

Changeover Guide for Incoming Respiratory F1s

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Welcome to respiratory medicine - this guide will contain everything you need to know in order to fit right in on your first day of work.

Locations

The respiratory department is based on the 6th floor at RLUH (until we move to the new hospital). Wards 6X and 6Y are the 2 respiratory wards, with RECU (respiratory enhanced care unit) being between the two.

Across the corridor on 6Z, consultant and specialist nurse offices, alongside the registrar room and toilets can be found. The **entrance code** to this area is **C5961Z**.

There are microwaves available in the nursing break areas on the wards should you need to heat up your lunch.

Rota

Dr Hadcroft sends out the weekly rota (usually 1-2 weeks in advance) - this will show you which ward (out of 6X and 6Y) you will be working on that week. It is possible that you may be moved between wards on a day if minimum staffing is a concern.

Leave must be requested online on AllocateMe - leave cannot be requested on days you are on-call, and these must be swapped. Leave should ideally be requested with 42 days notice.

Absences

If you are unwell, it is vital that you let the following people know:

- The Medical Roster Team
- Dr Hadcroft
- The consultant on the ward on which you are working on that day
- Your educational supervisor

How does the ward work?

This depends on which consultant is on the ward, but here is an overview. Some consultants wish to see every patient every day, while others will see half the ward each day and the juniors will review the remaining.

Board round starts at 9am followed by ward round.

There is usually a **second board** in the afternoon to address any new concerns.

Medical handover is at **4:30PM** in 4Z - you should attend this if you are either on call or need to handover a sick patient.

The consultants rotate every 2 weeks.

Learning Opportunities

Many of the consultants and registrars are keen educators. You will be assigned an educational supervisor who will be a consultant within the department, and Dr Livingstone Chishimba is the post-graduate medical lead.

Ward rounds are often good opportunities for CbDs and mini-CEXs for your portfolios, as are on-call shifts.

There is a radiology respiratory meeting every Tuesday afternoon - you can attend via Teams or in the Registrars room.

Every **Thursday at 1:30pm** there is respiratory departmental teaching, where one registrar and one F1/SHO will present a case and discuss the surrounding theory every week, a good place to learn more about respiratory disease and improve your own teaching skills. Some weeks, there is practical teaching on things like pleural taps/drains.

The department has 2nd and 3rd year medical students attached at various points - they will shadow you and you have the opportunity to organise bedside teaching with them.

Clinics

If you are interested in attending respiratory clinics, this is something that would be worth discussing with your supervisor, who can recommend specific clinics based on your interest and put you in touch with the relevant people.

Specialist Investigations

Bronchoscopy:

Bronchoscopy lists are on Wednesday pm and Friday am.

To list a patient for a bronchoscopy you must speak to the secretaries on 6Z link.

Prior to a bronchoscopy the following must be completed:

- Hold any anticoagulants and antiplatelets (clopidogrel to be held 7 days prior to procedure, DOAC and Tx dose enoxaparin to be held 48hrs prior to procedure and warfarin 5 days prior to procedure).

- Ensure up to date bloods have been sent - FBC, U+Es and clotting/INR
- ECG
- If a patient has not had a spirometry in the past 6 months, they will require an ABG on RA.

Pleural procedures:

Pleural Clinic is on Thursday morning in 6X pleural room.

Contact Charlotte Houghton to list a patient for a pleural USS/procedure:

Procedures performed include - diagnostic/therapeutic aspiration, chest drains, IPCs and pleural USS.

Prior to a pleural procedure the following must be completed:

- Hold any anticoagulants and antiplatelets (clopidogrel to be held 7 days prior to procedure, DOAC and Tx dose enoxaparin to be held 48hrs prior to procedure and warfarin 5 days prior to procedure).
- Ensure up to date bloods have been sent - FBC, U+Es and clotting/INR, LDH and LFTs

List of Contacts

COPD Nurses Bleep 4645

Asthma Nurses Bleep 4205

Lung Cancer Nurses Bleep 4198 Ex 2372

Oxygen nurse Bleep 4549 Ex 2852

Pleural Nurse Bleep 4510 Ex 4530