Foundation Programme

Induction Handbook

Ysbyty Gwynedd

August 2025

Dr Lewis Evans & Dr Kiran Bhavra

Contents

Welcome to Ysbyty Gwynedd

Welcome to Ysbyty Gwynedd and your first job as a Foundation Doctor! We hope this handbook will serve as a guide to help you get started in your F1 year, with information & advice directly from your preceding F1 doctors.

Hospital Layout

The hospital is split into 'H' and 'T' blocks (named because of their layout), connected via a link corridor on the ground and first floor.

H block is accessed via main entrance and consists of:

Ground Floor	First Floor
Emergency Department (ED)* Same Day Emergency Care (SDEC)* Urology Radiology Cardiology Investigations (Echo) Outpatient Clinics Mortuary & Bereavement Centre Canteen** Post Room *(all mail is delivered here if you live in the accommodation – open Mon-Fri 8am-4pm)* Physio Phlebotomy (outpatient)	Doctor's Mess Education Centre Library Endoscopy Pathology Lab (including Blood Bank) Theatres and Post Anaesthetic Care Unit (PACU) Tudno Ward (day case surgery, some outliers) Enlli Ward (orthopaedic) ITU (Cybi) HDU* Cancer MDT Office
Second Floor	**Third Floor**
General Surgery Office (Surgeon's Room) Tegid Ward (surgical with some medical outliers) Dulas Ward (ENT with respiratory, COTE and some cardiology outliers) Conwy Ward (surgical with some medical outliers) Ogwen Ward (orthopaedic and orthogeriatric with some endocrine outliers) Surgical Rota Co-ordinators Office (next to Dulas Ward)	Gogarth Ward & AMAU (Acute Medical Admissions Unit)* Aran Ward (Gastroenterology) Glyder Ward (Cardiology) and CCU (Coronary Care Unit) Tryfan Ward (Medically Fit Ward)

**Areas with ABG machines*

***Canteen opening hours are Monday to Friday 08:00-10:30; 10:30-14:00; 16:30-21:30*

On the ground floor link corridor, you will find Alaw ward and day unit (oncology and haematology), the dialysis unit and chaplaincy.

On the first floor link corridor you will find the anaesthetics department.

T block consists of:

Ground Floor	**First Floor**
Dewi and Minfford Wards (paediatrics) The Menai Unit (sexual health)	Ffrancon Ward (gynaecology with some surgical and medical outliers) Maternity Unit, including Llifon (labour ward)
Second Floor	**Third Floor**
Prysor Ward (stroke unit and COTE) Glaslyn Ward (COTE)	Moelwyn Ward (respiratory)* Hebog Ward (renal, endocrine and diabetes)

**Areas with ABG machines*

Requesting Leave

You are entitled to different types of leave throughout the year, including:

Annual Leave – 28 days, should be split evenly across rotations, i.e. 9, 9 & 10 days per job (not necessarily in that order). This should requested via your rota co-ordinators and when on medicine, the AllocateMe e-rostering system.

Study Leave:

- 2 days for your mandatory ALS course (1 day for e-learning and 1 day for the face to face course)
- 5 days for a taster week
- 2 further miscellaneous days (to be approved by the postgraduate team). The postgraduate team will provide you with information regarding booking this.

In the event of adverse circumstances, such as bereavement, contact your supervisor and rota team regarding compassionate leave.

You can find the contact details for the rota co-ordinators on page 6.

Turas Portfolio

Throughout the year you will need to gather evidence of your progress in line with the Foundation Programme Curriculum. We will cover this in detail in a session with Dr Andrady as part of the Foundation Programme Core Teaching.

You are entitled to **1 hour per week of Educational Development Time (EDT)** – this is time to use for updating your portfolio, completing an audit/QIP or attending other educational opportunities. Most departments condense this to equate to 4 hours (i.e. half a day) per month. Speak to your supervisors and rota co-ordinators to confirm how they intend to rota this time.

Teaching

Monday	Tuesday	Wednesday	Thursday	Friday
	General Surgery Teaching 13:00-14:00 Acute Medicine Teaching 13:00-14:00	X-Ray Teaching 13:00-14:00 Resident Doctors Forum – *first Wednesday of the month* 13:00-14:00	F1 Core Teaching 13:00 - 14:00	Grand Round 13:00-14:00 (see emails and notice boards)

There will also be Departmental teaching – please check the schedules with individual departments or speak to the education team in the Postgraduate Centre.

If you're interested in getting involved with teaching medical students whilst on placement at Ysbyty Gwynedd, or getting involved with the Seren programme which helps school leavers access medicine, please enquire through the medical education team.

The medical education team are always looking at ways to improve so if you have any suggestions please tell a member of the team or complete the 'what can we do to improve survey'.

Useful Contacts & Bleep Numbers

Postgraduate Team

Dr Ushan Andrady, Foundation Programme Director – ushan.andrady@wales.nhs.uk

Dr Emyr Huws, Deputy Foundation Programme Director - emyr.huws2@wales.nhs.uk

Libby Demarco, Postgraduate Medical Education Manager – libby.demarco@wales.nhs.uk

Angie Charlton, Postgraduate Centre Secretary West & GPST Administrator – angela.charlton@wales.nhs.uk 01248384621

Accommodation

Paula Chester – paula.chester@wales.nhs.uk Ext 851209

Rota Co-ordinators – Medicine

On-Calls – Abi Townshend Abi.Townshend@wales.nhs.uk ext 842475

Acute Medicine – Lisa Roberts Lisa.Roberts1@wales.nhs.uk ext 1746 x4519 or Kay Mason Kay.Mason@wales.nhs.uk ext 1746 x4117

Cardiology – Laura Iles laura.iles@wales.nhs.uk ext 850836

COTE – Claire Bishop Claire.Bishop2@wales.nhs.uk

Diabetes – Wendy Blackie Wendy.Blackie@wales.nhs.uk ext 850845

Gastroenterology – Suzanne Thomas Suzanne.Thomas2@wales.nhs.uk ext 851465

Haematology – Mark Hunter-Dowsing Mark.Hunter-Dowsing@wales.nhs.uk ext 851401

Renal – Julie Mummery Julie.Mummery@wales.nhs.uk ext 842290

Respiratory – Laura Iles laura.iles@wales.nhs.uk ext 850836

Rota Co-ordinators – Surgery

Caren Davies – caren.davies2@wales.nhs.uk

Leigh Jones – leigh.jones2@wales.nhs.uk

Annual Leave Requests – BCU.SurgicalJDLeaveWest@wales.nhs.uk

Rota Co-ordinators – Miscellaneous

Emergency Department – Tina Roberts tina.roberts4@wales.nhs.uk

Paediatrics – Alice Collumbell alice.collumbell@wales.nhs.uk

Reporting Sickness

Medicine – bcu.ucabsencewest@wales.nhs.uk

Surgery – Bcu.SurgicalDoctorAbsenceWest@wales.nhs.uk

You should also notify your team and the foundation team for your absence to be recorded on your portfolio.

Switchboard – 100

How to Bleep

Dial 81 on any phone, followed by 77 and the three digit number you are trying to contact, press # then the telephone number you are calling from followed by a final #. *The automated message will guide you through the process if you can't remember.*

When answering your bleep, the number bleeping you will appear on the bleep display. If the number is 6 digits, simply dial it from the nearest phone. If the number bleeping you is only 4 digits, you need to dial 1746 then the 4 digit number.

If you need the person to respond immediately, call switch (100) and request to fast bleep the desired number. Only use fast bleep if it is an urgent matter as it will interrupt your colleagues.

Useful Bleep Numbers

- **Medicine**
  - Medical Registrar On Call 209
  - SHO A 210
  - SHO C 213 (taken over by SHO E after 5pm Mon-Fri)
  - Acute Intervention Team (AIT) 206
  - Medical Clinical Support Worker (CSW) 202

- **Surgery**
  - Surgical Registrar On Call 207
  - Surgical SHO On Call 208
  - Surgical ANP On Call 315
  - Anaesthetics On Call 063
  - Surgical Clinical Support Worker (CSW) 117

- Radiology 095 (for urgent portable requests/emergency calls)

Induction & Shadowing Proforma 04/08/25 – 05/08/25

You will have 2 days of shadowing time with the F1/team from whom you will be taking over. To help maximise the learning opportunities and get adjusted to your new role, we have prepared a checklist to go through. Please complete it with your team and return it to us at the end of the final day of induction. This will help us guide improvements to the programme and ensure we can fill the gaps in foundation teaching session, please be honest if you don't get chance to cover it all!

- ☐ Hospital & ward orientation, including useful machines/departments/the mess
- ☐ Welsh Clinical Portal
    - ☐ Searching for patients - by D number, by ward, by consultant
    - ☐ Requesting bloods, including time series &/ bulk requests
    - ☐ Signing off results
    - ☐ Requesting radiology & viewing
    - ☐ Importing medications
    - ☐ Completing TTO
    - ☐ Completing DAL
- ☐ Access to EPRO/CITO & Stream
- ☐ Login to EAS (you may need to phone IT/raise a ticket if not able to access this)
- ☐ BetsiNet familiarisation (to include YG123 and Medicine sharepoint)
- ☐ How to Bleep
- ☐ Important Forms
    - ☐ Internal Specialty Referrals
    - ☐ Cardiology Investigations
    - ☐ Endoscopy
    - ☐ Blood Add On
    - ☐ Other common departmental requests relevant to specialty - e.g sleep team
- ☐ **Send a referral to another specialty**
- ☐ **Updating the list**
- ☐ Prescribing
    - ☐ Drug Chart Familiarisation
    - ☐ Sliding Scale & DKA Charts
    - ☐ Vancomycin & Gentamicin Charts
    - ☐ Methotrexate Charts
    - ☐ Warfarin Charts
    - ☐ Blood transfusion including requesting G&S and BloodTrack
    - ☐ CIWA
- ☐ Apps
    - ☐ Eolas – Formerly Microguide
    - ☐ Accurx Switch – Formerly induction app
    - ☐ Loop – Formerly Allocate (Medicine & ED)
- ☐ Death Verification (where possible)
- ☐ **Producing the Weekend Handover**
- ☐ How to Datix

Surgical On Calls

Headlines

- The on call surgical team is made up of
    - On call consultant
    - Surgical registrar (bleep 207)
    - Surgical SHO (bleep 208)
    - F1 (bleep 098)
    - Usually an ANP (bleep 315)
    - Some teams have an F2
- Meet in Beaumaris room (postgraduate centre) for handover at 08:00 – the night SHO will bring the updated list
- Any surgical patients admitted during the on call come under your team.
- Your biggest responsibility is to make sure the list is up to date with patient details, locations and bloods – it's essential to liaise with your SHO and ANP/SDEC team to keep on top of patients.
- Ensure all patients have the appropriate bloods out for the week and these are acted upon.
- At weekends, you also do a 'Megaround' of all surgical patients with your team (this handover list will have been prepared by the other teams).
- You can clerk in SDEC/ED if needed or if you have time.

In Depth

Hours for on calls are 08:00-21:00. There will be mid week on calls (Monday - Thursday, 4 days) and weekends (Friday – Sunday, 3 days).

If you are on general surgery (and not urology or orthogeriatrics) you will return to normal 08:00-16:00 working days on Friday after the mid-week on call, or Monday after the weekend on call.

Due to the nature of these shifts, your rota may result in you working 12 days in a row. *Doing long days straight can be daunting, but it is great learning to have the continuity in patient care and to follow patients through their stay in hospital!*

If on urology or orthogeriatrics, you return to your base team rota after the respective on call, though please confirm this with the rota co-ordinators as it can be subject to change depending on staffing.

- Your main job on call is to keep the surgical list up to date – you will find this via the general gen152827 login in a folder under your consultant's name
- Your list will have different sections for the different wards and there will be a section at the top for ED/SDEC/TCI *(TCI means To Come In – many patients get sent home overnight and then come back to SDEC for review/bloods/US scans etc)*
- Your SHO gets the new referrals from ED and from other wards
- The ANP gets new referrals from GPs throughout the day and these will often go to SDEC
- It is really important to keep track of new patients – *it's very helpful to keep going down to SDEC (if ward jobs aren't too hectic) throughout the day (or at least once at around 4pm-5pm) to make sure you have all patient details.*
- A dedicated group chat with the ANP or SHO accepting referrals can be useful in making sure nothing is missed.

- It is not your job to know the plans immediately for all the patients, **but it is your job to put patients on the list and to update the list with bloods, scan results etc throughout the on-call**
- It is really important in the evening to sit and update the list – try to aim to be back in the surgeon's office at 7pm to update the list with bloods, scans etc and catch up with the SHO re patient plans
- During handover in the morning make sure you know where the patients are! This makes the post-take (ie when the SpR/consultant sees all the new patients admitted overnight) so much quicker. *You can do this via WCP or Stream.*

For weekends:

- On Saturday morning, print out the Megalist which will have the details of all surgical patients in the hospital on the different wards. You will use this for the 'Megaround'.
- It is found on the generic gen152827 login in the 'Mr Lala' folder in 'MEGALIST V2'.
- Depending on what the SpR wants to do, they might just see them on the Saturday and not Sunday. They will have been told about sick patients from other teams prior to the weekend so will be able to prioritise patients!
- There will be a urology ward round – you will likely get bleeped by the urology SpR to see their patients at around 9am on Saturday and Sunday – where possible the ANP will do the urology ward round because it is better for the FY1 to know what is going on with the general surgery patients – you will more likely get bleeped about these!

Medical on-calls as an FY1

Main points

- If at any time during your on-call you feel uncomfortable/unsure/out of your depth etc. **Escalate to SHO C or the medical registrar.**
- If there is an emergency, **do not delay putting out a MET call as an FY1. You will not be criticised for this.** Especially at such as early stage.
    - **Call 2222 and state 'medical emergency _____ ward' or 'Cardiac arrest _____ ward'**
- The Medical Admission System (EAS) is your friend.
- Your role in short:
    - **Weekend AMAU:** Responsible for Gogarth Ward
    - **Weekend Ward cover:** Responsible helping/completing weekend handover jobs
    - **Weekday AMAU:** Responsible for Day 2 reviews and clerking
    - **Weekday Ward cover:** Responsible in assisting the SHO for outstanding ward jobs

Key bleeps and team members:

- Medical registrar: 77209
- SHO-A (based down in ED, accepting referrals and clerking new patients): 77210
- SHO-C (based on the hospital wards): 77213
- SHO-E ("extra" – will be where there are staffing shortages in the hospital) – will normally have their own bleep, make a note of it in handover
- AIT (Acute Intervention Team, usually one or two ANP's, they are very experienced members of the team and are around to help any deteriorating patient): 77206
- CSW (Clinical support workers, can cannulate & take bloods (including G&S): 77202
- Emergency radiology (for portable CXR): 77095

Key hospital systems to be aware of:

- EAS (Electronic Admissions System) – New
    - EAS must be opened in a private window if windows is logged into a gen account
    - In "BCU Managed Favourites" folder on betsi net
    - This is the system where all new medicine patients are added
    - You will need a log in for this – it will be your work email and password.
    - When you have clerked a patient, you can update them on the system to being ready to post-take by a consultant, so the list is up to date
- Blood track enquiry

If someone asks you if blood is available for a patient…

- Use the Blood Track Enquiry application on computer
- Select "All products" and put in patients NHS number
- If blood is available i.e. valid G+S has already been done, then it will be shown as green and will tell you number of units available
- If "No product available for the patient" but there is a blood group available in the bar on the screen, just do one pink G+S bottle

- If “No product available for the patient” and that is it on the screen, they will need x2 pink bottles

The MET call…

- MET calls will come through to your bleep – You must go to them!
- MET calls can be scary, but you will get used to them and your team won’t be expecting you to deal with the patient by yourself!
- **If you come across a patient who is acutely unwell, pull the emergency bell and ask a member of staff to call 2222 and state ‘medical emergency _____ ward’**
- If you get to the MET call first and don’t know what to do:
  - Ask the nurses to get the arrest trolley
  - Ask the nurses for a new set of obs
  - Ask the nurses to get the notes and drug chart
  - Gather a brief history from the nurses – Why are they in hospital? Why was the MET call put out etc…
  - Start A-E as best as you can
  - Remember to act on A-E as your come across them. E.g. Start 15L non-rebreath. Ask the nurses of get a fluids bolus etc.
- Getting portable XR – bleep ‘77095’

Cardiac arrest call…

- When you arrive chest compressions should have already started.
- Ask the nurses of get the arrest trolley, notes, drug chart ready for the team.
- You can ask the nurses to attach the defibrillator pads ready.
- Follow ALS.

What you can be asked to deal with/sort out on the wards:

- Hypo/hyperglycaemia – Remember ketones!!
- Hyperkalaemia – Good to be familiar with the Betsi guideline.
- Falls
- Tachycardia
- Bradycardia
- Fluid reviews
- Chest pain
- Medication reviews
- Death verification – Follow Geeky Medics documentation!
- Temperature spikes – Septic screen!
- Agitated patients
- CBGs for NIV bay on Moelwyn ward
  - The ward should have clear weekend plans
  - If you are unsure bleep AIT or your SHO – they can manage NIV patients

AMAU/Gogarth Weekday FY1

Start at 9am in the handover room (boardroom which is at the top of stairs at main entrance to hospital on the way to postgrad, first door on left).

IMPORTANT – You are required to attend all medical emergency and cardiac arrest calls.

As the AMAU FY1 you are responsible for the 'red file'. This file is kept on the table in the doctors' mess and a handover sheet must be completed at every handover. Along with this file is the AMAU FY1 '77444' bleep. This is the only bleep you will require for the day.

Handover – the night team will handover jobs and sick patients from all the wards. Write these patients down on the handover form. This is just for the record. If any of these patients are based on Gogarth you will need to make a note of their details on another piece of paper to take up with you after to handover to the acute medicine team on Gogarth.

You will be based on Gogarth ward all day. You are responsible for 'Day 2 reviews' and clerking.

- In the morning your first job alongside SHO C will be to review all the patients in the waiting room and pods and Gogarth. These are usually day 2 patients. It is your responsibility to ensure that these patients have been post-taked by consultant and are recorded as such on EAS.
- For the rest of the day, you will be in charge of clerking new admissions on Gogarth for the day – these are accepted by a medical registrar taking referrals from GPs. These patients usually don't arrive until after 11am which gives plenty of time to see the Day 2 patients.

An early lunch is recommended!

Referrals usually come into the waiting room. However, some patients are sent straight up to a bed on the ward. Note – It is still the on-call team that are responsible for clerking and post-taking these patients before handing over to the acute medicine team.

All patients coming in via AMAU will have a cannula, bloods and an ECG performed by the clinical support workers (CSWs) on arrival

Clerking is done on blue proforma. Please ensure your complete as much of the proforma as possible including the bloods on page 9.

Tips for clerking:

- Use the proforma as a guide – it's well structured to help you and you should aim to fill all sections before the 'post take' page.
    - Ensure blood results are written into the table on page 9
- Look at GP record before you see patient, see what past medical hx and print out their current medication list (check this with patient when you see them). Staple this into the proforma.
- You can also use EPRO to help gather important information, recent DALs can also be of use.

- Make a drug chart for each patient as you go – This is a good time to review the patient's medication e.g. holding nephrotoxics in AKI, holding anticoagulants in bleeds, holding statins if Clarithromycin is started etc.
- Don't worry if you don't know what's going on with the patient – just think next steps: what further investigations do I need e.g. CXR, urine dip, additional bloods outside of the usual panel, what are my differentials and what investigations do I need to do to rule these out…
- It's better to see patients fully rather than clerk a load and only do half the jobs for each one – you should be aiming to clerk 3-6 patients in a day.

Patients will then be "post-taked" by the on-call consultant – don't worry about contacting them, the consultant will likely be in ED sorting out more acutely unwell patients but will come up to Gogarth to post-take usually when there are a few patients to see.

Keep track of where your patients are to make the 'post-take' more slick – if beds become available on Gogarth, patient's may be moved to them from the waiting room before being 'post-taked' but they still need to be see by the on call consultant.

You will be reviewing your history taking, observations, examinations and investigation findings with the consultant and then seeing the patient with the consultant. Often you will be documenting what that consultant says on the post-take page.

If you are struggling to decide what to write. Write everything and don't be afraid to show the documentation to them to confirm that everything is accurate.

As FY1s any patient you have clerked who have not been post-taked by handover will need to be reviewed by the registrar overnight. Ensure you hand this over!

Attend handover again at 9pm and complete another handover form. The FY1 bleep is left overnight with the red folder in the doctors mess.

Ward cover - Weekday FY1

Start at 9am in the handover room (boardroom which is at the top of stairs at main entrance to hospital on the way to postgrad, first door on left).

You will carry your own bleep throughout the day.

IMPORTANT – You do not need to attend medical emergency and cardiac arrest calls before 5pm. You will need to from 5pm - 9pm.

Introduce yourself to the on-call team as ward cover after 5pm. As ward cover you can be called to assist in clerking earlier than 5pm if there are a particularly high number of admissions.

Listen to the handover jobs and if there are handovers for your ward you will need to state that you can hand these jobs over to the day team.

You will then complete your usual role for the day from 9am - 5pm.

At 5pm you will meet SHO C in the doctors office on Gogarth. If you cannot find them give them a bleep on 77213.

Depending on the number of patients in the waiting room waiting to be seen - you will either be asked to clerk these patients with the AMAU FY1 or assist with jobs handed over to SHO C by the day teams.

As FY1s any patient you have clerked who have not been post-taked by handover will need to be reviewed by the registrar overnight. Ensure you hand this over!

Attend handover again at 9pm and handover all relevant jobs. The medical registrar will help you if prioritisation is a problem.

Gogarth Weekend (and bank holiday) FY1

Start at 9am in the handover room (boardroom which is at the top of stairs at main entrance to hospital on the way to postgrad, first door on left).

As the Gogarth FY1 you are responsible for the 'red file'. This file is kept on the tablet in the doctors' mess and a handover sheet must be completed at every handover. Along with this file is the AMAU FY1 '77444' bleep. This is the only bleep you will require for the day.

In handover take note of all the jobs in Gogarth as these will be your responsibility.

Your main responsibility as the doctor on Gogarth is to complete jobs handed over by the acute medicine team for the weekend.

It is a good idea to meet with SHO C and both ward cover FY1s in the doctors mess on Gogarth to go through all the patients on all the handover lists and ensure their locations are up to date. Patients move constantly.

IMPORTANT - Due to the nature of turnover on Gogarth, your list may become inaccurate quickly – you should ensure any patients on the Gogarth handover list who have moved to wards, or patients who are moved with outstanding jobs/needing further weekend input are handed over to the ward cover team to ensure they aren't missed

Make a **GROUP CHAT** with SHO-C, Gogarth FY1, ward cover FY1s and discharge SHO.

This is the time to make the discharge SHO aware of all patients that need to be reviewed by the discharge consultant. Seeing these patients are not your responsibility.

You will also need to make a note at this stage of all patients on Gogarth that need a post-take.

Consultants will want to know how many there are for them to post-take as soon as they get to Gogarth. Prep the notes and try to know what the story is/initial results as much as possible.

IMPORTANT – Blood forms do not move with patients.

Once patient locations are up to date and you have identified those that require post-take. You will then need to start completing the weekend jobs for these patients.

Best advice is to ensure that all patients who need a blood test have had one. Patients will often have moved (so bloods won't have been taken) and clinical support staff will be unable to obtain bloods from some patients. *You do not want to be taking bloods at 4pm and handing them over once again to the night team!*

You can then start with the jobs. Most of these will require the results of the bloods that have just been taken meaning you may find yourself unable to do much at this time. Bleep SHO C/message the group chat asking if you can help on any other wards in the meantime.

Ask the nurses on Gogarth to make a paper list of all the jobs that they find for you throughout the day. Ensure that you also ask. If they need medications reviewed, they will need to find the drug chart for you. It is NOT your responsibility to spend 10 minutes finding a drug chart!

I would suggest taking an early lunch - once the blood results are back there will be plenty of jobs.

For the rest of the day, you will be completing these jobs as handed over by the acute med team and seeing patients that the nurses have escalated to you.

You may find patients that are transferred to Gogarth from A&E - have a quick read of the plan in the notes as these may not have been actioned.

If you see an unwell patient that you believe needs to be reviewed the next day, make a note to yourself of these on EAS.

If you at any time feel that you are complete/up to date with your jobs, you can contact the rest of the team on the group chat and offer to assist with any jobs on other wards/clerking.

Attend handover again at 9pm and complete another handover form. The FY1 bleep is left overnight with the red folder in the doctors mess.

Ward cover - Weekend (and bank holiday) FY1 - x2

Start at 9am in the handover room (boardroom which is at the top of stairs at main entrance to hospital on the way to postgrad, first door on left).

As ward cover FY1 your main responsibility is to assist SHO C and complete jobs handed over by the parent teams during the week.

In handover take note of all the jobs on all the wards apart from Gogarth.

It is a good idea to meet with SHO C and the Gogarth FY1 in the doctors mess on Gogarth to go through all the patients on all the handover lists and ensure their locations are up to date. Patients move constantly.

Make a **GROUP CHAT** with SHO-C, Gogarth FY1, ward cover FY1s and discharge SHO.

This is the time to make the discharge SHO aware of all patients that need to be reviewed by the discharge consultant. Seeing these patients are not your responsibility. Don't do TTO's, this again is the discharge SHO's responsibility.

IMPORTANT – Patients are often moved overnight and blood forms do not move with patients. As a result, some patients will not have their bloods taken despite the form being printed out.

Best advice is to ensure that all patients who need a blood test have had one. Quickly going around the wards together and taking all the blood samples in the morning will make the day much easier. *You do not want to be taking bloods at 4pm and handing them over once again to the night team!*

Remember to contact the porters to take the bloods to the lab!

Whilst you are on the wards. Try not to get bogged down with jobs early in the morning unless urgent. Prioritise, and tell the nurses that you'll come back.

The nurses often panic if they haven't seen any doctor by 10am. Reassure and ask the nurses of make a list of jobs on a piece of paper on the ward. Remember to tell them that you need location i.e. Bed/Bay, Name and D number. Without these your jobs is much harder. Come back and work through each list in addition to the weekend handover.

As a side note, it's important that when you weekend handovers with your ward team on a Friday, that they are detailed and contain clear plans – the ward cover team should be able to complete the jobs without needing to look in the medical notes! You will have a session on 'How to Effectively Handover' in the first few weeks.

In addition, ensure that if the nurses' hand over a job that requires the drug chart - ask the nurses to bring you the drug chart. Spending 10 minutes looking for a missing drug chart if not your job!

The rest of the day will be up to SHO C with regards to job distribution. SHO C will be receiving bleeps to review unwell patients, review medications, verify death etc – Keep in contact with them so you can share the workload.

If you at any point feel that the job allocated to you is inappropriate for an FY1 you must raise this with SHO C/medical registrar.

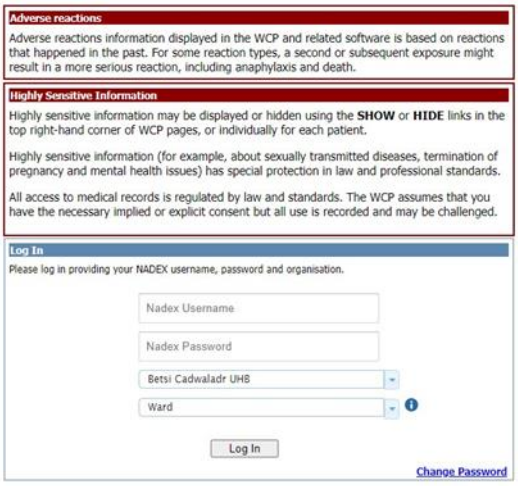
If you see any unwell patients during Saturday and that you believe may repeat bloods on Sunday, ensure that you add these patients to the EAS handover as a reminder to yourself for the next day.

Attend handover again at 9pm and handover all relevant jobs. The medical registrar will help you if prioritisation is a problem.

General tips

- If you're unsure which bloods to request make sure you request FBC, U+E, LFT, Bone profile, CRP and Coag – Taking a Yellow, Purple and Blue bottle is useful as D-Dimer and Trops can be added on IF NEEDED.
- You can never go wrong asking for an ECG.
- USS services are not available over the weekend – If you need a scan done, discuss with senior as they will likely need a CT.
- Generally speaking - X-rays can be requested by FY1s. CT requests should be discussed with SHO – Be aware of pregnant ladies and females of reproductive age.
- No one should ever criticise you for escalating. You will always be criticised for not escalating.
- Be very aware of the continuation bias – always assess the patient with a new pair of eyes, irrelevant of the seniority of the clinician who saw them before you.
- Remember to document.
- Handover appropriate tasks e.g. No handing over a PR!!
- If handing over a job is not going to change the management for a patient irrespective of the result. Does it need to be handed over?
- As much as you might feel like a junior. Whilst you are on the ward you will be viewed as the responsible clinician. You will need to delegate tasks to the nurses and clinical support staff. 'Please' and 'thank you' go a long way with this!!
- Remember to bleep '77202' – Cannula and bloods!
- Prioritisation will come with experience.
- For handovers, make sure you have enough information about the patient to make the handover practical e.g. Location, Name, D Number, Background, Job. Not extensive but relevant.
- Writing bloods in patient notes can be helpful for the day team, shows you've acknowledged the bloods and helps show your rational if plans change (important medico-legally) – this however can be time consuming. A helpful method is to chase the bloods for the patients on the ward and copy the relevant results onto a blank piece of sticky label paper. You can then place these in the notes of each patient and write your plan or 'no action required'.
- Remember that you are provisionally licensed with the GMC. You cannot complete WP10/FP10 prescriptions (Green prescription paper), Section 5(2) or death certificates.

Guide to Welsh Clinical Portal



Login with your NADEX username and password

Your username will be in the format Ab000000

This will take you to the home screen

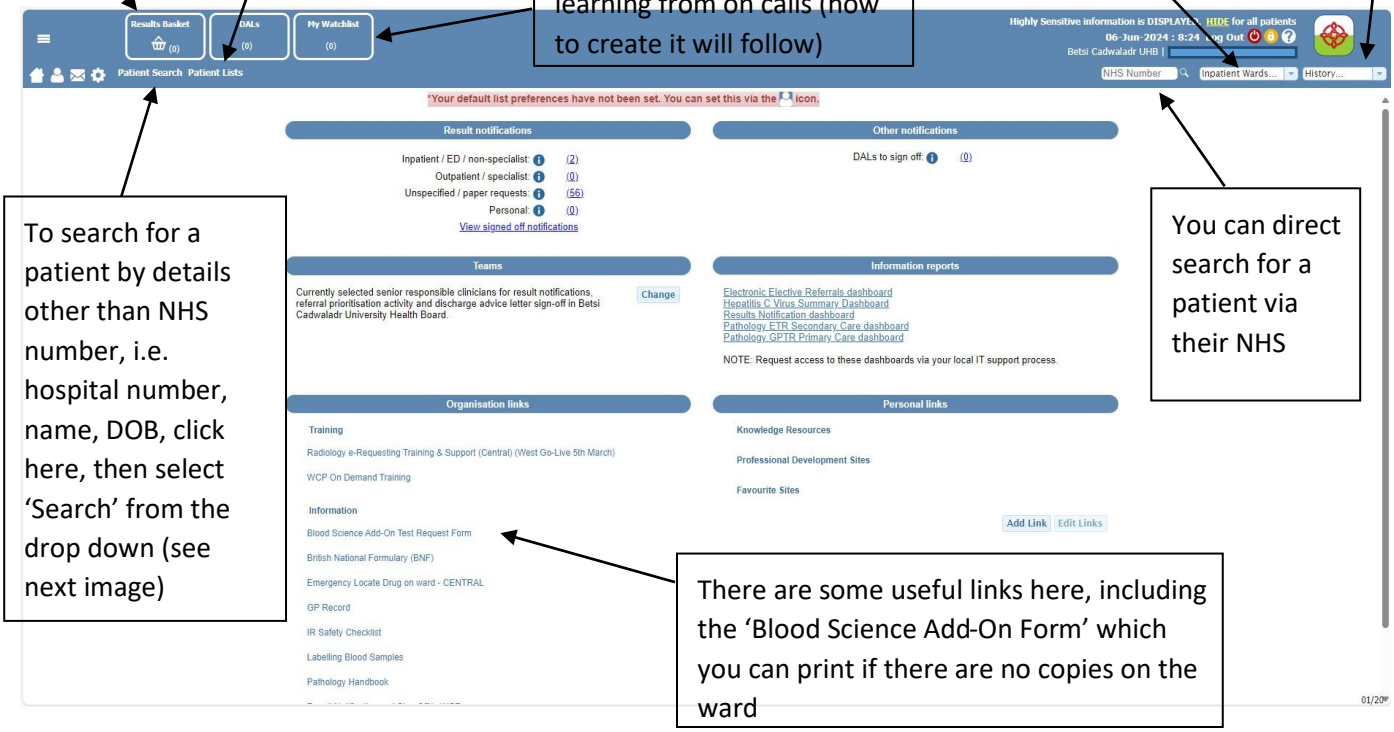
If you're signing off results you can add them to a basket to sign off together – this can be accessed here (how to do this will follow)

You can also generate patient lists via this link, then filter by hospital, ward or consultant

You can create a watchlist to follow up on patients you see – this can be accessed here – It's useful for learning from on calls (how to create it will follow)

If you're unsure of patient details, you can find a list of all patients on a given ward here

You can find patients you have recently accessed via the 'History' dropdown here

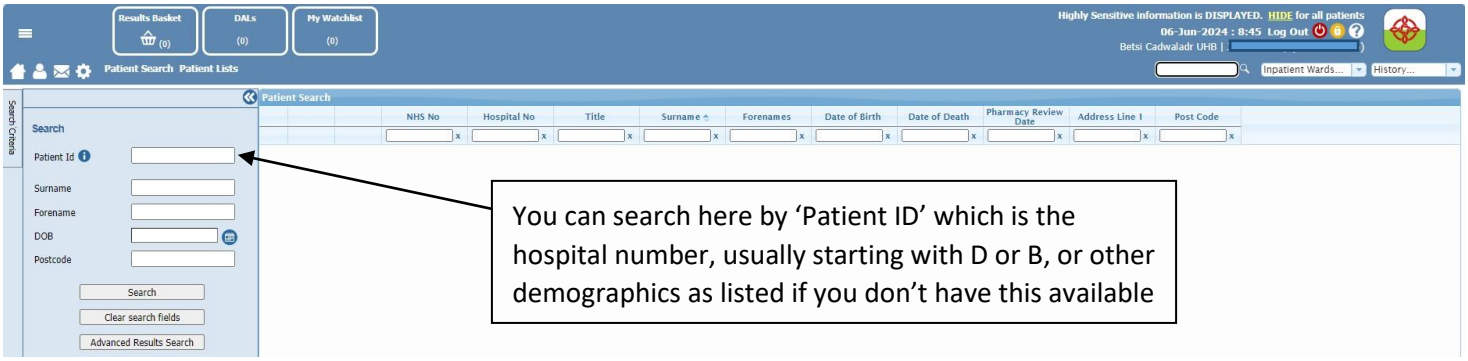


To search for a patient by details other than NHS number, i.e. hospital number, name, DOB, click here, then select 'Search' from the drop down (see next image)

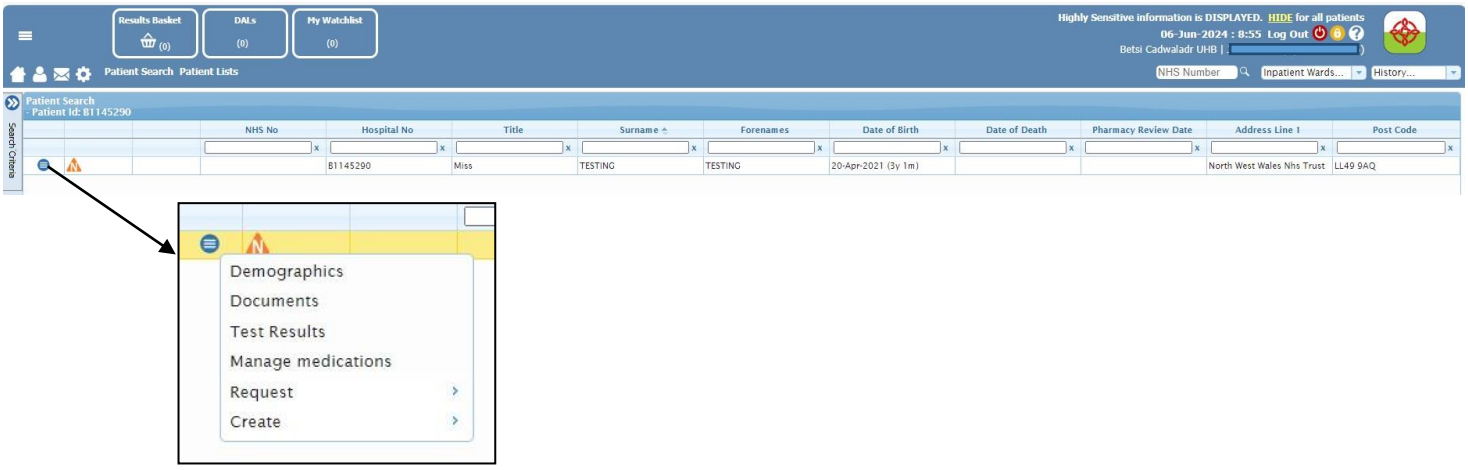
You can direct search for a patient via their NHS

There are some useful links here, including the 'Blood Science Add-On Form' which you can print if there are no copies on the ward

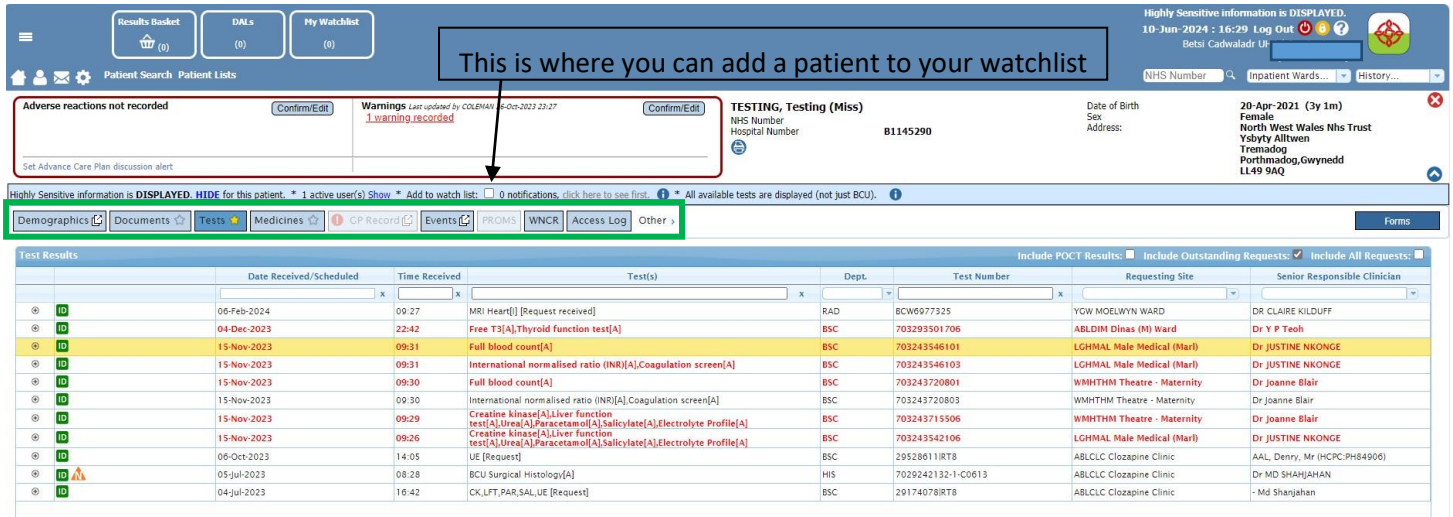
Patient Search – clicking the 'Patient Search' link on the homepage above will bring you here



This search will generate a table as below with the patient details – to access their record either double click on the row or select the blue icon which will generate a drop down to access to specific features (both will take you to essentially the same page)



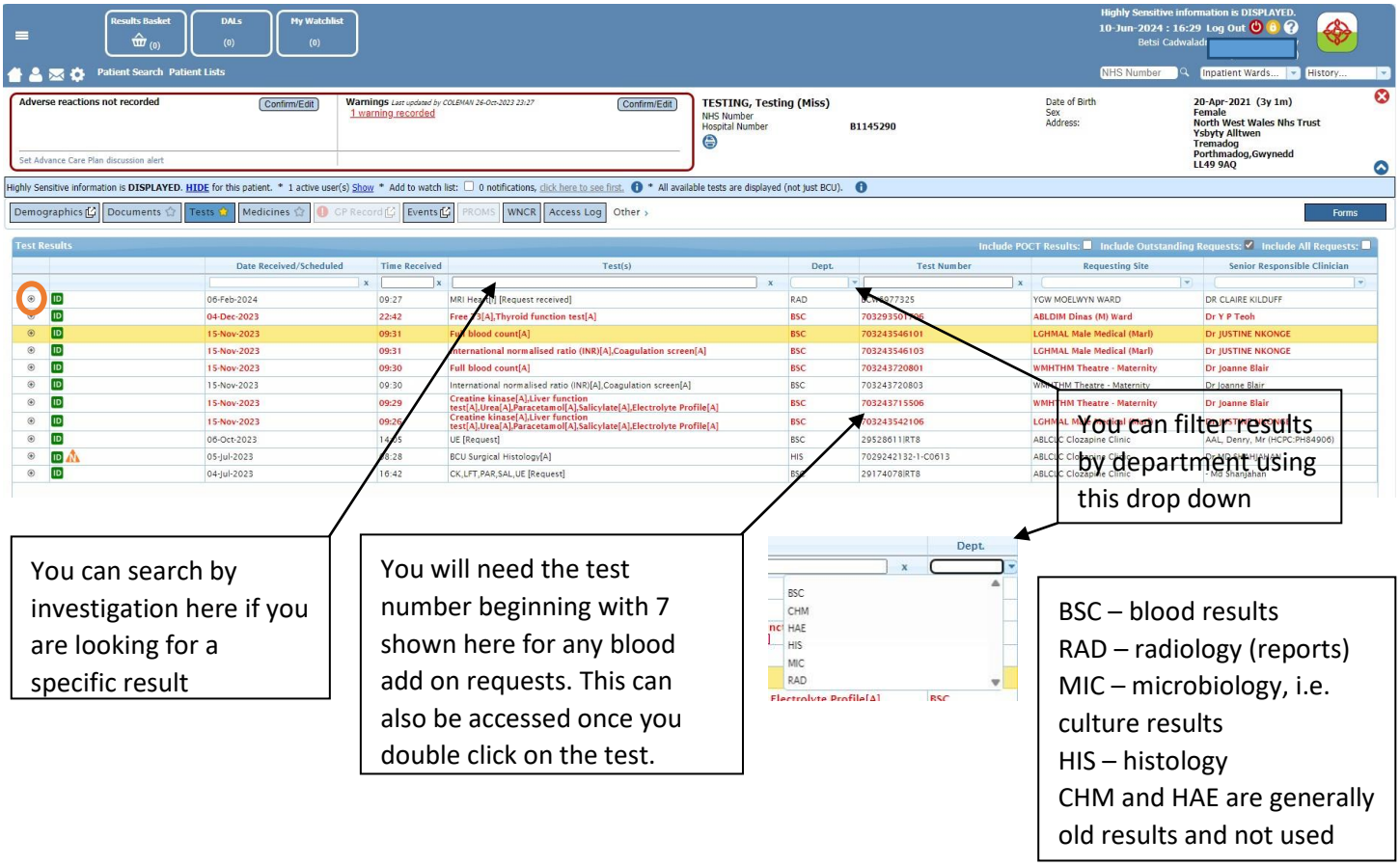
The patient record will open as shown below – depending on your default settings, it will open on any of the pages shown in the green box below. You can select which screen you want to be your default by clicking the star – whichever star is yellow will become your default (e.g. 'Tests' in the screenshot below)



In the green box above you can access:

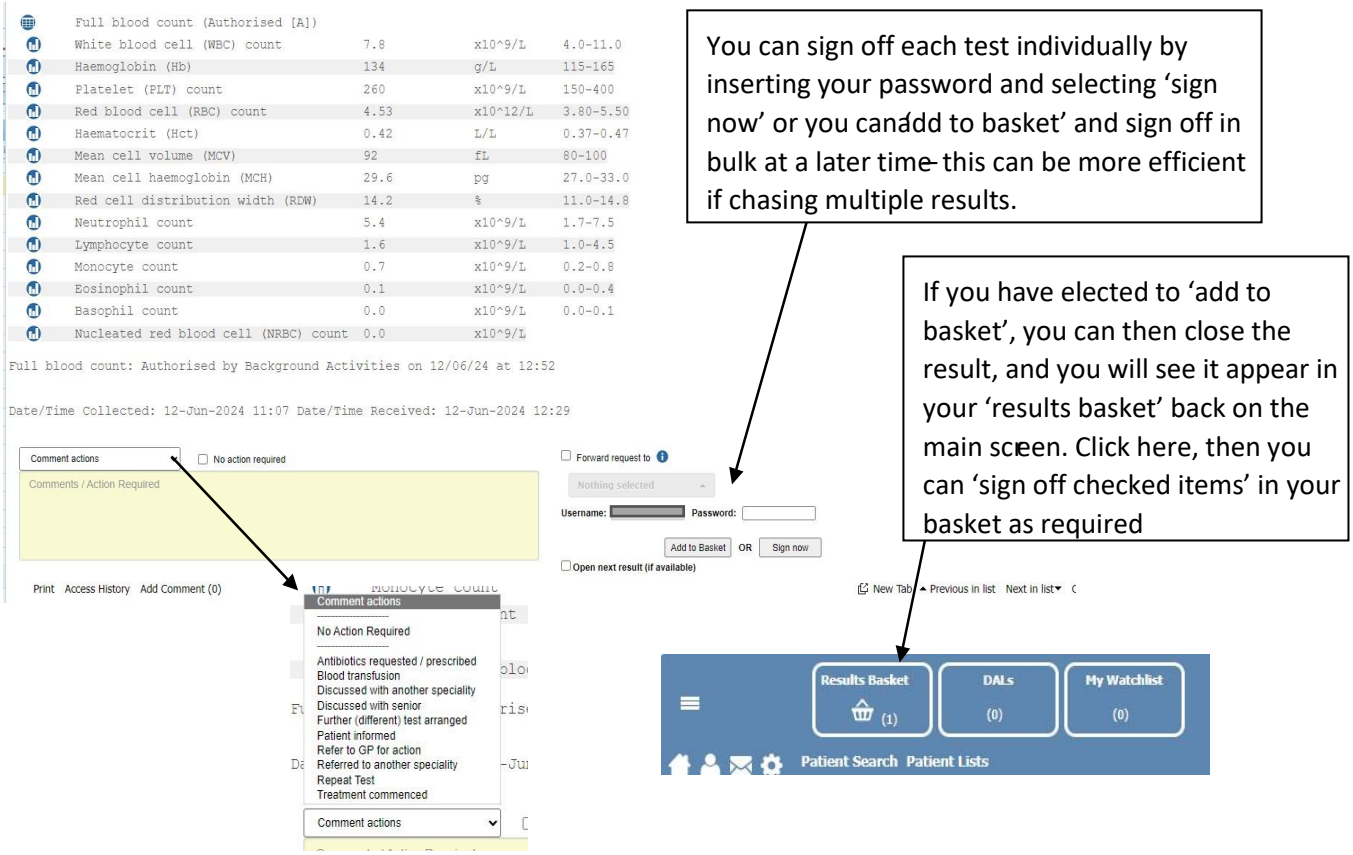
- '**Demographics**' shows basic patient demographic info, including GP and next of kin details
- '**Documents**' will allow you to access discharge letters (including for previous admissions) which you access to create TTOs (take home medicines), pharmacy care plans, primary care referral letters and some cancer MDT summaries. For clinic letters, you need to access separate programmes (ePro or Cito)
- '**Tests**' shows all blood results, imaging reports, microbiology and histology results
- '**Medicines**' shows medications but requires importing (to follow)
- '**GP Record**' allows you to access GP records and drug history – you should ask patient consent to access this/act in their best interests – there is a tick box you must click to confirm this and access the record
- '**WNCR**' allows you to access the nursing record which can be helpful for information such as patient weights, bowel charts etc.

Reviewing Test Results – Double click on the row you wish to access, or the grey '+' sign at the start of the row (circled below), and this will open the results, be that bloods, cultures or radiology reports. To look at the images for radiology, we use a separate system – Synapse. Any abnormal blood results will be highlighted in red.



Signing off results

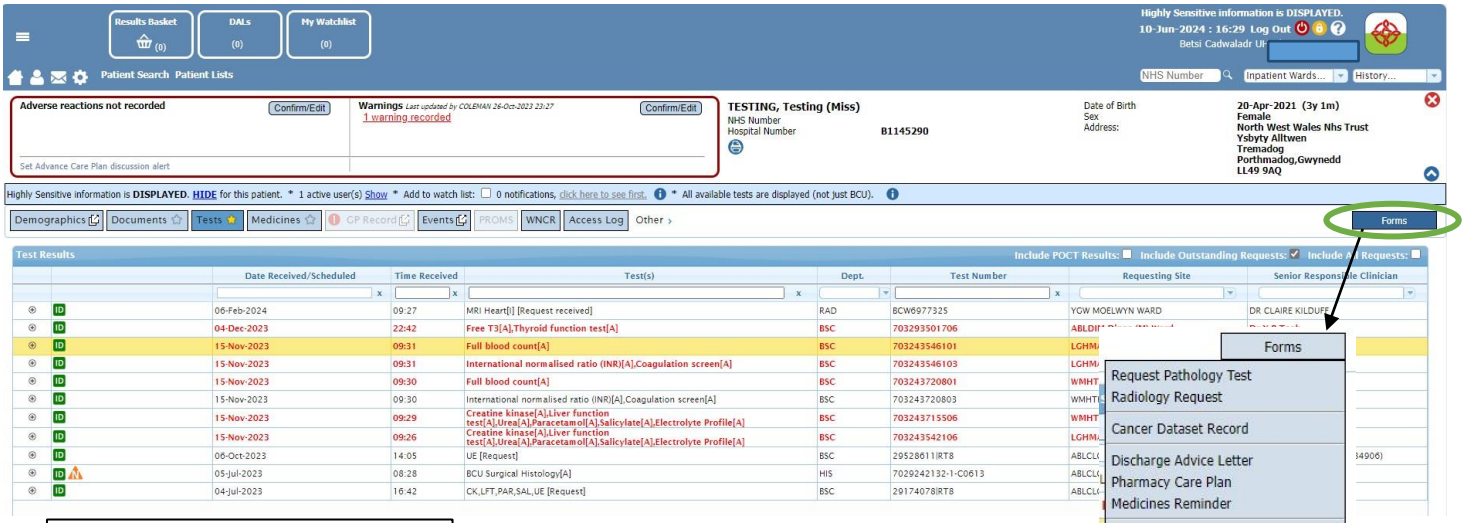
When you have seen a result, some consultants/departments will expect you to sign them off. This is also a helpful feature on call when you might not get time to document everything in the medical notes. To sign off results, you can either free type your comments in the yellow box or select an option from the dropdown menu 'Comment actions'. If results require no action, tick the 'no action required box' and this will prepopulate the comment for you as a shortcut.



You can sign off each test individually by inserting your password and selecting 'sign now' or you can add to basket' and sign off in bulk at a later time- this can be more efficient if chasing multiple results.

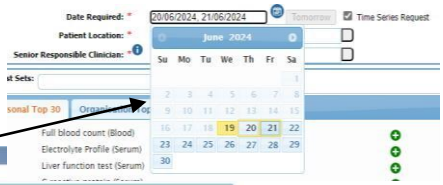
If you have elected to 'add to basket', you can then close the result, and you will see it appear in your 'results basket' back on the main screen. Click here, then you can 'sign off checked items' in your basket as required

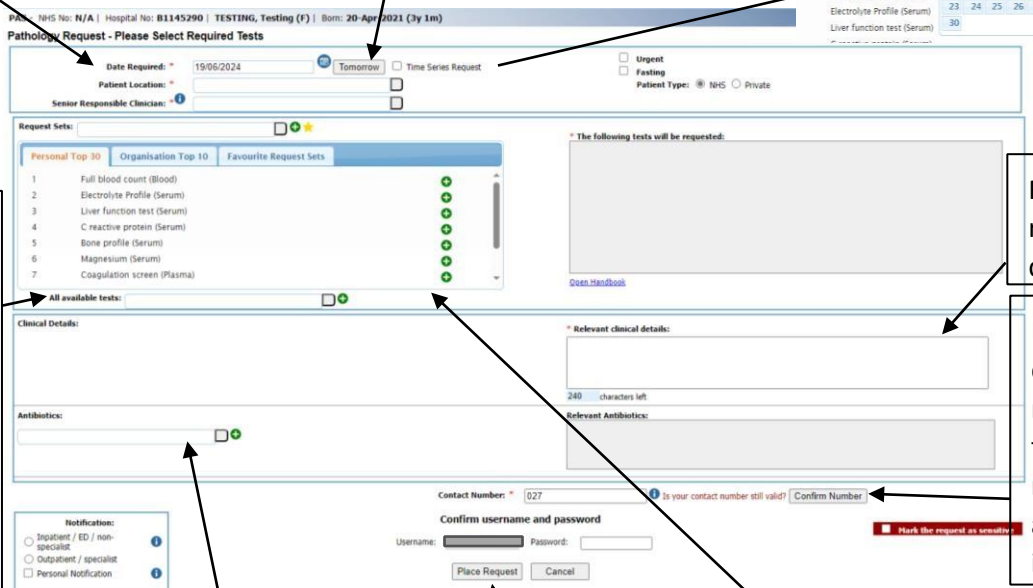
Requesting Tests – tests that can be requested through WCP include bloods, cultures, virology, histology and imaging. Click forms as circled in green below. This will take you to a dropdown menu as shown. Select 'Request Pathology Test' or 'Radiology Request', depending on what you need. The forms are relatively self-explanatory, but details of the pathology request form are shown below.



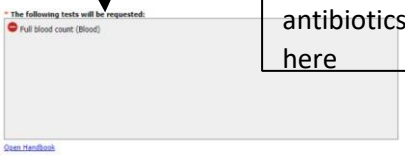
The data marked * is essential to be able to request tests. The 'patient location' should be the ward and the 'Senior Responsible Clinician' is the consultant to whom the patient is allocated.

When requesting bloods for the next day or over weekends you can click either 'tomorrow' or tick 'time series request' and open the calendar icon (blue) to select the dates for which you want to request them (shown right)





Search here to find a test, e.g. full blood count, then click the green +. This will add the test to the box marked 'The following tests will be requested', example below.



Free type the relevant clinical details here

Ensure the correct bleep number is in the 'contact number' box and confirm it if prompted

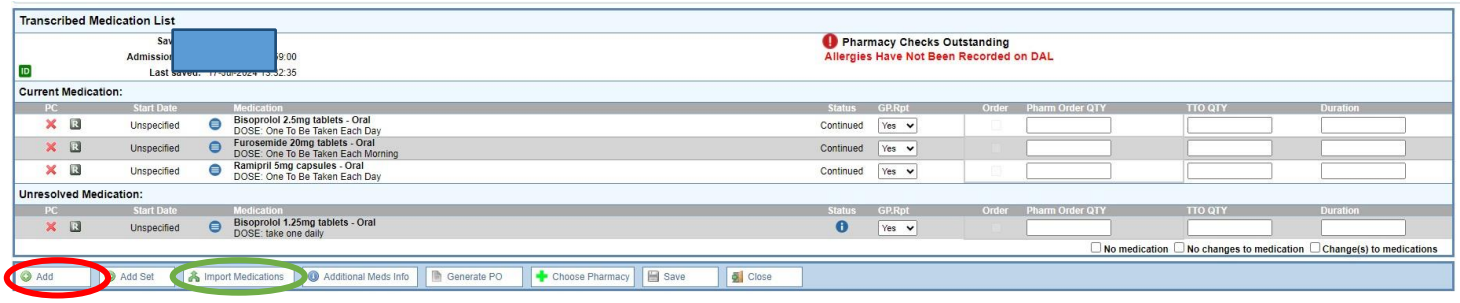
If requesting cultures and a patient is already on antibiotics, add them here

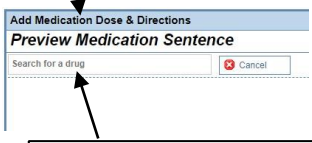
Once satisfied with all of the request details, click 'Place Request'. This will take you to a confirmation screen where you need to print the form using the A5 printer settings. Attach the form to a sample bag to either take them to the lab, or leave in the relevant ward area for the clinical support team

To set your 'Personal Top 30' to make requesting bloods more efficient and so they display as above, select the 'Preferences' icon from the main screen (shown below) and you can add your most used tests

TTOs – TTOs are generated via the medicines tab (circled)

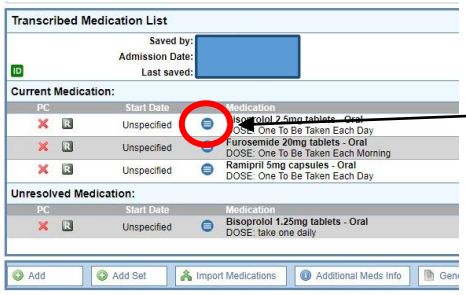
When you open this tab, there will either be a blank list or ready imported medications list (as below). If the list is blank, you can import the medications from either the GP record or a previous WCP list via the 'Import Medications' function (circled in green). Using the drug chart, you can then amend the medications list from the imported medications list depending on any medication changes made during admission, or any medications needed on discharge. To add medications, use the 'Add' function on the far left (circled in red)





Type the name of the drug you wish to add here, then select it, the route and the dose from the drop down menu

Once you have selected the desired medication, free type the 'dose and directions', select the 'status' and 'GP repeat' from the dropdown menus as minimum, then select 'add to basket' to add the drug to the TTO. For controlled drugs remember to type the quantity in numbers and figures.



If you need to stop or withhold a medication, select the blue icon (circled left) and this will bring up a dropdown list of options. If change doses, you might need to stop one medication and represcribe a different strength formulation – if so tick the 'Dose changed' box circled in red above when prescribing the new medication.

When you are happy with the completed medications list for the TTO, select save at the bottom of the screen. This will ask you to confirm with your Nadex login. You should then go to 'Documents', open the discharge letter for the admission and print this letter. Sign the bottom of the TTO and give it to the nurses or pharmacists if they are on the ward with the patient's drug chart.

Other Key Systems

EAS (Electronic Admissions System) – BCU West - NEW 2025

This is the **medical** admissions system that you will use for AMAU/Gogarth on calls. All new medical patients will be found here. **This is also where the medical weekend handover will be found!**

- EAS must be opened in a private window if windows is logged into a gen account
- In "BCU Managed Favourites" folder on betsi net
- This is the system where all new medicine patients are added
- You will need a log in for this – it will be your work email and password.
- When you have clerked a patient, you can update them on the system to being ready to post-take by a consultant, so the list is up to date

You will need to update EAS when:

- You start clerking
- You finish clerking (so the on call consultant can see who is ready for post-take)
- When the patient has been post-taked
- You use your Nadex to log in to EAS, but it will need authorising by IT – be sure to do this before your first on call if not done during induction *(I wasn't aware of this before starting and was stuck over Christmas not being able to access new admissions!)*

Synapse

This is the imaging system for all XR, CT and MRI. You can access reports on Welsh Clinical Portal, but the images are only available here. It is only accessed via the desktop, so it's worth checking if there are any computers on your ward that don't have it.

If synapse asks you for a log in (some computers do) – use "gen152827" as the login and password.

Use 'BCU all patients' and search by the patients D number

Blood Track Enquiry

This is the blood bank tracking system. It shows if blood products are available for specific patients. It is also accessed via the desktop.

If someone asks you if blood is available for a patient:

- Open the Blood Track Enquiry application
- Select 'All Products' and put in patients **NHS NUMBER** – D numbers will not work.
- If blood is available (i.e. a valid group and save has already been done), then it will be shown as green and will tell you number of units available
- If "No product available for the patient" but there is a blood group available in the bar on the screen, just do one pink G&S bottle
- If "No product available for the patient" and that is all that shows on the screen, they will need two pink G&S bottles

Discharge Advice Letters

Discharge letters are extremely important to maintain patient safety on discharge. It is important that these are done in a timely manner. This is the responsibility of the entire team – not just the F1. There is a standard operating procedure (SOP) being made available on BetsiNet, however please see the below DAL/TTO SOP Summary:

DAL content

The following information **MUST** be communicated on every DAL

- Final Diagnosis
- Secondary care follow up plans (when and with who)
- Primary care follow up needs
- Any DNACPR / Ceiling of care / Advanced care plan decisions
- Medications started and/or stopped (and why)

The DAL may also contain: limited information on significant events (e.g. Intensive care admission); information on incidental findings not related to the acute presentation but requiring follow up; test results **NOT VISIBLE** on Welsh clinical portal (WCP).

The DAL **DOES NOT** need to contain a full summary of the patient's admission; results which are visible on WCP; detailed examination findings.

DAL completion

Patients must have a completed DAL upon discharge. This should be written as soon as a patient is declared medically fit for discharge.

Senior decision makers (e.g. Consultant, SPR) should assist with this by ensuring the following is clearly documented in patient notes **at the point of decision to discharge**

i. Diagnosis
ii. Management plan
iii. Secondary care follow up (including when e.g. 4-6 weeks)
iv. DNACPR / Ceiling of care / Future admission criteria (as appropriate)

Medication changes

It is important that the DAL/ TTO clearly communicates any changes to medications: What medication, when was it changed and **why was it stopped, started or changed.**

The following will help keep changes to medication easy to trace and summarise

- Import medication to WCP on admission
- Clearly document in notes and on drug charts when medications are changed
- Use the pharmacy care plan to annotate changes to medications on the TTO

Follow Up plans

Follow up by primary and secondary care should be clearly documented. Please bear in mind that primary care may not be able to act on follow up plans due within 2 weeks of discharge, so these remain the responsibility of the discharging team.
Patients should be given contact details for the relevant department(s) upon discharge, so they can obtain follow up details if they do not receive correspondence.

General F1 Advice

Starting F1 is daunting and comes with a big shift in responsibility from medical school. However, you will learn and develop so much, which is extremely rewarding. Don't be afraid to ask for help and engage with your supervisors. Most importantly – enjoy your time in North Wales!

Some general tips:

- Ask all your questions – no question is ever silly, and it is much better to ask basic questions now as an FY1 than as an SHO
- Introduce yourself to staff
- Be friendly – people will want to help you
- Have breaks throughout the day – when it gets to 7pm on call, you will get decision fatigue
- Always escalate if you are concerned, even if it is to talk through your plan
    - **If ever in doubt, A-E!**
- There are a number of guidelines on BetsiNet – don't be afraid to use them – you aren't expected to remember everything from day 1
    - Electrolyte replacements guidelines are particularly helpful for ward cover
    - Palliative care also have some excellent resources for anticipatory medicines
    - YG123 has protocols for a number of emergency presentations
    - The YG Medicine sharepoint consolidates a range of useful information, forms and guidance for medical patients.
- The apps ATSP and Foundation Doctor Handbook are invaluable
- If you're struggling at any time, please don't be afraid to ask for help – there is a wealth of wellbeing resources and support available to you!
- The QR code below will direct you to the health and wellbeing workbook and BetsiNet where you can find a multitude of support resources – alternatively, search 'health and wellbeing' in BetsiNet

Useful Apps to download

- BNF
- Eolas – Betsi Cadwaladr local antibiotic guidelines
- Accurx – contains numbers & bleeps for YG
- MD Calc
- iRESUS
- Foundation Doctor Handbook

Doctor's Mess

The Doctor's Mess is a place to relax, eat lunch and socialise. It's £5 a month to join (or £60 for the year), giving you access to tea, coffee and snacks brought by the mess committee. The committee also organise a couple of social events every year. Keep an eye out for advertising in the mess and on the Doctor's Mess WhatsApp chat!

Join the Mess WhatsApp Group if you'd like to become a member:

https://chat.whatsapp.com/CN60TkbxKGp6smEMy72edj

Want to be part of the Doctor's Mess committee? We really encourage FY1s to join!

Committee Roles and Responsibilities:

President Responsibilities:

o Chair and organise mess meetings

o Delegate tasks accordingly based on plan from meetings

o Meet with senior colleagues to discuss plans for the mess if required

o Assist committee members with tasks where appropriate

Vice-President Responsibilities:

o Assist President with responsibilities

o Takeover President's responsibilities when they are unable to do so

o Meet with senior colleagues to discuss plans for the mess if required

o Assist committee members with tasks where appropriate

Secretary Responsibilities:

o Create and distribute minutes for each meeting accordingly

o Monitor Mess email account and bring any issues raised in this to meetings

o Meet with senior colleagues to discuss plans for the mess if required

o Produce any required documents (e.g., Introducing Committee Posters)

Treasurer Responsibilities:

o Maintain access to the Mess Bank Account- Coordinate this with Post-Graduate Team (Contact Libby DeMarco or Dr Mitra)

o Keep record of Members who are paying Mess Fees

o Keep members up to date with how to pay fees

o Monitor in- and out-goings for the account- Ensure budget covers out-goings

o Reimburse committee members for expenses when required

o Keep record of evidence of expenses

Mess Coordinator Responsibilities:

o Monitor mess stock

o Re-supply Mess when required (may involve doing a shop- Please see example shopping list)

o If unable to re-supply mess coordinate with committee to organise alternative person to conduct this

o Ideally this role should be filled by someone who lives in the accommodation and/or drives

Resident Doctors Forum Coordinator Responsibilities:

o Attend RDF meetings to represent the Mess Committee

o Bring members concerns brought up in RDF Meetings to Mess Committee Meetings

o Communicate Mess work at RDF Meetings (Coordinate this with RDF Chairs)

Social Secretary Responsibilities:

o Organise Mess Social Events (See past examples for ideas) and bring ideas to be discussed at Committee Meetings

o Coordinate BCU Wide Social events with YGC and WMH Resident Doctors Mess Committees if applicable

Education Officer Responsibilities:

o Organise Mess Teaching (can be organised through RDF)

o Teaching includes to students and Resident Doctors

o Organise Mess Journal Club