Welcome to Mulberry Ward and Gastroenterology Department A Junior Doctors Guide

Alongside this you should be sent a Friday Teaching Schedule.
SpRs should be sent an Endoscopy Training Policy.

The Team

Ward Consultants:

Dr. Ben Warner (BW): ERCP specialist, IBD, GI Education lead

Dr Chirag Kothari (CK): Liver Lead, Departmental Lead

Dr Guy Sisson (GS): IBD, IBS specialist

Dr Philip Mairs (PM): IBD Lead

Dr Siddharth Birdi (SB): Nutrition and IBD

Other Consultants: (who don't cover the ward)

Dr Walter Melia (**WM**): Clinical Governance Lead + ERCP + Clinics

Mulberry Ward Staff:

Ward Sister: Christy Aruldhaveedh

Ward Matron: Heather Wood

Endoscopy Unit:

Sisters:

- Deborah Uttridge x8271
- Elizabeth Utton x8271

Ward Clerk - Julie Wilbraham x8271

UGI Cancer Nurse Specialist (CNS): Chloe Sweetman and Sarah Barney – bleep 602 (dgn-tr.dvhhuppergicnsgenericmail@nhs.net)

UGI Cancer MDM Co-ordinator: Jane Dorton x4838

Cancer Patient Pathway Lead: Sharon Willoughby x8376

Nutrition CNS: Gill Ashby, Bleep 007

Gastro Dietician: Yvonne Yum, Cathie Dowe

Hepatitis CNS: Srikandam Skandakumar & Bryan Conolly.

Gastroenterology Secretaries:

Marion Hart: (WM, SB) x 8424

Cathie Parker: DVH (CK, BW, GS) x 8522

Kelly Bonnett (PH) x 8009

Irene Lawrence (Clerical Officer) x4783

IBD Administrator – Karen Lohoar

Team Structure:

The Gastroenterology Ward is Mulberry Ward, with 25+ beds. We also have outlies on Rowan Ward. There is a Board Round every morning on Mulberry which starts promptly at 9am. SpRs are encouraged to attend the AMU Handover meeting in the morning to identify Gastroenterology patients for transfer to Mulberry, or GI bleeds.

We have a "Consultant of the Week model" where the same consultant will assigned to Mulberry Ward on a fortnightly basis. There is a separate consultant assigned to manage Rowan Ward and our inpatient referrals.

Mulberry Ward is busy and at times and you may find yourself staying late; if you do, fill out your exception reports that day. However, work as a team, be efficient with your tasks and use your seniors to prioritise jobs. For example, tasks such as prescriptions for nurses and booking scans can be done whilst on the round. Also, all rounds should finish by summarising the important jobs with your senior. Ask your seniors which patients need blood tests the next day – this will reduce the work for you and the phlebotomists.

Weekends:

On Fridays, please ask your seniors which patients really need bloods and reviews over the weekend – keeping this to a minimum will reduce your workload when it is your turn to be on call. Identify the patients who could be discharged. Attend the AMU afternoon handover meeting.

Gastroenterology Specialist Educational Activity:

All Gastroenterology junior doctors are encouraged to attend these events, which is part of their departmental education:

UGI/HPB Cancer Unit Multi-disciplinary Meeting (MDM): Monday

1230-1415: Room 1, Philip Farrant Centre (PFC)

UGI Cancer Centre MDM (Videoconference with GSTT): Wednesday

0830-0915: Room 1, PFC

Grand Round: Post graduate centre: Thursday

12.30 to 14.00

Friday Lunchtime Gastroenterology Hour:

13:00-1400 weekly

1st Friday: IBD MDM: Radiology Conference Room

2nd Friday: GI Clinical Governance Meeting: Room 1, PFC. Review of new NICE Guidance, departmental guidelines and policies, complaints, clinical incidents and M&M.

3rd Friday: Gastroenterology Departmental Teaching, Post Grad centre – juniors will be rostered to present cases

4th Friday: Gastroenterology curriculum teaching

(There will be scheduled teaching instead of some of the IBD MDMs and a timetable will be attached along with this induction. Meetings on the 3rd and 4th Fridays of every month are mandatory and registers will be taken and submitted to your supervisors at the end of the attachment)

ERCP

There are 2 regular ERCP and interventional lists, on Tuesday (BW) and Thursday (WM) mornings.

Currently we do not have access to GA for these lists.

To arrange ERCP:

Please discuss personally or by email with either Drs Warner or Melia – if needed contact their secretaries to find out how best to contact them.

Ensure the results of a recent FBC (platelets), INR and eGFR are available and, if necessary, have been acted on.

Anti-coagulants and anti-platelet agents will need to be discontinued before ERCP, as advised by the ERCP consultant.

We use oral ciprofloxacin as prophylaxis. An oral 750 mg dose at 08:00 on the day of the ERCP is sufficient. Prophylaxis is **not** required if the patient is already being treated with broad-spectrum antibiotics.

Gastroenterology Outpatient Clinics:

(DVH site)

SHOs will be assigned regular clinics to attend as part of their training. Please nominate a Mulberry Ward Rota Coordinator to determine the number of juniors on the ward so that clinics can be assigned when there are enough of you around.

Monday

a.m: WM

p.m: PM

Tuesday

p.m: PM, SB

Wednesday

a.m: WM

p.m: SB (QMH), CK (QMH)

Thursday

p.m: BW

Friday

p.m.: Hepatitis Clinic: CK, WM

SpR Section

We have 2 Gastro SpRs and one Trust Grade. Their roles are to:

1. Attend AMU daily for the 9am handover – Please show your face and be good ambassadors for our Department.

2. Attend Endoscopy Training Lists – The Endoscopy Training Policy will be sent alongside this to the SpRs. Watch out for GI bleeds and grab every opportunity to scope them.

3. Attend Clinics (2 each) – please discuss with the clinic consultant about these. I would encourage you sort out your diary well in advance and ask the secretaries to book you your own patients (But this is consultant-dependent). Keep a record of the tests and patients you see. Be responsible for your clinic patients as soon you will have to be. Clinics MUST be cancelled 6 weeks in advance.

4. Support the juniors on ward rounds – Quick afternoon board rounds are encouraged and helping the juniors to prioritise and get home on time is appreciated.

5. See referrals – these come out of the printer on Mulberry Ward and are filed by the Ward Clerk for SpR review. Please feel free to discuss referrals with a consultant at any time. There is a nominated consultant of the week for this. Record the referrals you see in your eportfolio.

6. Present at IBD MDM and organise Mortality and Morbidity Meetings (organise your diaries between you to make sure these are covered).

SpR for Mulberry rotates to Rowan after 6 months

	Mon	Tues	Wed	Thurs	Fri
Am	WR	WR	Melia OPD	Nutrition	WR
Pm	Endoscopy (Kothari)	Mairs OPD	Wards	Endoscopy (Mairs)	Admin/audit

SpR for Rowan rotates to Mulberry after 6 months

	Mon	Tues	Wed	Thurs	Fri
Am	WR	Endoscopy (Birdi)	WR	Nutrition	WR
Pm	Referrals	OPD (Birdi)	Endoscopy (Sisson)	Referrals	Kothari OPD

Trust Grade – Reserve for either ward

	Mon	Tues	Wed	Thurs	Fri
Am	WR	WR	WR	WR	WR
Pm	Referrals	Sisson OPD	Admin/audit	Warner OPD	Referrals

Infection control

Cannulas

Please remember

A. ALL CANNULAS MUST HAVE A PATHWAY. If you insert a cannula you must print a pathway from PAS and complete the sticker

B. Cannula packs are readily available, please use them for all cannula insertions

C. If you are prescribing IV medication- it is your responsibility to ensure that they have adequate IV access.

D. CHECK on your daily rounds that it is clean and free from infection, documenting this in your notes

Hand Hygiene- please remember what you have all been taught in infection control, please do not feel offended if you are challenged about this, it is an important part of care on Mulberry ward.

When you enter a patients bed area (beyond the curtain line) you MUST gel your hands, and then on leaving the area you MUST repeat the same process.

Before and after all procedures, after contact with any body fluids you MUST ensure hand hygiene is conducted. You are being watched by infection control.

Make yourself aware which side rooms require additional barrier precautions before you start your round.

Stool

Stool charts are very important on Mulberry ward, please make sure as part of your rounds you are looking, and acknowledging what has been written on them, escalating any concerns to the nurse in charge. Any type 5, 6 or 7 MUST follow a pathway.

Stethoscopes

MUST BE CLEANED IN BETWEEN EACH PATIENT EPISODE.

Cleaning you are solely responsible for cleaning and preparing your own equipment this is BEFORE and AFTER a procedure. This includes dressing trolley and SHARPS BINS- items must be properly disposed of within the sharps bins. It is not acceptable to have items sticking out the top. If you fill up the sharps bin, then it is YOUR job to assemble and label a new one. All sharps bins must be partially closed between uses.

Phlebotomists The phlebotomists generally come early to Mulberry Ward so please request bloods the day before, ready for the following morning.

Only urgent bloods should be requested at weekends and ensure that you have requested the on call ward cover to check the results.

Medical Notes

Please ensure you are following trust policy in relation to information governance. Notes are to be put away on the shelf when not in use. You must NOT leave ANY confidential information unattended on the nurses' station, this includes medical notes and your handover sheets. **Handover sheets left unattended will be disposed of immediately.**

On Fridays, please include in the medical notes plans regarding nurse led discharges and any weekend management required.

Complaints

All family complaints and delays in discharge should be escalated to the Ward Sister. Communication is almost always the reasons for complaints, so please take the time to explain things carefully and courteously to patients and their families (Treat them as though they were your own family member).

Dietician Referrals

Patients with a low MUST are automatically referred by the nurses. However, patients with complex feeding issues need a referral made by the doctors on PAS.

Computers

We only have 4 computers at the Nurses station, and 2 COWS in the corner. Monday to Friday the ward clerk will need constant access to one computer at the Nurses station.

Computer screen must be locked when you walk away from it, this includes whenever you leave the nurses station.

EDN's

Mulberry Ward tends to have a relatively high turnover, therefore EDN's must be done as soon as possible and please do not let them build up.

DISCHARGES

As mentioned Mulberry Ward has a relatively high turnover of patients, it is important as soon as you identify if a patient **MIGHT** be able to go home i.e. subject to bloods or scan results. It is vital you let the nurse in charge know and if possible, the nurse looking after the patient. The whiteboard located behind the nurses' station is updated every morning and the Board Meeting (9am) with which nurse is looking after which bay of patients and the list of potential discharges for the day. Please write in the medical notes on Fridays, plans for nurse led discharges over the weekend. Delays in discharge should be escalated to the Ward Sister

HANDOVER

Please kindly update the nurses before you go for lunch or training. If you prescribe new medication or fluids for a patient, please find the nurse and inform them as these may need to be reordered.