Practical Tips for F1 Doctors

The transition from medical student to foundation programme doctor is a large step. For the first time you have personal responsibility for the wellbeing of patients and have an important role as a member of a team. The following hints and tips will enable a smooth transition from student to doctor.

Before your post begins:

- Know where your hospital is located, how long it takes to get there in rush hour and any alternative routes you can take in case of road closures.
- Find out the parking arrangements for staff and if appropriate obtain a parking barrier card or permit if applicable.
- Familiarise yourself with the layout of the hospital with particular reference to the doctors mess, the postgraduate department, radiology, pathology, pharmacy and the canteen.
- Have a selection of suitable work clothes ready; you will be expected to dress in a professional manner at all times. Some clothes worn as a student will not be suitable now that you are qualified.
- A sensible, comfortable pair of shoes is essential – depending on the size of your hospital you may walk several miles a day and if carrying the arrest bleep will need to run – high heels are just not practical for this purpose.
- You will be sent a barrage of paperwork before your post commences from several departments within the hospital including occupational health, human resources and payroll. Do take the time to fill in the documents and return them promptly; if you don’t you will have a lot of running around to do on your 1st few days and also may not get paid on time. You may also receive your rota – do read it and try to understand it; this should be explained during induction.
- Buy a folder to keep your patient list and other paperwork in. These can be found in most stationary shops and cost around £5. (More on this below).

The night before your 1st day:

- Put out the clothes you are going to wear
- Pack your folder, stethoscope, a pen, tourniquet and some money.
- Remember to take all documents requested – most hospitals require you to bring your passport, GMC certificate and smart card. You will be told what to bring.

On your first day - induction

- Leave plenty of time for your journey
- Report to the designated meeting place for induction
- You will be given a lot more paperwork and information, do take it home and read it
- You will probably get a chance to speak with the doctor who you are replacing – take this opportunity to find out about your consultant’s likes and dislikes and generally how the team functions.

Your first day with your team:

- Your first port of call is likely to be your consultant’s secretary’s office to collect your weekly timetable. They will most likely tell you were to find your team.
- On the ward introduce yourself to the nurses, ward clerk, pharmacist (your new best friend for the first few weeks!) and other staff. Tell them your name and also who you work for. It is very important to establishing good initial contact with the ward staff, they are going to help you out on more occasions that you can imagine during your fist few weeks as they know the system inside out.
• Find your team! Some of you will find your team are away on holiday or on shifts as I found to my horror! I spent my first week on my own with no SHO or SpR and a list of 20 patients. It is at this point when you need to use some initiative. I did a ward round to get to know each patient and updated my patient list. It didn’t take long to work out what was needed for each patient, with guidance from the nursing staff.

Once you have settled into the system you will know what is expected of you and where to get help from. There are some fundamentally important tasks to be carried out during the working week to ensure you are not leaving work for those on call. These tasks may seem simple and of no massive importance, but you can only really appreciate the need to undertake these tasks with obsession after you have been called at 4am to a ward because someone else has been less scrupulous.

1. Make sure you have checked the INR when appropriate and dosed the warfarin for every patient you have who takes warfarin EVERY DAY. This is one of the most forgotten tasks and it creates unnecessary work for people on call. If you are unsure what dose of warfarin to write up, ask for help.
2. Write up enough fluids to last a patient to the next morning during the week and enough for the weekend on a Friday. This task is also ignored by many juniors.
3. Venflons – if you have patients requiring IV fluids or IV medication make sure their venflon is in situ and working before going home. Most wards will ring you if a venflon tissues – don’t just ignore the call and leave it to the on-call team- this will make you unpopular with your colleagues and they are then likely to do the same to you when you’re on call.

It is important to prioritise your workload; you are best able to do this if you have an organised list with the patient’s details, location and jobs to be done. It is the house officer’s job to know where every patient is, know what is to be done for them and make sure it is done.

If nursing staff call you to see a patient it is likely they have become unwell – do attend straight away as there are very few false calls. The nursing staff spend all day with the patients and are most likely to notice any change in the patient’s condition before you do. In this situation perform the basic ABC, find out what had happened and if appropriate call your team for help.

As an F1 doctor you will have medical students attached to your firm. You more than anyone else will remember what it was like to be a student as you were one only a few months ago. Do make an effort to make them welcome, involve them in team activities and make time to teach them.

The above practical hints and tips will enable a smoother transition into junior doctor life. The most important qualities of a junior doctor are to be properly organised and to ask for help when you do not know.