



Evening Medical Update: Top Tips for FY1
Tuesday 23 July 2019

Top tips for FY1 – a personal perspective: Dr Jonathan Kang

Can I bribe the nurses with food to have an easier time?

I don't think you need to 'bribe' nurses to have an easier time. Just be nice to them, respect them and they'll look after you. However, it doesn't hurt to bring in treats for the nurses occasionally – you'll get brownie points for it!

How do you book leave?

Different hospital trusts will have different policies. But generally, annual leave requests go through rota coordinators. Try to plan your annual leave in advance (ideally at least a couple of months in advance). I would suggest contacting the rota coordinators for your next rotation even before they contact you.

I can't stay awake at night. Any tips?

I usually have a little bit of a lie in on the day you start nights. Don't set an alarm, allow yourself to wake up naturally. Chill for the rest of the day, then have a nap before starting nights. I usually go for a nap around 3 pm-ish and wake up at 6.30pm and start getting ready for nights. If you are someone who needs a caffeine drive to keep yourself awake, make sure you have some before you start nights and during your shift as well. If things are fairly settled during your shift, it is perfectly acceptable to have a nap in the doctor's mess during your night shift.

Do you have to take bloods in the middle of the night if you are on-call?

Yes. Some may be handed over by the day team for patients who need a repeat blood test, for example, monitoring renal function, or Hb level. If patients become acutely unwell during the night, it is obviously worth doing a repeat blood test to check for any acute changes. In general, blood tests done out-of-hours should only be for urgent ones and those with a clear clinical indication. Routine blood tests should not be done in the middle of the night and it is perfectly acceptable to say 'no' if you are handed over by the day team to do a routine blood test that will not influence the management of the patient overnight.



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Managing unwell patients – tips for your first on-call shifts: Dr Nicola Robinson

The question relating to the chest pain. Can we have a trial of GTN first to see if it relieves the pain? Which would increase the pretest probability of MI.

I would only give GTN if the pain was convincing for cardiac chest pain and the patient had a good blood pressure. In some of the other possible diagnoses, GTN could have made the patient worse rather than better.

Do you still give insulin if high Bm even if the patient isn't on insulin? Eg. Dm2 on diet only.

You have more options of other medication to give if the patient is T2DM, insulin can be given in any diabetic patient if unwell (either SC or via variable rate insulin infusion). In my case, with steroid induced diabetes we locally use gliclazide as a first line, but this may be different throughout the country.



FY1 – Managing the transition from student to doctor – learning to learn while working: **Dr Fiona Cameron**

When you say ‘sign-off’ is this all online. i.e. sending a ticket to the supervisor?

You will have two meetings per post as a minimum with your supervisor. Induction which will be in the first couple of weeks and is your responsibility to organise and make contact. You will also meet your supervisor for a meeting near the end of your post and they will discuss your performance and your portfolio content. At this point they will sign off the post. This is not an electronic sign off and should be face to face.

I have 1 year until I graduate, what can I do to prepare for FY1?

Doing your preparation for practice as a final year student will prepare you for FY1.

How short is short term and long is long term re: sick leave?

This is very vague and there are no fixed rules. A few weeks is short term. Once it becomes several months, then it is long term. Your HR department is the best contact for this.

Can you be asked to do sickness cover on the two rest days on either side of a set of night shifts?

It's possible but unlikely. You will need to work with your colleagues and work out who is the best person at the time to cover this. This is why everyone needs to contribute if required to avoid someone being in this position. Usually rota organisers are very helpful at identifying who the extra shifts impacts on the least.

What do you do if you haven't got your contract yet?

Contact your HR department.

Can you cover other shifts for a one-off without asking supervisor? They said it needs legal, but more of our rotas are at the legal boundary already.

Extra shifts that are not swaps need to be run past the rota organiser first.

If you can't take all your annual leave in time due to rota issues do you lose it?

This is a contractual issue and you need to contact your HR department to find out the local policy.

Do you have recommendations for the key things to see/learn/find out in the inductions shadowing period?

Ask a lot of questions of the current FYs and also the nurses. Treat the last few days as if they were a prolonged handover period.