**Emergency Medicine in Southampton**

**Introduction**

Welcome to the Emergency Department in Southampton. It is a vibrant, dynamic and often busy place to work. Strong teamwork is our hallmark, and we are friendly and supportive, we hope you will enjoy working with us.

Our clinical team includes doctors, nurses and nurse practitioners, supported by ED radiographers, a Vulnerable Adult Support Team (VAST) and a community team supporting elderly discharges (CEDT). Our experienced senior nurses offer wise support, especially to new and junior doctors. The consultant team includes doctors and nurses with a wide range of interests and expertise. Among their number are nationally respected individuals.

Generally, doctors are in green scrubs and nurses in blue. The darker the colour, the more senior the person. Nurse practitioners wear turquoise. Nurse and medical consultants usually wear their own clothes. Other team members wear the same uniforms as throughout the rest of the Trust.

The department consists of a 6-bed resus area, a 20-bed majors area, a minors department and a paediatric department. There are also 2 ward areas; the Clinical Decision Units (CDU 1 and 2); for adult patients who require further assessment or support beyond 4 hours, but not admission to the hospital. CEDT have much of their input in CDU. A new Children’s Hospital will be opening in the near future and the paediatric ED will relocate to a purpose built area that is part of this exciting development. ACCS trainees will work in both the adult and children’s ED.

**When you start**

There is a day of hospital induction and a day of departmental induction before you start work, with locally developed online learning modules to support this (check out semep.co.uk )

Scrubs are to be worn when clinical and these (a set of 3 for your exclusive use during your ED rotation) are available from the department secretaries, there are a variety of sizes from XS to XL.

The computer system used is Symphony. You will be given log-on details at induction. It tracks the patient through the department, showing the treating clinician. Imaging is ordered via Symphony and you record key times eg time of referral/time of discussion with a senior on it. Discharge summaries are also written on Symphony (to be recorded for all your patients by the end of each shift) The GP letter is generated from this and accurate and timely discharges are vital to ensure the GP is informed and to enable the ED to be paid for the
work it does. During normal working hours it can sometimes be helpful to speak to the relevant GP either to gather more information or to arrange follow up for patients you are sending home. This can be a useful adjunct when safety netting discharged patients. There are also a variety of patient advice leaflets, particularly useful for the paediatric population; which you can print out for patients and their families.

There are also a variety of pathways to follow for when patients attend with common conditions such as chest pain. These are useful to ensure appropriate investigations are done and patients managed in a timely manner. There are plenty of experienced colleagues around to ask about patient management, it can sometimes be challenging to know what a diagnosis is or whether a patient needs to be admitted or not. We also have some patients who attend very regularly, they may have individual plans devised particularly for them, but it is worth remembering that even anxious repeat attenders can have serious pathology. If in doubt ask!

**Rota**

A new rota has been devised by one of our trainees, so that means by someone who actually works it. Her outline of how it works is below.

**Background**

This rota has been compiled to optimise flow of shifts through days, twilights and nights in order to work with the body clock, it does involve some 7 day stretches which, whilst not ideal, does allow for time off in blocks. It is a full shift rota with full entitlement to fixed annual leave, lieu days and study leave.

You will be sent the rota as far in advance as is practical and asked to pick 3 lines which most adequately meet your requirements for annual leave, study leave and weekend plans. If you would like to attend weddings, holidays, courses, conferences etc, it is advised that you research dates in advance and make your selection according to this as from personal experience, it is much easier than trying to arrange swaps. Obviously if something comes up at short notice, there is flexibility within the rota to arrange swaps with your colleagues or discuss with the rota co-ordinator.

The hours are fully compliant and well under the average working week of 48. Although they are 10 hour shifts, the aim is to be tidied up by the end of the shift with patients care handed over and discharges done, however if you are unavoidably late finishing, please do not feel hard done by, this is why your average working week is less than 48 hours! ST1/2 work 1 in 2 weekends, ST3s work 1 in 3 weekends.

**Breaks are your responsibility**, you are entitled to an hour per shift – you will be reminded by the Clinician of the Day but if you aren’t ready for a break, take one at the next appropriate time and if you would rather take 2x30 min breaks, please just let the senior covering your area know that you are popping for a cup of tea.
**Shift times:**
Day 0800-1800
Midday 1200-2200
Twilight 1700-0300
Night 2200-0300

**Study leave:**
Full entitlement to 30 days of study leave annually is factored into the rota hours. If you would like to attend a course and you are due to be working a shift, it is your responsibility to arrange a swap and inform the rota co-ordinators of the swap and who is due to be covering you. There is a lot of “free” time within the rota, do not feel that you have to use annual leave for annual leave etc, it is merely a way of rota monitors ensuring compliance. All your study leave has been allocated in order for you to attend courses but also for you to come in on “days off” for teaching, meetings with supervisors, time for patient safety projects, emodules or to arrange WPBA with seniors (the list is endless!). You will be required to produce a log of how you have used your study time at ARCP, if this time is squandered, it may be that future trainees are not allowed this privilege so please don’t waste this opportunity.

**Teaching:**
SHO teaching including ST1/2 ACCS trainees occurs on a Thursday and involves an SHO presentation (you will be given a list of dates), Reg teaching and Consultant teaching.
ST3s are invited to attend the Registrar teaching on Tuesday afternoons and are can also take advantage of the Trauma meetings that occur in the hospital and WREMTA teaching on Wednesdays.

**Annual leave:**
This is fixed, it has been evenly distributed through your time in the department to ensure you get adequate rest periods and generally follows a stretch of night shifts to maximise days off. It includes your bank holidays. It is your responsibility to swap shifts if you need time off when you are due to be working.

Dr Diana Hulbert co-ordinates the rota, her secretary is Laura West.

**Educational supervisors**
Currently Drs Jude Reay and Sarah Robinson supervise all the ACCS trainees

**Education**
There is a weekly education session on Thursday afternoon for SHOs and additional study days are included in the rota to enable e-learning to take place and additional assessments to be done.
It is a good idea to get assessments started early as there are a significant number to do and specific ones need to be done with a consultant.

**For trainees the most important people in the department are:**

- **Laura West**: Consultant secretary: Rotas.
- **Chris Penniston**: Consultant secretary and Registrar rota. Talk to Chris about Police statements.
- **Carole Collins**: lead receptionist. This lady is the key to unlocking IT stuff and can authorise most things in the department including ID badges
- **Sarah Charters**: Consultant nurse leading the VAST team, for management and sources of support for vulnerable adults, drug and alcohol dependence

The medical consultants listed below each have different backgrounds, skill bases, personalities and management styles. Their areas of responsibility in the department change from time to time, but the key roles which might affect you are included below:

- Nick Maskery (Clinical Lead)
- Diana Hulbert (SHO rota)
- Mike Clancy
- Julia Harris (Head of School of Emergency Medicine)
- Brian Flavin
- Sarah Robinson
- Iain Beardsell (Symphony lead)
- Jude Reay (College tutor)
- Sanjay Ramamoorthy
- Michael Kiuber
- Marianne Smethurst
- Nitin Jagasia
- Chris Hill
- Sarah Morrish
- Helen Keeton
- Adel Aziz (Associate Specialist)

All ED consultants treat adults and children, but some have a special interest in paeds or a dual qualification. As we look forward to the Children’s Hospital our team now also includes consultants whose base training is in paediatrics, which means your paeds experience here is even better supported.

- Steve Halford (adult and paeds)
- Tonia Donnelley (adult and paeds)
- Jason Barling (paeds)
- Gabrielle Magnall (paeds)
- Helen Rutkowska (paeds)

The consultants provide shop floor presence 7 days a week from 8am to midnight. There will always be a Clinician of the Day (COD) available who oversees the smooth running of the whole department and for much of the
day there will be a consultant running each of the clinical areas. This will always be true for resus and majors. Lots of supervision and opportunities for shop floor education and completion of WPBAs!

**Department layout**

Within the department, there are 6 distinct areas:

1. At the door, just inside the ambulance bays, there is an immediate assessment area for ambulance handover. There are times of the day when initial investigations, bloods and cannulas are done here.
2. Resus, is currently a 6 bed area
3. Majors consists of 20 bays (2 of which are side rooms)
   Most majors patients will already have bloods, cannula and ECG when you see them. Some have XR requested. At busy times and when nurses are unable to cannulate you will need to do this. Remember it is as much your job as theirs.
4. Paediatrics has one side room and 5 other treatment bays. It can sometimes get a little snug and the need may arise for creative management of space.
5. Clinical Decision Units.
   There are 2 wards with 6 beds on CDU1 and 5 on CDU2, (adult patients only), we try to keep them single sex. There are no side rooms. We have excellent support from CEDT team for discharge of elderly patients thus avoiding “social” admissions. Moving a patient to CDU requires senior agreement and mandatory paperwork.
6. Minors, although in name only at times! There are usually 2 Emergency Nurse Practitioners (ENPs) who are the font of knowledge when it comes to minor injuries.

The department has a dedicated Radiology suite, on extension 4021 or via the tannoy 103 on the bench in majors; they will perform portable X-rays in resus.

**Major Trauma Centre**

Southampton is the regional Major Trauma Centre with a helipad, so there are plenty of opportunities to be involved in the care of multiply injured patients. Level 1 and level 2 trauma calls elicit different responses but both require an ED doctor for the primary survey. Level 1 traumas follow a specific protocol to enable patients to be rapidly assessed and investigated often with an early transfer to the CT scanner and then timely decisions made re any interventions required and the best place for the patient to be managed. This ensures the best outcome for these patients. An ED consultant is the team leader for these level 1 traumas and will come in for them if they occur after midnight.
Looking after yourself
Sometimes our work can be stressful and busy, if you are struggling, we want to know. Formal team debriefings occur after some trauma calls and challenging situations, but plenty of additional support is also available. Your educational supervisor is usually a good place to start. If you do have any concerns, talk about them with someone more senior and try not to leave the department worried.

And finally!
The Emergency Department is a special place, we meet people when they are at their most vulnerable; hurt, ill, scared; and we have the privilege, knowledge and expertise to make a real and positive difference.