

Order and chase investigations  
Review medical complaints in patients  
Writing referral letters  
Writing discharge summaries  
Documentation of ward rounds in RIO computer system  
Taking bloods

### **Typical working pattern in this placement**

Working pattern  
9am-5pm No on-calls  
You will finish on time.  
You will have 1 hour supervision with the consultant.