

INTERNATIONAL MEDICAL GRADUATES INDUCTION BOOKLET

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WELCOME

Welcome to NHS Grampian! This guide was created for International Medical Graduates that are joining NHS Grampian in non-training/training positions to guide you during your first weeks.

The aim of this package is to prepare you for navigating the system- how to use the IT system, where to find guidelines and a short introduction of the roles of everyone in the multidisciplinary team. Also, we will try and cover a little about the life in the UK and how to find your way in Aberdeen.

If you have further suggestions about things that should be found in these guidelines, please let us know and we will make sure to add them in the future editions!

Thank you for your time and I hope you are going to have a great time in NHS Grampian.

LIFE IN THE HOSPITAL

TYPICAL DAY ON THE WARD

Irrespective of what position you will join, a typical day in the hospital will go as follow:

- Handover from night team/ Nursing staff with events that have occurred over night.
- The Handover is followed by the ward round- patients will be reviewed by the medical team and plans/jobs will be created.
- After the ward round there is usually a huddle where patients will be discussed again and jobs will be divided between the medical team
- Review boarders around the hospital (Boarders are patients that were moved from the ward due to bed pressures but are still looked after by the team that has boarded them)
- New admissions from ED will require clerk-ins and Kardex
- Reviewing of deteriorating patients
- Making referrals to different specialties
- Teaching students that are attending the ward. In the UK it is everyone's duty to make sure that the medical students/ physician associate students receive proper teaching (bedside/case discussions/procedures)
- If joining in higher positions- FY2 and above- you might be required to attend clinics
- Handover to the Hospital at night team- done via Teams or in person, depending on the parent ward

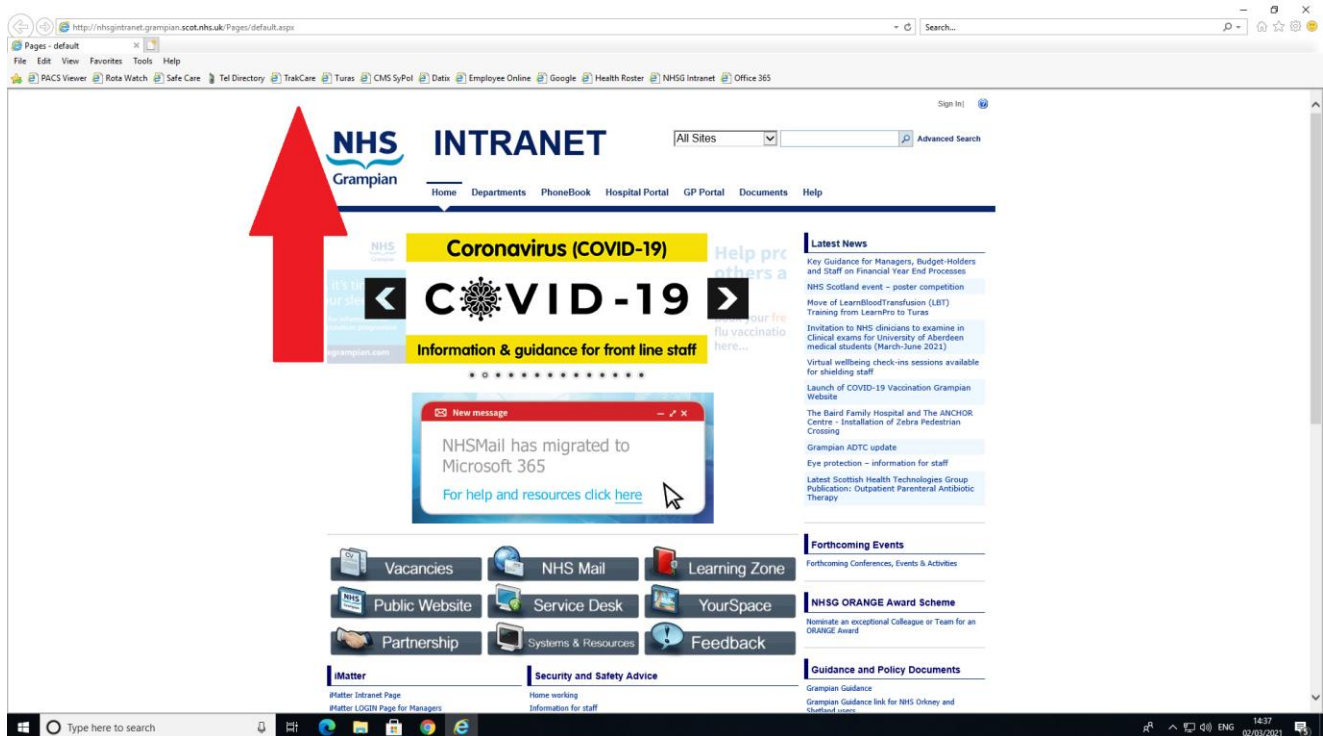
TRAK

Trak is the online system that we are using in NHS Grampian. This gives you access to patient information, allows you to request and view bloods and imaging.

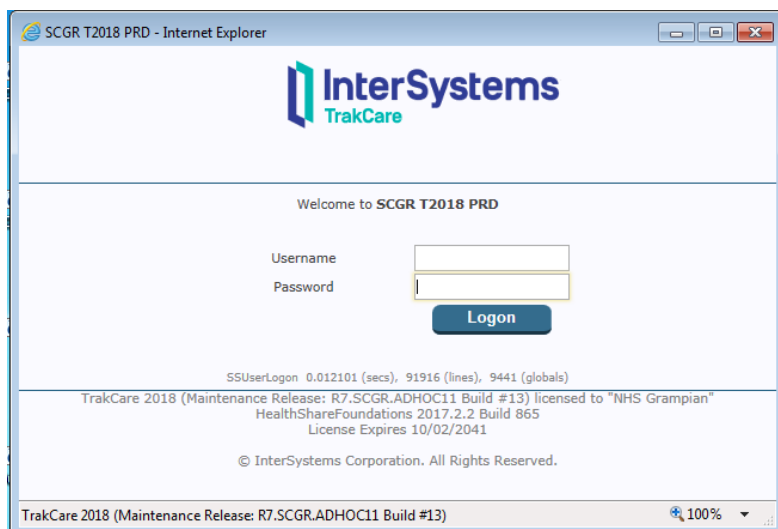
Trak can be found on any computer linked to the intranet, usually on the Desktop; the shortcut looks like this:



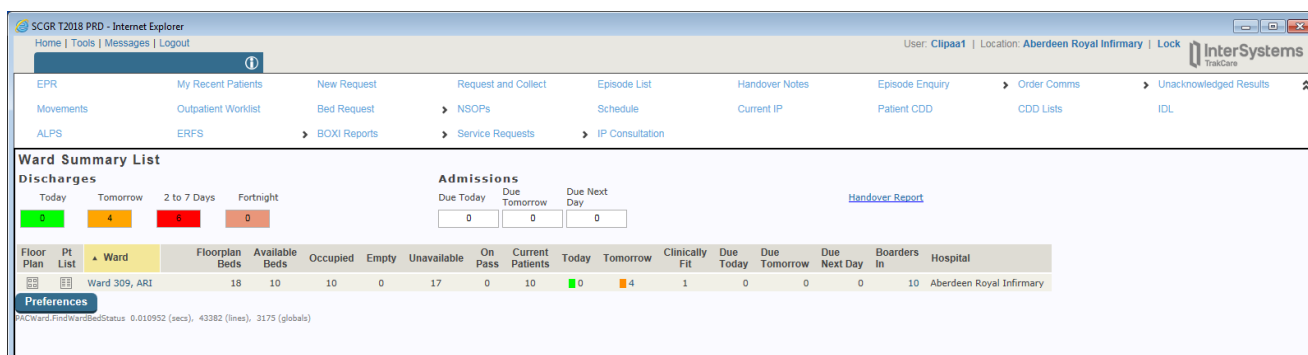
However, if you cannot find the shortcut on the desktop, you can also access Trak by clicking on the Internet Explorer, as it's usually one of the tagged pages (N.B. Internet explorer has been replaced by Edge on newer computers)



Once you click on Trak, a login window will appear and will require your username and password for access:

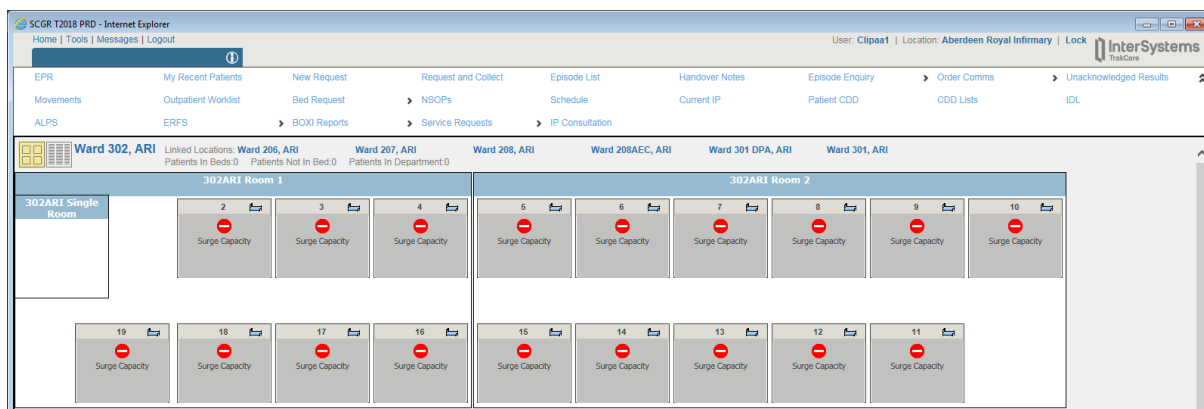


Once you enter the username and password a new window will appear and you will be able to select the wards that you are interested in by clicking on **preferences** and by selecting from the right-hand side list the wards that you are interested in (you can select multiple wards by holding the control button). Click **update** and the selected wards will appear, as in the screen shot below.



To see the patients in the ward, click on the icon below **floor plan**.

I have attached the following screenshot to see what a floor plan would look like. This ward did not have any patients in the ward at the time, for patient confidentiality reasons.



In normal wards, you would click on the bed that your patient is in and, if you want to find information about your patient, you can click on EPR (top left corner). You will have different tabs on the left side of the screen that will give you access to:



This will give you access to blood results



Here you can visualise the imaging and the radiology reports



If your patient is a new admission from ED, you will have a summary of presenting complaint and a plan from the ED doctors



This gives you access to previous letters and investigations



Here you can find the repeat prescriptions and the acute medication that the patient is on



In C-cube you can access previous ED admission documents

In order to request new bloods/ imaging for your patient - go to floor plan-> click on your patient-> **New Request** and the following page will come up:

You can select the bloods that you are interested in or you can look them up in the **Item** section. Also, you can request different investigations by clicking on the top tabs: **Microbiology, Virology, Radiology, Investigations** etc.

You can select multiple investigations by holding CTRL button. Once you have selected all the investigations, click on the **'Add to list'** button at the end of the page (not seen in the above screen, you need to scroll down to do that). Once you have finished adding to the list, don't forget to click **Update** and fill in the relevant information on the next page.

You can also select a different date and time for your bloods/ investigations to be done- especially useful when ordering bloods for the phlebotomists to take in the morning.

Once you have ordered the bloods and taken them from the patient ***you must always collect them*** on the system. This can be done by clicking on your patient->**Order Comms** (in the top tabs- where EPR is also found)->**Specimen collection**-> Clicking on the blue Plus button-> Introduce your password and click **Collect**.

If you do not collect your bloods prior to sending them to the laboratory, they might not be processed! Also, don't forget to print labels and stick to your blood tubes/ specimens prior to sending to the laboratory. This must be done just before collecting the samples by hovering on **Print** and clicking **Specimen label-> Print**

The screenshot shows the 'Specimen Collection Worklist' interface. On the left, there are filters for 'Worklist', 'Collection', 'Date', 'Reactive Specimen Collection', 'Patient Sex', 'Priority', 'Current Patient', 'Location', 'Only Patient', and 'Location'. A 'Find' button is at the bottom of these filters. The main area shows a table with columns: 'CH', 'Surname', 'Forename', 'Date of Birth', and 'List'. Below the table, there is a 'Print' button and a 'Specimen Label' button. A red arrow points to the 'Specimen Label' button. Below the 'Specimen Label' button, there is a 'Request Form' section with fields for 'Date' (20/03/2021), 'Time' (08:10), 'User', and 'Password'. An 'Update' button is at the bottom of this section. At the bottom of the interface, there is a table with columns: 'Select', 'Request Item', 'Lab Episode Number', 'Status', 'Notes', 'Specimen', and 'Responsibility CP'. The table contains two rows of data.

Select	Request Item	Lab Episode Number	Status	Notes	Specimen	Responsibility CP
☒	Full Blood Count	117767926	Requested		EDTA Veno (Gold tag) - H	
☒	Urea & Electrolytes (Liver Function Tests /CRP-C-Reactive Protein)	117767927	Requested,Requested,Requested		EDT Veno (Gold tag) - C, EDT Veno (Gold tag) - C, EDT Veno (Gold tag) - C	

PACS

PACS is the system that we use for visualizing imaging.

In order to access PACS, click on the Radiology Tab once you are in the EPR menu. If you click on any of the imaging studies, PACS will automatically open up. Note: not all computers have PACS installed.

REFERRAL SYSTEM AND ROTA WATCH

In order to refer patients to different specialties, you will require to access Rota Watch, a system that will let you know who is on call and the Ascom (telephone number)/ Bleep number they can be contacted on.

To access Rota Watch, click on **Internet Explorer** and click on the tab '**Rota Watch**' (same as you would click for Trak):



Click on 'On call today' and select your required specialty from the alphabetical tabs at the top. This will provide you with means to contact the desired team. If you are looking for advice, the first point of contact would be the registrar on call. Some specialties have an email address for non-urgent queries (Cardiology, Respiratory etc.)

Also, for non-urgent enquires there is a Trak function to ask advice for GI/ Renal and Infectious diseases advice. This can be found under **New request-> Consultation request**. Make sure to fill in the questionnaire before clicking update and remember to give a contact number so you can be contacted back.

When phoning to make a referral make sure you have the patient's notes/ drug Kardex and NEWS chart at hand. When asking advice about patients, present your patient using the SBAR communication method, to make the referral effective

BLEEPING

You can bleep from an Ascom (hand held portable telephone) or from a land line. In order to bleep follow the steps:

1. Dial 30 and listen to the message
2. Introduce the bleep that you want to contact followed by your contact number and finish with #.

Ex: 216755757#. =2167 is the bleep that I want to contact and 55757 is my Ascom number, followed by #

3. Listen to see if your call has been recorded and replace your hand set.

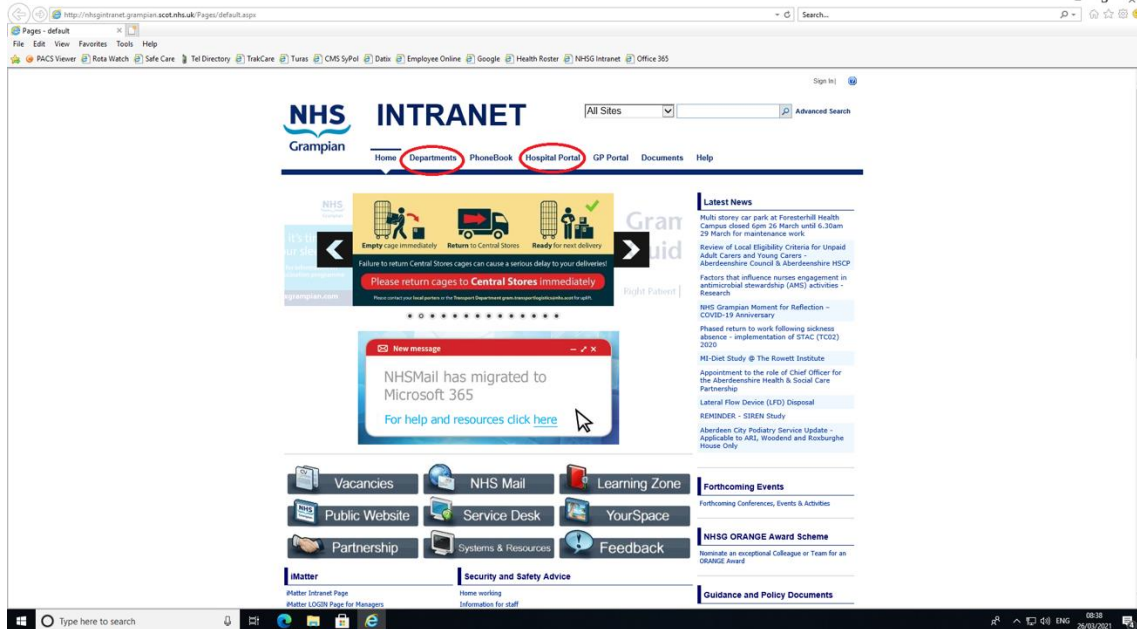
You can also contact switchboard and ask the receptionists to put you in contact with the registrar/consultant/team. In order to contact switchboard:

Dial 0, listen to the message and say 'Operator' in the microphone. This should connect you to switchboard and you can find information.

A great mobile application available on iOS and on Android is called Induction- this will have most common phone numbers and bleeps used in the hospital.

SPECIFIC GUIDANCE AND GUIDELINES

Specific guidelines can be found on the intranet page, under Hospital portal Tab. You can then select the 'Grampian specific guidance' and type what you are interested in in the search bar.



If looking for more general advice/ department specific guidelines, try Departments and you can find further information in alphabetical order.

DNACPR

'Do not attempt resuscitation' forms (also known as 'Red forms') will be completed by Doctors who have full GMC guidance. These are specific for the NHS and you might not have encountered these in your practice before.

Further information in regards to these forms can be found on the following links:

[Publication: Decisions relating to cardiopulmonary resuscitation \(3rd edition - 1st revision\) | Resuscitation Council UK](#)

AWI

Adults with Incapacity documents are required to be completed when a capacity assessment has been conducted and the patient is deemed not to have capacity. Assessment of capacity can be complex, and capacity is time and situation dependent. Please seek senior advice where appropriate.

Advice about the Adults with incapacity act in 2000 can be found below:

<https://www.gov.scot/policies/social-care/adults-with-incapacity/>

[Adults with Incapacity \(Scotland\) Act 2000: principles - gov.scot \(www.gov.scot\)](#)

DEATH CONFIRMATION

If a patient dies on the ward, it is part of the medical duties to confirm the death. There are specific guidelines to do this and confirmation must be clearly documented, alongside the **time of death** (important, time of death is not the time that you are confirming the death of the patient).

Information about confirmation can be found at the following link:

<https://geekymedics.com/document-death-confirmation/>

<https://geekymedics.com/death-confirmation/>

DEATH CERTIFICATION

One of the tasks that doctors undertake during hospital rotations is Completion of death certificates. Further training and guidance into completing these can be found at the following links:

[Death certification | Turas | Learn \(nhs.scot\)](#)

MDT

In NHS the Medical team works as part of a multidisciplinary team (MDT) alongside nursing staff, advanced nurse practitioners, physician associates, pharmacists, occupational therapists, physiotherapists, dieticians, specialist nurses.

Occupational Therapists promote independence and optimize a person's ability to carry out their daily roles and tasks by assessing any deficits and the impact of these deficits on functional ability. They are integral part of discharge planning and preventing readmission within the hospital environment.

They have close links in the community and can arrange for equipment to help people at home or follow up rehabilitation.

Physiotherapists help to restore movement and function when someone is affected by injury, illness or disability. It can also help to reduce your risk of injury or illness in the future. It takes a holistic approach that involves the patient directly in their own care.

Advanced nurse practitioners are specialized nurses who undertook further training and are able to function autonomously.

Pharmacists are great help as part of the MDT and are able to aid when you might have questions regarding medications/ doses/ interactions/ side effects.