

# **Foundation Programme Induction Handbook**

**Ysbyty Gwynedd**

**August 2024**

Dr Jessica Lacey & Dr Elen Sanpher

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## 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:

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

*\*Areas with ABG machines*

*\*\*Canteen opening hours are Monday to Friday 08:00-10:30; 11:30-16:30; 16:30-18:30 (lunch ends at 14:00 on weekends)*

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:

| <b>Ground Floor</b>   | <b>First Floor</b>  |
|---|---|
| Dewi and Minfford Wards (paediatrics)<br>The Menai Unit (sexual health) | Ffrancon Ward (gynaecology with some surgical and medical outliers)<br>Maternity Unit, including Llifon (labour ward) |
| <b>Second Floor</b>   | <b>Third Floor</b>  |
| Prysor Ward (stroke unit and COTE)<br>Glaslyn Ward (COTE)               | Moelwyn Ward (respiratory)*<br>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 be 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 and 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.

*When working in urology or general surgery where your working hours are 08:00 – 17:00, you are entitled to half a day a week off due to the European Working Time Directive (EWTD). Speak to your rota co-ordinators if this doesn't appear on your rota.*

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 Andradý 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<br>Acute Medicine Teaching 13:00-14:00 | X-Ray Teaching 13:00-14:00<br>Junior Doctors Forum – <i>first Wednesday of the month</i> 13:00-14:00 | F1 Core Teaching 13:00-14:00 | Grand Round 13:00-14:00<br>(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](mailto:ushan.andrady@wales.nhs.uk)

Libby Demarco, Postgraduate Medical Education Manager – [libby.demarco@wales.nhs.uk](mailto:libby.demarco@wales.nhs.uk)

Angie Charlton, Postgraduate Centre Secretary West & GPST Administrator –  
[angela.charlton@wales.nhs.uk](mailto:angela.charlton@wales.nhs.uk) 01248384621

### **Accommodation**

Paula Chester – [paula.chester@wales.nhs.uk](mailto:paula.chester@wales.nhs.uk) Ext 851209

### **Rota Co-ordinators – Medicine**

On-Calls – Abi Townshend [Abi.Townshend@wales.nhs.uk](mailto:Abi.Townshend@wales.nhs.uk) ext 842475

Acute Medicine – Lisa Roberts [Lisa.Roberts1@wales.nhs.uk](mailto:Lisa.Roberts1@wales.nhs.uk) ext 1746 x4519 or Kay Mason  
[Kay.Mason@wales.nhs.uk](mailto:Kay.Mason@wales.nhs.uk) ext 1746 x4117

Cardiology – Laura Iles [laura.iles@wales.nhs.uk](mailto:laura.iles@wales.nhs.uk) ext 850836

COTE – Claire Bishop [Claire.Bishop2@wales.nhs.uk](mailto:Claire.Bishop2@wales.nhs.uk)

Diabetes – Wendy Blackie [Wendy.Blackie@wales.nhs.uk](mailto:Wendy.Blackie@wales.nhs.uk) ext 850845

Gastroenterology – Suzanne Thomas [Suzanne.Thomas2@wales.nhs.uk](mailto:Suzanne.Thomas2@wales.nhs.uk) ext 851465

Haematology – Mark Hunter-Dowsing [Mark.Hunter-Dowsing@wales.nhs.uk](mailto:Mark.Hunter-Dowsing@wales.nhs.uk) ext 851401

Renal – Julie Mummery [Julie.Mummery@wales.nhs.uk](mailto:Julie.Mummery@wales.nhs.uk) ext 842290

Respiratory – Laura Iles [laura.iles@wales.nhs.uk](mailto:laura.iles@wales.nhs.uk) ext 850836

### **Rota Co-ordinators – Surgery**

Caren Davies – [caren.davies2@wales.nhs.uk](mailto:caren.davies2@wales.nhs.uk)

Leigh Jones – [leigh.jones2@wales.nhs.uk](mailto:leigh.jones2@wales.nhs.uk)

Annual Leave Requests – [BCU.SurgicalJDLeaveWest@wales.nhs.uk](mailto:BCU.SurgicalJDLeaveWest@wales.nhs.uk)

### **Rota Co-ordinators – Miscellaneous**

Emergency Department – Tina Roberts [tina.roberts4@wales.nhs.uk](mailto:tina.roberts4@wales.nhs.uk)

Paediatrics – Alice Collumbell [alice.collumbell@wales.nhs.uk](mailto:alice.collumbell@wales.nhs.uk)

## **Reporting Sickness**

Medicine – [bcu.ucabsencewest@wales.nhs.uk](mailto:bcu.ucabsencewest@wales.nhs.uk)

Surgery – [bcu.SurgicalDoctorAbsenceWest@wales.nhs.uk](mailto: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 the bleep number you are trying to contact, followed by the telephone number you are calling from. *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.

### **Useful Bleep Numbers**

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

Surgical Registrar On Call 207

Surgical SHO On Call 208

Surgical ANP On Call 315

Surgical Clinical Support Worker (CSW) 117

Anaesthetics On Call 063

Radiology 095 (for urgent portable requests/emergency calls)

## Induction & Shadowing Proforma

You will have received a separate handout with your induction programme for the next few days. As part of this, 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 the below check list to go through during induction and whilst on the wards. Please complete this tick-list with your team and return it to us at the end of the final day of induction. This will help us further guide improvements to the programme and ensure we can fill the gaps in foundation teaching session, so please be honest if you don't get chance to cover it all! It's anonymous!

- 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
  - Importing medications
  - Completing TTO
  - Completing DAL
- Access to EPRO/CITO
- 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
  - Induction app
- Important Forms
  - Internal Specialty Referrals
  - Cardiology Investigations
  - Endoscopy
  - Blood Add On
  - Other common departmental requests relevant to specialty
- Prescribing
  - Drug Chart Familiarisation
  - Sliding Scale & DKA Charts
  - Vancomycin & Gentamicin Charts
  - Methotrexate Charts
  - Warfarin Charts
  - Blood transfusion including requesting G&S and BloodTrack
  - CIWA
  - Microguide
- Death Verification, Certificate and Cremation Forms (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. For mid-week on calls you will work this pattern Monday-Thursday (4 days), and for weekends, Friday-Sunday (3 days). If on general surgery you will return to normal 08:00-17:00 working days on Friday after the mid-week on call, or Monday after the weekend on call. When doing the weekend on call, you can therefore work 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 (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 – these 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.*
- 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 – 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.

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

### Headlines

- The on call medical team is made up of
  - On call consultant
  - Medical registrar (bleep 209)
  - 3 SHOs
    - SHO A clerking in ED (bleep 210)
    - SHO C based on AMAU (Gogarth), responsible for one bay on Gogarth and clerking (bleep 213 until 17:00)
    - SHO E who provides evening ward cover (bleep 213 from 17:00)
  - 2 F1s
    - One for AMAU (Gogarth) (bleep 444)
    - One for ward cover (carrying their own bleep)
  - Usually an ANP from the Acute Intervention Team (AIT)(bleep 206)
- When on AMAU (Gogarth) you are responsible for A bay on Gogarth, seen with the Gogarth consultant, and then the 'take' i.e. clerking new admissions via AMAU
- When on ward cover, you support the ward cover SHO with jobs and review for medical inpatients across the hospital
  - In the week you attend your normal ward day from 09:00-17:00 then ward cover from 17:00-20:00; on weekends/bank holidays ward cover is 08:00-20:00
- Handover is at 08:00 and 20:00 in the boardroom (first door on the left at the top of the 'fish stairs' on the way to postgrad centre) – one of the F1s should take the red handover folder from the mess to handover with them and complete the handover sheet during handover
- Make sure you get a break! *On AMAU, around 12:30 between finishing A bay and starting clerking is a natural gap*

### In Depth

#### **Weekday AMAU Shifts:**

- Start at 08:00 in the handover room – make sure one of the F1s, usually the AMAU F1, has and completes the handover proforma in the red handover folder from the mess
- At handover, the night team will discuss sick patients, note down info regarding sick patients on Gogarth ward (*don't worry about other patients in the rest of the hospital!*)
- You will be based on Gogarth ward for the day where you will have 2 responsibilities: A bay and clerking
- To start the day, you will do a ward round of the patients in A bay with the consultant on Gogarth and do the jobs for these patients (there are a team of SHOs on Gogarth – they can help clarify which patients you will be responsible for)

- Start preparing the notes for your bay whilst waiting for the consultant if they aren't already there – there may only be one consultant for the whole of Gogarth so this makes it more efficient
- It is worth looking through all patient's blue clerking proforma to check if they have been 'post-taken' or not, as this may affect which consultant sees them
- You should also check if any patients have been brought up to the waiting room from ED – if any of these patients need to be 'post-taken', the on call consultant will come to post-take them; if they are day 2 patients/have already been 'post-taken', then the Gogarth consultant should see them
- The general aim is to have seen A bay and any waiting room 'post-takes' and completed as many of their jobs as possible in the morning as you will need to start clerking when GP admissions start to arrive
- You will be responsible for clerking new GP admissions on AMAU for the day – these are accepted by a medical registrar taking referrals from GPs/senior nurses on the admissions unit
- The list of admissions is accessed via the Electronic Admissions System (EAS) – see page 21 – you should update this system as you clerk
  - Generally speaking, you should work through these in order of time of arrival, unless they are flagged as being more unwell
- 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 in the blue booklet proforma and you should write a drug chart for each patient as you go
  - Look at the GP record before you see the patient to obtain the past medical history and print out their current medication list (you should then check this with patient when you see them)
  - Any recent discharge letters can also provide useful information
  - You can access clinic letters via 'Cito' on BetsiNet or ePro (though you need separate access for the latter) as a further source of information
- Patients will then be 'post-taken' 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 AMAU to post-take usually when there are a few patients to see*
  - If you clerk someone who is not 'post-taken' before finishing your shift, you need to give their details to the registrar at evening handover as they will need a senior review
- After 'post-take', complete any further jobs that arise
  - Ensure you handover any jobs that are not complete by evening handover – *think SBAR for a slick handover*

- Keep a list of all patients you see during the day, including A bay, 'post-takes' and those you have clerked – this will help you keep on top of their jobs and anything you need to handover

***Tips for clerking:***

- Use the proforma as a guide – it's well structured to help you
  - Ensure blood results are written into the table on page 8
- Don't worry if you don't know what's going on with the patient – just think about next steps:
  - What further investigations do I need e.g. CXR, urine dip, bloods (these are normally done by the phlebotomist but you may need to add on blood tests to pre-existing ones)
  - What are my differentials and what investigations do I need to do to rule these out...
  - If you are worried about a patient, discuss them with SHO C for further advice
- 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 seen by the on call consultant
- 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

**Weekday Ward Cover Shifts:**

- Attend 08:00 handover on Monday and Friday – you don't have to attend handover Tuesday-Thursday, however you may choose to for the learning opportunity
- You will be based on your normal ward during the day, unless told otherwise by medical staffing (you may occasionally be pulled to cover AMAU if there is sickness/absence)
- Go to the Gogarth doctors office at 17:00 to meet SHO E who will be the ward cover SHO for the evening
  - If you are late getting to Gogarth/cannot find SHO E, bleep them on 213
- You will work with them from 17:00-20:00 to support with ward jobs and reviewing unwell patients on the ward
- Attend evening handover at 20:00 and be sure to handover any outstanding jobs to the overnight SHO C

**Weekends on Gogarth:**

- You are normally the only doctor on Gogarth over the weekend
- You will be responsible for jobs for any patients you post-take, plus any jobs handed over for current Gogarth patients
- Attend handover at 08:00 and make note of any unwell patients on Gogarth as they may require early attention

- When you first get to Gogarth from handover, get all the trolleys with the medical notes in and quickly go through everyone to see if they have been 'post-taked' – you can also check this against EAS
  - You are essentially looking for new patients who have been clerked or come up from ED overnight who haven't been 'post-taked' by a consultant
  - 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
  - The weekend discharge SHO may help with the Gogarth 'post-takes' with the discharge consultant
- There will be weekend handover list in the Gogarth doctors office with any jobs for current Gogarth inpatients – you should work through these during the day
- You will also get asked to do jobs including prescribing and reviewing patients throughout the day by the nurses – *if you are worried about unwell patients, don't be afraid to escalate!*
- 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

### **Weekends on Ward Cover**

- There are usually 2 F1s on ward cover over the weekend
- You will work with SHO C to cover ward patients
- Attend handover at 08:00 and make note of any unwell patients on the wards
- Every Friday, the ward teams will do 'weekend handovers' – these are saved on to the shared drive (gen152827 in the 'DOCTORS' folder) and printed copy is left in a folder by the window in the Gogarth doctor's office
- Weekend handovers go through each specialty and give details regarding sick patients and what plans are for over the weekend e.g. chase bloods, prescribe fluids, review antibiotics
  - *As a side note, it's important that when you produce these weekend handovers with your ward team on a Friday, that they are detailed – the ward cover team should be able to complete the jobs without needing to look in the medical notes...*
- It is your job as ward cover F1 to go through these jobs on the handovers
- Liaise with SHO C in the morning regarding how you want to split these jobs – e.g. go through the wards together and work through jobs together, or split the wards between you
- Nurses will also make a 'doctors list' of jobs for you on the wards, which will be left on the nurses station – you should work through them as you get to the wards

- Normally SHO C gets bleeped with all ward jobs, keep in close contact with them throughout the day so you can share their workload!
- Don't do TTOs over the weekend – this is the job of the discharge SHO

### The MET call...

- Medical Emergency (MET) calls will come through to your bleep – 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 get to the MET call first and don't know what to do:
  - Ask nurses to get the arrest trolley
  - Get the notes
  - Get a new set of obs
  - Start an A-E as best as you can
- Trust your judgement – if a patient is sick, you can put out a MET call yourself (dial 2222)
  - If you think you can manage the patient yourself, then start management but if you can't do something yourself/find yourself wanting another person and don't have time to bleep the SHO, e.g. getting difficult IV access in a very sick patient or if a patient will deteriorate if there will be a time delay in bleeping a senior, put out a call

# Guide to Welsh Clinical Portal



**Adverse reactions**  
Adverse reactions information displayed in the WCP and related software is based on reactions that happened in the past. For some reaction types, a second or subsequent exposure might result in a more serious reaction, including anaphylaxis and death.

**Highly Sensitive Information**  
Highly sensitive information may be displayed or hidden using the **SHOW** or **HIDE** links in the top right-hand corner of WCP pages, or individually for each patient.  
Highly sensitive information (for example, about sexually transmitted diseases, termination of pregnancy and mental health issues) has special protection in law and professional standards.  
All access to medical records is regulated by law and standards. The WCP assumes that you have the necessary implied or explicit consent but all use is recorded and may be challenged.

**Log In**  
Please log in providing your NADEX username, password and organisation.

Nadex Username  
Nadex Password  
Betsi Cadwaladr UHB  
Ward

Log In [Change Password](#)

number here  
Log in with your NADEX username and password  
Your username will be in the format Ab000000  
This will take you to the

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

Results Basket (0) | DALs (0) | My Watchlist (0)

Patient Search | Patient Lists

Highly Sensitive Information is DISPLAYED / HIDDEN for all patients  
06-Jun-2024 8:24 | Log Out | Betsi Cadwaladr UHB | Inpatient Wards... | History...

NHS Number | Inpatient Wards... | History...

Your default list preferences have not been set. You can set this via the icon.

**Result notifications**  
Inpatient / ED / non-specialist: (2)  
Outpatient / specialist: (0)  
Unspecified / paper requests: (56)  
Personal: (0)  
[View signed off notifications](#)

**Other notifications**  
DALs to sign off: (0)

**Teams**  
Currently selected senior responsible clinicians for result notifications, referral prioritisation activity and discharge advice letter sign-off in Betsi Cadwaladr University Health Board. [Change](#)

**Information reports**  
[Electronic Elective Referrals dashboard](#)  
[Hepatitis C Virus Summary Dashboard](#)  
[Results Notification dashboard](#)  
[Pathology ETR Secondary Care dashboard](#)  
[Pathology GPTR Primary Care dashboard](#)  
NOTE: Request access to these dashboards via your local IT support process.

**Organisation links**  
Training  
Radiology e-Requesting Training & Support (Central) (West Go-Live 5th March)  
WCP On Demand Training  
Information  
[Blood Science Add-On Test Request Form](#)  
[British National Formulary \(BNF\)](#)  
[Emergency Locate Drug on ward - CENTRAL](#)  
[GP Record](#)  
[IR Safety Checklist](#)  
[Labelling Blood Samples](#)  
[Pathology Handbook](#)

**Personal links**  
Knowledge Resources  
Professional Development Sites  
Favourite Sites

[Add Link](#) | [Edit Links](#)

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)

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 screenshot shows the Patient Search interface. On the left, there are search filters for Patient ID, Surname, Forename, DOB, and Postcode. A callout box points to the Patient ID field with the text: "You can search here by ‘Patient ID’ which is the hospital number, usually starting with D or B, or other demographics as listed if you don't have this available".

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)

This screenshot shows the search results table. The first row is highlighted in yellow. A dropdown menu is open for this row, showing options: Demographics, Documents, Test Results, Manage medications, Request, and Create. A callout box points to the blue icon in the first column of the highlighted row.

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)

This screenshot shows the patient record page for Patient ID B1145290. A callout box points to the 'Add to watchlist' button with the text: "This is where you can add a patient to your watchlist". Below the patient details, there is a navigation bar with several options: Demographics, Documents, Tests, Medicines, CP Record, Events, PROMS, WNCR, Access Log, and Other. The 'Tests' option is highlighted in green. Below the navigation bar is a table of test results.

| ID | Date Received/Scheduled | Time Received | Test(s)   | Dept. | Test Number        | Requesting Site            | Senior Responsible Clinician  |
|----|-------------------------|---------------|---|-------|--------------------|----------------------------|-------------------------------|
| ⊕  | 06-Feb-2024             | 09:27         | MRI Heart[] [Request received]  | RAD   | BCW6977325         | YGW MOELWYN WARD           | DR CLAIRE KILDUFF             |
| ⊕  | 04-Dec-2023             | 22:42         | Free T3[] Thyroid function test[]   | BSC   | 703293501706       | ABLDIM Dinas (M) Ward      | Dr Y P Teoh                   |
| ⊕  | 15-Nov-2023             | 09:31         | Full blood count[]  | BSC   | 703243546101       | LGHMAL Male Medical (Marl) | Dr JUSTINE NKONGE             |
| ⊕  | 15-Nov-2023             | 09:31         | International normalised ratio (INR)[] Coagulation screen[]                                     | BSC   | 703243546103       | LGHMAL Male Medical (Marl) | Dr JUSTINE NKONGE             |
| ⊕  | 15-Nov-2023             | 09:30         | Full blood count[]  | BSC   | 703243720801       | WNHMHM Theatre - Maternity | Dr Joanne Blair               |
| ⊕  | 15-Nov-2023             | 09:30         | International normalised ratio (INR)[] Coagulation screen[]                                     | BSC   | 703243720803       | WNHMHM Theatre - Maternity | Dr Joanne Blair               |
| ⊕  | 15-Nov-2023             | 09:29         | Creatine kinase[] Liver function test[] Urea[] Paracetamol[] Salicylate[] Electrolyte Profile[] | BSC   | 703243715506       | WNHMHM Theatre - Maternity | Dr Joanne Blair               |
| ⊕  | 15-Nov-2023             | 09:26         | Creatine kinase[] Liver function test[] Urea[] Paracetamol[] Salicylate[] Electrolyte Profile[] | BSC   | 703243542106       | LGHMAL Male Medical (Marl) | Dr JUSTINE NKONGE             |
| ⊕  | 06-Oct-2023             | 14:05         | UE [Request]  | BSC   | 29528611RT8        | ABLCLC Clozapine Clinic    | AAL, Denry, Mr (HPCP:PH84906) |
| ⊕  | 05-Jul-2023             | 08:28         | BCU Surgical Histology[]  | HIS   | 7029242132-1-C0613 | ABLCLC Clozapine Clinic    | Dr MD SHAHJAHAN               |
| ⊕  | 04-Jul-2023             | 16:42         | CK.LFT.PAR.SAL.UE [Request]   | BSC   | 20174078RT8        | ABLCLC Clozapine Clinic    | -Md Sharjahan                 |

‘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.

| ID | Date Received/Scheduled | Time Received | Test(s)                               | Dept. | Test Number        | Requesting Site            | Senior Responsible Clinician |
|----|-------------------------|---------------|---------------------------------------|-------|--------------------|----------------------------|------------------------------|
| +  | 06-Feb-2024             | 09:27         | MRI Head [Request received]           | RAD   | 70324377325        | YCW MOELWYN WARD           | DR CLAIRE KILDUFF            |
| +  | 04-Dec-2023             | 22:42         | Free T4 [Thyroid function test]       | BSC   | 703293501705       | ABLDIM Dinas (M) Ward      | Dr Y P Teoh                  |
| +  | 15-Nov-2023             | 09:31         | Full blood count                      | BSC   | 703243546101       | LGHMAL Male Medical (Marl) | Dr JUSTINE NKONGE            |
| +  | 15-Nov-2023             | 09:31         | International normalised ratio (INR)  | BSC   | 703243546103       | LGHMAL Male Medical (Marl) | Dr JUSTINE NKONGE            |
| +  | 15-Nov-2023             | 09:30         | Full blood count                      | BSC   | 703243720801       | WMHMH Theatre - Maternity  | Dr Joanne Blair              |
| +  | 15-Nov-2023             | 09:30         | International normalised ratio (INR)  | BSC   | 703243720803       | WMHMH Theatre - Maternity  | Dr Joanne Blair              |
| +  | 15-Nov-2023             | 09:29         | Creatine kinase [Liver function test] | BSC   | 703243715506       | WMHMH Theatre - Maternity  | Dr Joanne Blair              |
| +  | 15-Nov-2023             | 09:29         | Urea [Urea/Paracetamol]               | BSC   | 703243542106       | LGHMAL Male Medical (Marl) | Dr JUSTINE NKONGE            |
| +  | 06-Oct-2023             | 10:55         | Urea [Request]                        | BSC   | 295286118RT8       | ABLDIM Dinas (M) Ward      | Dr JUSTINE NKONGE            |
| +  | 05-Jul-2023             | 09:28         | BCU Surgical Histology                | HIS   | 7029242132-1-C0613 | ABLDIM Dinas (M) Ward      | Dr JUSTINE NKONGE            |
| +  | 04-Jul-2023             | 16:42         | CK, LFT, PAR, SAL, URE [Request]      | BSC   | 201740788RT8       | ABLDIM Dinas (M) Ward      | Dr JUSTINE NKONGE            |

You can search by investigation here if you are looking for a specific result

You will need the test number beginning with 7 shown here for any blood add on requests. This can also be accessed once you double click on the test.

You can filter results by department using this drop down

BSC – blood results  
 RAD – radiology (reports)  
 MIC – microbiology, i.e. culture results  
 HIS – histology  
 CHM and HAE are generally old results and not used

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.

|                                       |      |                      |           |  |
|---------------------------------------|------|----------------------|-----------|--|
| Full blood count (Authorised [A])     |      |                      |           |  |
| White blood cell (WBC) count          | 7.8  | x10 <sup>9</sup> /L  | 4.0–11.0  |  |
| Haemoglobin (Hb)                      | 134  | g/L                  | 115–165   |  |
| Platelet (PLT) count                  | 260  | x10 <sup>9</sup> /L  | 150–400   |  |
| Red blood cell (RBC) count            | 4.53 | x10 <sup>12</sup> /L | 3.80–5.50 |  |
| Haematocrit (Hct)                     | 0.42 | L/L                  | 0.37–0.47 |  |
| Mean cell volume (MCV)                | 92   | fL                   | 80–100    |  |
| Mean cell haemoglobin (MCH)           | 29.6 | pg                   | 27.0–33.0 |  |
| Red cell distribution width (RDW)     | 14.2 | %                    | 11.0–14.8 |  |
| Neutrophil count                      | 5.4  | x10 <sup>9</sup> /L  | 1.7–7.5   |  |
| Lymphocyte count                      | 1.6  | x10 <sup>9</sup> /L  | 1.0–4.5   |  |
| Monocyte count                        | 0.7  | x10 <sup>9</sup> /L  | 0.2–0.8   |  |
| Eosinophil count                      | 0.1  | x10 <sup>9</sup> /L  | 0.0–0.4   |  |
| Basophil count                        | 0.0  | x10 <sup>9</sup> /L  | 0.0–0.1   |  |
| Nucleated red blood cell (NRBC) count | 0.0  | x10 <sup>9</sup> /L  |           |  |

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 screenshot shows the top navigation bar with 'Results Basket', 'DALs', and 'My Watchlist'. Below it, there are tabs for 'Patient Search' and 'Patient Lists'. A 'Forms' button is circled in green. The patient profile for 'TESTING, Testing (Miss)' is visible, including NHS Number, Date of Birth, Sex, and Address.

| ID | Date Received/Scheduled | Time Received | Test(s)   | Dept. | Test Number        | Requesting Site  | Senior Responsible Clinician |
|----|-------------------------|---------------|---|-------|--------------------|------------------|------------------------------|
| ⊗  | 06-Feb-2024             | 09:27         | MRI Heart[] [Request received]  | RAD   | BCW6977325         | YQW MOELWYN WARD | DR CLAIRE KILDUFFE           |
| ⊗  | 04-Dec-2023             | 22:42         | Free T3[A],Thyroid function test[A]   | BSC   | 703293501706       | ABLDH            |                              |
| ⊗  | 15-Nov-2023             | 09:31         | Full blood count[A]   | BSC   | 703243546101       | LGHM             |                              |
| ⊗  | 15-Nov-2023             | 09:31         | International normalised ratio (INR)[A],Coagulation screen[A]   | BSC   | 703243546103       | LGHM             |                              |
| ⊗  | 15-Nov-2023             | 09:30         | Full blood count[A]   | BSC   | 703243720801       | WMHT             |                              |
| ⊗  | 15-Nov-2023             | 09:30         | International normalised ratio (INR)[A],Coagulation screen[A]   | BSC   | 703243720803       | WMHT             |                              |
| ⊗  | 15-Nov-2023             | 09:29         | Creatine kinase[A],Liver function test[A],Urea[A],Paracetamol[A],Salicylate[A],Electrolyte Profile[A] | BSC   | 703243715506       | WMHT             |                              |
| ⊗  | 15-Nov-2023             | 09:26         | Creatine kinase[A],Liver function test[A],Urea[A],Paracetamol[A],Salicylate[A],Electrolyte Profile[A] | BSC   | 703243542106       | LGHM             |                              |
| ⊗  | 05-Oct-2023             | 14:05         | UE [Request]  | BSC   | 29528011RT8        | ABLCL            |                              |
| ⊗  | 05-Jul-2023             | 08:28         | BCU Surgical Histology[A]   | HIS   | 7029242132-1-C0613 | ABLCL            |                              |
| ⊗  | 04-Jul-2023             | 16:42         | CK,LFT,PAR,SAL,UE [Request]   | BSC   | 29174078RT8        | ABLCL            |                              |

- Request Pathology Test
- Radiology Request
- Cancer Dataset Record
- Discharge Advice Letter
- Pharmacy Care Plan
- Medicines Reminder
- Lung Audit
- COVID-19 Mortality Surveillance

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)

The screenshot shows a date selection calendar for June 2024. The date '19' is highlighted in blue, indicating the selected date for the request.

The screenshot shows the 'Pathology Request - Please Select Required Tests' form. It includes fields for 'Date Required', 'Patient Location', 'Senior Responsible Clinician', and a list of 'Request Sets'. The 'Personal Top 30' list is visible, showing tests like 'Full blood count (Blood)', 'Electrolyte Profile (Serum)', and 'Liver function test (Serum)'. There are also fields for 'Antibiotics', 'Relevant clinical details', and 'Contact Number'.

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

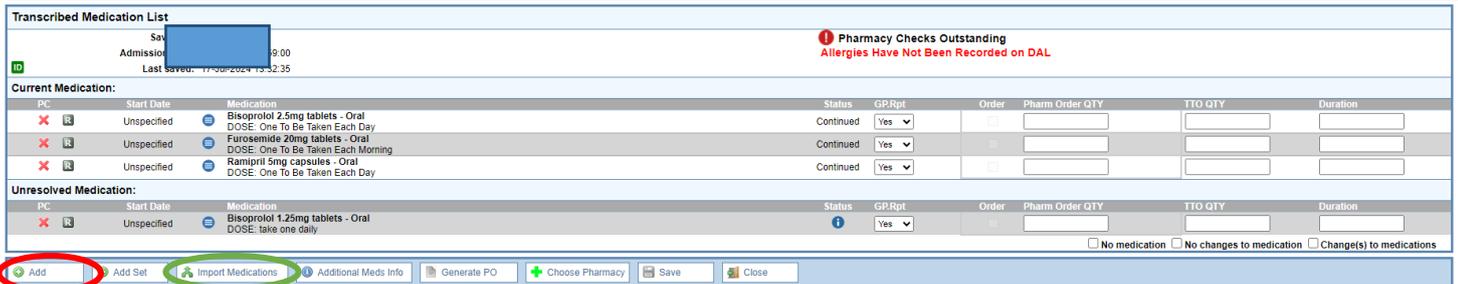
To set your ‘Personal Top 30’ to make requesting bloods more efficient and so they display as above, select the ‘Preferences’ icon from the main screen (shown below) and you can add your most used tests

The screenshot shows the main WCP interface with the 'Preferences' icon circled in red. Other icons for 'Results Basket', 'DALs', and 'My Watchlist' are also visible.

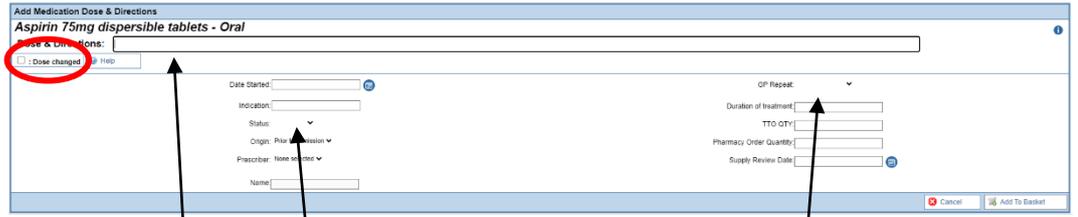
**TTOs – TTOs are generated via the medicines tab (circled)**



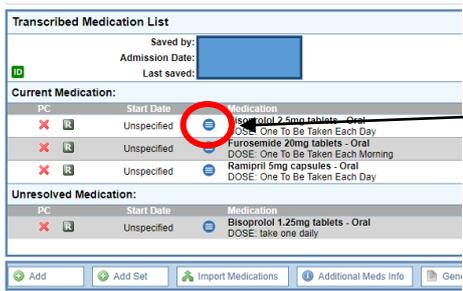
When you open this tab, there will either be a blank list or ready imported medications list (as below). If the list is blank, you can import the medications from either the GP record or a previous WCP list via the 'Import Medications' function (circled in green). Using the drug chart, you can then amend 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**

This is the medical admissions system that you will use for AMAU/Gogarth on calls. All new medical patients will be found here. It can be accessed via most desktops, or the 'BCU Managed Favourites' folder on the intranet.



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.

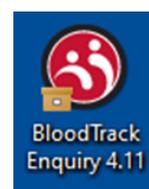


If synapse asks you for a log in (some computers do) – use "gen152827" as the login and password.

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 hospital D number
- 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 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 definitely 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
  - I find the electrolyte replacements guidelines 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

