DON'T PANIC!

The Medical Student's Guide to the Wards

Ben Appleby

What is DON'T PANIC?

This resource was originally written for medical students just starting their clinical attachments at Leicester Medical School after 2 pre clinical years.

The guide itself aims to help you understand some of the things that no one will tell you and it is just 'expected' that you know. Look at this as your cheat sheet! The guide is also aimed at making sure you get the most out of your time on the wards. Keep it on your phone or in your pocket for when you are feeling stuck and remember - DON'T PANIC!

Disclaimer

This guide was originally written when I was a final year medical student a few months before I graduated from Leicester Medical School in 2022. Unfortunately, this means two things, firstly - it will be out of date from the moment it is published. Luckily, many of the processes on which the NHS runs are as old as the NHS itself so won't change much in future, if they do this guide will be updated. Secondly, I had my own unique experience of med school and will have omitted plenty of really obvious things.

This guide was adapted from the original aimed at Leicester students. Although some specifics of training requirements will differ between schools the general principles are the same.

The guide has also gone through a number of focus groups, but errors still may have crept in. Think you've spotted something we missed? Get in touch Contact - SimpleMed - Learning Medicine, Simplified or page 19.

One final thing

Well done for getting to this stage of your career, you've worked really hard to get here and you've earned it. Good luck with the next few years, they are busy, exhausting and at times really difficult. However, for the most part they are really good fun!

I'll see you on the wards.

- Ben

The 3 keys

Get involved.
If in doubt, ask.
Don't panic!

I need help! DON'T PANIC!

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STARTING ROTATIONS

Outblock – a rotation at a hospital/GP practice outside of where your university is based, accommodation will usually be provided, and you will spend most of your time in the week living on site at the hospital.

Inblock – a rotation at a hospital/GP practice where your university is based. Usually you live in your normal accommodation provided.

Before the rotation starts you should be sent information regarding the rotation by the education team at the hospital you will be working in. Ensure to read this information carefully and return any forms that may need filling in. This is very important to secure things like accommodation/ car parking at the hospital if an outblock.

Rotations should start with an induction. What is included in induction varies by location of rotation and the type of rotation. If you have not had an induction in your first week, contact the undergraduate coordinator at the trust and the medical school.

Induction is the best time to ask about anything you are unsure of.

Checklist – ensure that before starting you:

- Have a named consultant, base ward, and a timetable of lectures. The timetable may also include clinics or theatre lists you should attend as well as when you are to be based on the ward. If the timetable doesn't have this information you will need to be proactive and arrange your time to attend clinics, theatre and the ward.
- Know where each of the teaching locations are. There are usually multiple 'surgical handover rooms' or similar in a hospital so knowing the location of the correct one is key!
- Have the appropriate level of swipe card access. If you are attending theatres as part of your surgical rotation, ensure that your card lets you into the theatres area!
- Have an idea of the layout of the hospital. After your induction it can be helpful to spend half an hour walking around the hospital and trying to get lost. Much easier than figuring out the hospital layout when trying to find a lecture at 9 am!
- Have your key equipment with you on the wards - Stethoscope, 2 black pens, notebook, lanyard, DOPS book/ other signoffs, appropriate clothing – scrubs (NOT to be worn on travelling to and from hospital) or smart clothing.

FINISHING ROTATION

Depending on your medical school the requirements of each block will vary. Ensure that you complete these in good time before the end of the block. Missing a consultant sign off as they are on holiday is preventable with good planning!

Ensure that on starting your rotation you meet with your consultant within the first 2 weeks. On meeting your consultant make sure to find out their schedule and follow some of their clinics or theatre lists. This is a great chance to learn from them and to also demonstrate your involvement with the course.

To get in touch with your consultant first try and use the contact details provided by the undergraduate team. If this doesn't work, it can be useful to contact their secretary directly. The undergraduate coordinator or switchboard should have the secretary's details. If you have an assessment it is a good chance to practice what you have learnt on the block and can be a good goal to base some of your learning off. Look at the learning objectives for the block that will be examined and ensure that you are covering them.

Things to remember as a new clinical medical student

Congratulations on completing your pre clinical years and welcome to the most exciting part of medical school. You have worked hard to get here and are meant to be here.

No one is expecting you to be a perfect doctor. You have only just started your first steps into clinical medicine. For the most part just turning up and being interested is enough.

Politeness and enthusiasm go a long way. Being interested means that staff will take time out to engage your interest and being impolite won't endear you to staff.

Your clinical years are the chance to put the theoretical knowledge you have gained in the first years to use and to put it in the clinical context. This means that you will need to apply your knowledge in a different way... so you are essentially starting from scratch and may feel like you don't know anything. Don't worry though, everyone starting out feels this way!

If you don't feel comfortable doing something, don't do it. Ask a doctor whether they think you should be able to do it and get them to supervise you if it is appropriate for you to do the task.

Likewise, if you are new to a clinical team and confident in a skill don't feel belittled if a member of staff supervises you in doing the skill. If they haven't met you before, they won't know your proficiency so just want to check that you are happy doing the skill.

Notes are a legal document. Ensure any entries you make are countersigned.

Clinical years can be seriously tough at points. You may see your first death and first birth all within the next 2 years. All medical students go through the same process, and it is totally normal to feel like you need a bit more support at times. See page 17 for more information.

Remember that life isn't all about work. Make sure to keep up your hobbies and take time for yourself no matter how busy things feel. One of the most important skills you will learn in your clinical attachments is knowing when it's time to take a break.

In short be kind to yourself.

Clinical Skills/Competencies/DOPS

Known in Leicester as DOPS. In short, after first receiving a training session on the practical skill, carrying out the skill under appropriate supervision on the ward to demonstrate competence. This may be signed off in a book or digitally, they need to be completed as you progress through your course and must be completed so that you can graduate.

Tips for DOPS

Whenever you do a clinical skill for the first time ensure you do it under supervision and can get it signed off. You don't have to be perfect the first time around, your system may even include a provision for grading the ability of the skill and should still be signed off.

Think about how you can best combine clinical skills in one procedure. For example, if some bloods need taking, have a staff member trained in venepuncture observe you – taking consent, demonstrating good infection control, using appropriate PPE, taking the blood, then safely managing the blood sample. Ensure to get each of these sections then signed off.

Look for skills that can be bundled together. This doesn't just ensure that your clinical skills are complete but also means that you can make the most out of a clinical encounter.

For example, attending theatre. Whilst in the anaesthetic room take basic observations from the patient under supervision from the anaesthetist or ODP, draw up medications, then after induction help the team move the patient onto the operating table (moving and handling), scrub in (handwashing), at the end of the procedure offer to inject local anaesthetic under supervision and suture if the surgeon is happy for you to do so and apply the final dressing (wound care). One operation cannot just offer you an amazing educational opportunity but can also be used to smartly fill in your DOPS.

Once you fill in all the signatures for a skill don't stop! Do as many procedures as you can to get the practice, just ensure that your DOPS are signed off early and safely. There is nothing worse than having cannulated patients all year and then have to come back to your DOPS book during exam leave to cannulate a few more patients for DOPS.

Once you have completed a page of DOPS ensure to scan it so that if the worst happens and you lose your book progress isn't lost.

HOW DO I GET THE MOST OUT OF MY ROTATIONS?

The transition from pre clinical to clinical years comes with it a transition in learning. The majority of preclinical is strictly timetabled and guided whereas clinical is much more open ended. Clinical is also the time where some of the most valuable learning is had as it is based in the real world environment of wards, theatres and clinics. This chance to apply the knowledge learnt in preclinical years and further develop knowledge is crucial. However, it can really be quite overwhelming with so many options. Furthermore, although most staff really make an effort to teach, because of how busy the clinical environment is, sometimes it can be easy to blend in with the background and be overlooked.

Key tips

GET INVOLVED – if you find yourself left out or not doing anything ask - How can I get the most out of the current situation?

IF IN DOUBT, ASK – There will be lots that you will be uncertain about on starting rotations. This happens to all of us. No one will mind if you ask lots of questions, in fact staff prefer it if you do!

Good steps to making sure you get involved.

Has the placement scheduled me for a teaching session or to be involved with a specific team? If so, attend this first and see if there is a plan for your day.

Say hello to as many people as possible. If staff know that there is a medical student on the ward keen to learn they will get you involved. If they don't know you are there, they won't come looking for you!

Be proactive. If you are finding that you aren't getting involved in much at a certain time, ask if there are any things you can do on the ward.

On medicine rotation

Attend the ward – see page 8

Attend clinics – there will always be clinics running. Find out where the medical clinics are occurring and ask which doctors would be willing to have students. See page 12

Attend the admissions unit – this can be really helpful to get clerking experience and observe acute pathologies. Be mindful that if there are other students timetabled here not to step on their toes.

If out of options, consider whether private study would be the best use of your time. Don't spend too much time doing this, consider the famous quote

He who studies medicine without books sails an uncharted sea, but he who studies medicine without patients does not go to sea at all. – William Osler

On surgical rotation

Attend theatres – there will always be theatre lists running. Be considerate of any medical students already following a specific surgeon. There will always be an emergency theatre with a variety of cases. See page 10

Attend the ward – see page 8

Attend clinics - there will always be clinics running. Find out where the medical clinics are occurring and ask which doctors would be willing to have students. See page 12

Attend the admissions unit - this can be really helpful to get clerking experience and observe acute pathologies. Be mindful that if there are other students timetabled here not to step on their toes.

If out of options, consider private study.

HOW THE WARD WORKS

The ward is an area you will spend a lot of time throughout your career. Its where inpatients are cared for and receive treatment. The ward can initially be quite overwhelming especially if you are unfamiliar with how they work. This is a basic guide to what happens on a normal day on the ward.

On arriving to the ward for your first rotation find out where the morning **handover** happens by asking a member of staff. This is not always the doctor's office and may not even be located on the ward! Medical handover is typically at 0900 with surgical handover being earlier usually at 0800 but this will depend on the ward and the team involved.

Aim to be at least 5 minutes early to handover. This is so you have time to introduce yourself to the team. Saying hello is one of the most effective ways you can ensure the team involves you on the round. It ensures that you are noticed, shows that you are keen to be there and clarifies your grade. It's as simple as 'Hi my name is … I'm one of the medical students following the ward round today'.

Handover will last around 30 minutes. Each of the patients on the list will be discussed before the ward round itself starts.

Ward round usually consists of the consultant or other senior reviewing how each patient is doing that day as well as examining them before making decisions on what the patient's ongoing medical plan should be.

Before ward round starts or during ward round when the consultant is seeing other patients, junior doctors prepare (prep) the notes.

After ward round the consultant may stay on the ward or go elsewhere to fulfil their other responsibilities e.g. theatre, clinic, or meetings. The junior doctors will stay on the ward and complete any of the jobs for the day. The jobs list is created from: outstanding issues from handover, the management plans from the ward round and any other things that come up across the day.

Handover list 'the list'

A list of all the patients under the care of your team that day. Make sure you get one! Invaluable for making notes on patients throughout the day. Ensure not to lose it!

Prepping the notes

The ward round note for that day will be partially completed with any previously known information such as obs, previous plans, previous investigations and patient history documented so that a full picture of the patient on the ward round can be constructed and if necessary recounted to the senior.

Jobs

Tasks performed by medical staff on the ward to contribute toward patient's ongoing care. Can include – practical procedures, reviewing unwell patients, responding to nursing concerns, following up 'chasing' requests/result of investigations or reviews from other teams in the hospital and completing TTOs – see glossary.

HOW TO GET THE MOST OUT OF YOUR TIME ON THE WARD

The ward is one of the best places to learn during your medicine and surgical attachment and will be where you spend most of your time as a medical student and junior doctor. Here are some general tips for each part of the day.

At handover

Introduce yourself to the team.

Take notes of each patients' details on the handover sheet. Ensure to dispose of this in the confidential waste at the end of your day.

If you are unsure ask questions.

Like lots of things in medicine the duration, team present and content of handover depends on the department you are working in. Take note of the other staff you'll be working with that day.

On the Ward round

Ward rounds can vary by specialty and by the consultant leading the round. Some can be very rapid with a maximum of 2-3 minutes spent on each patient whilst others can be much more sedate with much longer spent with each patient possibly including teaching on the patient, their condition or clinical examination signs.

Things that you can do to get the most out of every kind of ward round include –

Try documenting in the notes. This is a key skill to practice as you progress into the later years of the course but isn't something you should spend too much time on in your earlier clinical years.

Presenting patients - at the start of the round ask the consultant if you could present any of the patients on the round.

After the ward round

This will be the majority of the time on the ward and is the best opportunity to learn about patients and medicine. This part of the day typically has less structure therefore if not approached properly this time can easily be wasted. These suggestions are by no means exhaustive.

Clinical skills

Ensure if you have any DOPS to complete, to do these first where possible. If not, then get extra practice of these skills. This can also be really useful for the ward team to ensure jobs are done. They may repay the favour in teaching or similar.

Presenting patients

Can be done for the consultant on the ward round or one of the juniors afterward. This involves first talking to the patient, taking a history and examination and then discussing the case 'presenting' to the doctor. This is an essential skill to hone your history and examination skills.

Teaching from juniors

If the ward isn't too busy and the juniors are free, they may be able to run a small informal tutorial for the medical students on the ward. This should only complement your regular scheduled teaching and by no means replaces it.

Self study

To be considered if you have exhausted the other options. The most useful use of your time may be to read around some of the theory behind the clinical cases or procedures you have seen or generally revise for an upcoming assessment.

HOW THEATRES WORK

The Theatres are where operations and other procedures take place. They are good places to learn concepts in surgery and anaesthetics as well as seeing teams with varied members working under pressure. It is also a great opportunity to apply knowledge of anatomy and pharmacology.

On arriving to theatres introduce yourself to the reception staff. If you have been scheduled to follow a specific surgeon find out which of the theatres they are in. It is always a good idea to try and work with your named consultant at least once as they will be doing your end of block sign off. Each surgeon operating will typically have a list comprised of similar procedures. Ensure you know what time the morning and afternoon huddles are, this will vary by the location in which you work.

Before the operating list for the day starts, there will be a prelist huddle. The huddle is a meeting before a list starts in which the operating theatre team discuss the cases for that morning/afternoon. It usually takes place in the theatre or anaesthetic room where the list is taking place. It is important to attend this so that you can introduce yourself to the team – this is a key part of the huddle aimed at maintaining patient safety. The patient is then sent for.

When the patient arrives at theatre, they will first enter the anaesthetic room. Here they will be assessed by the anaesthetist and their team before the procedure. They will also have a local or regional anaesthetic with possible induction. Induction is the process by which a patient is placed under a general anaesthetic.

The patient is then moved into the operating theatre and onto the operating table. The operating team will 'scrub in' and prepare the patient for surgery. This includes positioning the patient and sterilising the operative field by cleaning the operative site and setting up sterile surgical drapes.

The operation

After the surgery is finished the patient will be taken to the recovery bay to recover from the anaesthetic before being taken back to the ward to further recover.

Operating list 'the list' – a list of all the patients who are going to be operated on in that session. This is usually split into morning lists and afternoon lists. Ensure you know what time the morning and the afternoon lists start (first operation of the session) so that you can attend the huddle.

Sending for the patient – when the ward that the patient is based on is contacted to bring the patient up to theatre for their operation.

HOW TO GET THE MOST OUT OF YOUR TIME IN THEATRES

Theatres are one of the best places to learn during your surgical attachment. Here are some general tips for each stage of the procedure and overall.

At the huddle and before the operation

Listen out for what things are discussed at each huddle and consider why they are discussed

Take a note of what procedures you are seeing that day.

There will usually be a delay between the huddle and the first operation starting – use this time! Either discuss with the surgeon or anaesthetist the procedure or look up the procedure/ relevant anatomy for yourself. This will also better prepare you for any surprise quizzing from the surgeon.

In the anaesthetic room

Ask how you can help and get involved. Cannulate, put on ECG leads, draw up drugs under supervision, may even be allowed to tube. Do airway manoeuvres.

During the operation

The key tip for theatres is **SCRUB IN!** – (don't let yourself stand in the corner).

Scrubbing in – washing your hands and arms before donning a gown and gloves. This means that you are clean and allows you to:

1. Get close to action. You cannot touch the sterile field (shown by the blue drapes) when not scrubbed in as this risks the sterility of the operation and risks infection to the patient. This means that it is very hard to get close to the operation and see any of what is going on.

2. Assist in the operation. The most exciting part about being in an operating theatre. You will be involved in the operation assisting the surgeon. An opportunity not to be missed.

How do I scrub in? First always ask the operating surgeon – it may not be appropriate for you to be scrubbed in for all procedures. Don't be dissuaded from asking about the next case on the list though! (If you are continually turned down consider joining a different surgeon.) If you don't know how to scrub in – washing hands and donning gown etc or need a reminder, the best person to ask is one of the friendly ODPs to give you a refresher.

After the operation

Ask the surgeon any questions you have about the procedure.

Follow the patient through to recovery with the anaesthetic team.

Take a break before the next case, after a long operation you can easily become dehydrated.

Key Tips – the best ways not to annoy the theatre team

If you feel like you are going to faint at any point at the operation don't be a martyr. Sit on the floor away from the operating table and take a break. Falling off a chair won't be good for you or the theatre team!

Beware the blue drapes! If you aren't scrubbed in don't touch the drapes. This also applies to the instrument tables and their drapes. Don't touch any instruments unless you are scrubbed in.

Ensure you have eaten and drank before the procedure.

If at any point you get desterilised – by touching anything not in the sterile field – it's not a big deal. Don't touch anything else, tell the surgeon and change your gloves.

If you wear glasses they can easily slide down your nose. A single strip of surgical tape across the bridge of the nose onto the glasses isn't a fashion statement but will stop your glasses falling off.

HOW CLINIC WORKS

Clinics are where senior hospital doctors and other professionals consult outpatients either after referral from primary care or other specialty, or as a follow up after an inpatient admission. Clinics may be general in nature or be conducted around a specific theme e.g. 2 week wait clinics for cancer diagnosis.

There are usually multiple clinics running in a hospital often in different areas of the hospital. If you have been asked to attend a clinic it is very important to clarify where and when the clinic will be running. It is also useful to know at what time the afternoon clinics start as this may not always be obvious.

On arriving at clinic introduce yourself to the reception staff and ask what clinics are running that day and who is running them. The clinics may be nurse or AHP lead. Once you have identified a clinic you would like to attend introduce yourself to the person running the clinic.

Clinic will then start and will involve each patient being seen in turn by the doctor/nurse/AHP running the clinic.

Getting the most out of clinic

Clinics are a lot more dependent on the doctor running the clinic due to the one to one nature of them. Some doctors will go out of their way to engage you and these clinics can be very useful. Unfortunately, clinics may be quite busy or running behind and there may not be as much opportunity to get actively involved. These tips should help you get engaged as possible.

Key tips

On finding the correct clinic room - if a consultation is in progress wait patiently. This can be avoided by turning up to clinics 10 minutes early.

If the person running the clinic is yet to arrive - wait in the consulting room, they are going to be using. This ensures that you do not miss the start of their clinic. It also prevents you being forgotten about in the waiting room.

Sometimes clinics are all about selling yourself to the person running them to allow you to take part. Politeness goes a long way. Be friendly and introduce yourself confidently.

If a doctor refuses entry to their clinic don't be disheartened! The likelihood is that it would not have been a good clinic to take part in. Instead try again with one of the other doctors in clinic that day.

Ask the person running the clinic how you can get involved. If possible, try not to be passive.

Practice histories where possible under supervision. Be aware that this will be less likely in busier clinics.

In the time between patients, ask questions about the previous case. Discussion about patient cases with an experienced senior is where some of the best learning in clinics can come from.

Take the opportunity to elicit examination findings where possible.

WHO'S WHO?

There are a massive range of specialists and grades working in a hospital. This should only stand as a rough guide. The best way to work out who someone is, is to ask them!

Doctor grades

In the NHS doctors like all other professionals have a massive range of roles, responsibilities and qualifications. This is the most basic of guides.

FY1 – the first rung on the ladder. Foundation training is a formal 2 year training programme all newly qualified doctors must complete. FY1 doctors have just qualified and were a medical student less than a year ago. They usually are the best in knowing how to get the most out of placement and what level of knowledge is required for exams, finals etc. Previously known as a house officer or houseman.

FY2 – usually a doctor who has just finished FY1. However, also includes doctors working as trust grade doctors (a doctor not in a training pathway) at an FY2 level. Some doctors may not enter a training pathway for many years after foundation training.

CTx/STx – core trainee or specialty trainee (dependent on training programme) x = years into training pathway e.g. CT2 is a core trainee 2 years into their programme - doctors who have entered a training pathway for a specialty e.g. medicine, surgery, obstetrics and gynaecology etc. Dependent on the specialty and number of years of experience they may be referred to as an SHO or SpecialtyRegistrar/Higher Specialist level doctor.

SHO – an old term for the role of a middle grade of doctor. Put simply this is a doctor who is more experienced than an FY1 but is not yet a registrar. These posts are usually staffed by FY2s, GPSTs (GP trainees) and CT/ST's in their first years of specialty training.

Associate specialist – also known as an SAS doctor – a senior doctor who has sufficient experience in their specialty but does not hold a consultant post.

Consultant – a fully trained doctor in a specialty.

GP – General practitioner – a senior doctor who has completed their training in general practice.

Is it Dr or Mr/Mrs/Miss/Ms? –

Doctors who have reached a senior level/qualification in a surgical specialty are referred to as Mr/Mrs/Miss/Ms, a nod to the tradition of barber surgeons.

Nurses' grades

Nursing grades are equally as diverse as doctor's grades, again this is a brief guide only. Nursing grades may be informally divided into 'bands' based on pay grade.

Band 5 nurse/RN/Staff nurse – the most junior registered nursing grade. Uniform colour can vary by trust.

Band 6 – Nurse specialist, deputy/junior sister – nurses with extra responsibilities which may be either to the ward or as part of a clinical team.

Band 7 – Advanced nurse, ward sister/senior sister.

Band 8 – Matron

AHPs - Allied healthcare professionals

A group of 14 professions that work within the NHS.

OT – occupational therapist – AHP's who aim to improve patients' ability to do everyday tasks.

PT – physiotherapist – AHP's who help restore movement and function when it is affected by injury, illness or disability.

SALT – speech and language therapist – AHP's who help patients with issues in their speech as well as eating and swallowing.

Dietician – professionals who specialise in nutrition and diet.

Radiographer – AHP's who obtains diagnostic images of patient anatomy - not to be confused with a radiologist which is a medical specialism

ODP – operating department practitioner - AHP's who support patients before during and after surgery.

Other non AHP roles

Pharmacist – Experts in medication

Midwife – Independent practitioners who care for women before, during and after the birth of their child.

Physicians associate (PA) – professionals who support doctors in diagnosis and management of patients.

HCAs/HSWs – health care assistant/healthcare support worker

Domestic staff – keep the ward environment clean and sanitary

Ward Clerk – manage the administrative duties of the ward

Bed manager/flow manager – manage number of beds in the hospital and admissions/discharges.

Phlebotomist – obtain blood samples from patients.

Porter – transport patients, samples and equipment throughout the hospital.

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Notes abbreviation

c̄ - With – from the Latin *cum*

ø – Without

WR – Ward round

a/w - Admitted with

Hx – History

Pc – Presenting complaint

HPc – History of presenting complaint

PMH – Past medical History

SHx – Social history

Ix – Investigations

Mx – Management

Tx – Treatment

Rx – Medications

NKDA – no known drug allergy

O/E – On examination

Δ – Diagnosis

ΔΔ – Differential diagnosis

Imp – Impression

Obs – Observations

NEWS – National early warning score

HR – Heart rate

RR – Respiratory rate

O2 Sats – Oxygen saturations

RA – Room air

BP – Blood pressure - Systolic/Diastolic

x/7 – x days

x/52 – x weeks

x/12 – x months

SOB – Shortness of breath

SOBOE – Shortness of breath on exertion

DIB – Difficulty in breathing

N+V – Nausea and vomiting

D+V – Diarrhoea and vomiting

CP – Chest pain

BNO – Bowels not open

BO – Bowels open

POD – Post operative day

SNT – Soft non tender

HS I+II+0 – Heart sounds I and II present with no added sounds

Creps – Crepitations/crackles

NAD – No abnormality detected - normal

NBM – Nil by mouth

ADL – Activities of daily living

MC+S – Microscopy, culture and sensitivity

CXR – Chest x ray

USS – Ultrasound scan

Ca – Cancer

Mets - Metastasis

Prescribing

Mane – Morning

Nocte – Night

PO – By mouth

IV - Intravenous

BD – Twice daily

TDS – Three times daily

QDS – Four times daily

PRN – As required

D/c – Discharge

EDD – Estimated date of discharge

CONTACTS

If you are having any issues first look to the handbook for your rotation. Otherwise...

Having issues with the placement itself? –Contact the undergraduate coordinator for the trust.

Having issues with the undergraduate education team at the trust? – Escalate to your medical school team.

Having trouble preparing for exams? – Consider talking to the FY1 doctors on the ward about how they prepared as they have recently completed finals. Also consider contacting your medical school for academic support.

Have questions about careers and next steps? – Consider contacting your personal tutor and talk to some of the trainees on the ward.

Need extra support because you are struggling for whatever reason? – Each outblock provider should have a pastoral support contact but if in doubt contact the medical school pastoral support unit and your personal tutor.

HELPFUL RESOURCES FOR CLINICAL YEARS

Helpful apps for the wards

BNF app – a formulary of all the medications and relevant information used in the UK.

Induction – an interactive phone book for hospital extension numbers.

Microguide – contains trust antimicrobial guidelines.

MD Calc – contains every clinical score you could need.

iResus – Resuscitation council guidelines easily available for in a crisis.

Buku Medicine – really good resource for haematology.

Notes and revision guides/questions

Simplemed – the world's largest collection of free revision notes made by Leicester medical students.

Geeky Medics – the best resource for OSCE guides.

Teachme series – really useful for anatomy and other topics in surgery.

Passmed – a subscription-based question bank of medicine SBAs.

Zero to finals – simple notes on a range of topics in medicine.

Disclaimer – the author cannot be held responsible for any loss, injury or inaccuracy in information contained within 3rd party sites and services.

JARGON BUSTER

Jobs list – a list of all the jobs to be done on the ward that day. Created mostly from the management plans from the ward round and any other things that come up.

Operative list – the list of all the patients due to have operations in that session either morning or afternoon.

All day list – an operating list that covers the entire day.

Handover list – a list of all the patients on the ward. May contain summaries of the patient's condition or these may have to be written on at handover.

Huddle – the meeting that occurs before an operating list starts

Handover – any meeting in which a staff member gives care of their patients over to another individual.

Morning handover – a meeting where each patient on the ward is discussed by the ward team.

Board round – a meeting before morning handover where nursing staff discuss each patient.

Ward round – a review of each patient on the list by a senior doctor (either a registrar or a consultant) and (usually) a junior doctor to document what has happened on the round and the plan.

Admission – when a patient requires a stay in the hospital for treatment they are 'admitted' to the hospital.

Inpatient – a patient who has been admitted to the hospital and is receiving care on a ward.

Outpatient – a patient who is attending the hospital for care but is not staying in the hospital.

Discharge – when a patient who has been an inpatient leaves the hospital. On discharge they may be sent home with medication (TTO) or a package of care (POC). Before a patient is discharged, they must have a discharge letter completed by a doctor.

Package of care – extra support arranged by social services for a patient who has increased needs at home. This usually consists of care staff attending the patient's home to help with ADLs.

Activities of daily living (ADL) – day to day tasks such as washing, cleaning and cooking.

Day case – a procedure where the patient can be discharged the same day without admission.

TTO – to take out – medications that the patient will be discharged home with. Used synonymously with discharge letter which must be completed before the patient is discharged.

Credits

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We would really appreciate your feedback! https://forms.gle/HzmBd4mmPhU2fRer9



Version 1.1 23/6/22. Think of the trees please do not print this unless you have to. Printable version with less colours available.