

BRITISH JOURNAL OF
**HOSPITAL
MEDICINE****MMC**
Modernising Medical Careers**MODERNISING
MEDICAL CAREERS****The survivors' guide to
working in the medical
admission unit** **M182***Faraz Imran, Mohamed Y Yousuf,
Swapan Bhaumick***NHS jargon buster** **M186***SV Vamadeva***Making the most of the
doctors' mess: a guide for the
foundation year doctor** **M188***Rachel Hooke***A guide to assisting at
surgical operations 1:
general principles** **M190***Comus Whalan***Addison's disease:
a diagnostic challenge** **M192***Daniel A Jones, Alex Miras, Jennifer R Tringham***So you want to be ...
a paediatrician** **M196***Alan Cade***IN NEXT MONTH'S
MMC SUPPLEMENT****Frequently used investigations:
amylase****Prescribing diuretics****A guide to assisting at surgical
operations 2: handling surgical
instruments****So you want to be... a paediatrician**

The survivors' guide to working in the medical admission unit

Introduction

The medical admission or assessment unit is a relatively new specialty in the NHS which has been developed to cope with the demands of the accident and emergency department. It provides a practical hub for the flow of emergency medical patients into the hospital. The principal aims of the medical admission unit are two fold: first to direct patients who require inpatient care to the most appropriate facility and second to provide high quality care through a multidisciplinary team focused on achieving a clear diagnosis and management plan, which will either enable patients to return home or to access specialist care.

Working in the medical admission unit as a foundation year doctor

Medical admission unit is an exciting posting for foundation year doctors. Although it might be a bit challenging in the beginning, there is a lot to learn here, from managing acutely unwell patients to performing invasive procedures.

It certainly meets the principle of the foundation years to prepare junior doctors to manage the acutely unwell patient. The medical admission unit senior house officer and the house officer usually form the basis of the cardiac crash team. This is a very good opportunity to practice skills learnt on basic and advanced life support courses.

What to expect

Medical admission unit is an acute admission unit for medical patients. It is therefore a busy ward, with lots of opportuni-

ties to learn and present cases to seniors. *Figure 1* gives some idea of a typical day on the medical admission unit. There are three main jobs:

1. The ward round (including morning and evening post-take ward round) with the consultant
2. Clerking patients and presenting them to a senior
3. To take away (TTA) prescriptions or discharge letters.

The ward round

Ward rounds are sometimes considered less exciting than clerking patients, but they are a very good way of learning, especially if you are working with an enthusiastic consultant. Even if not, you can still learn a lot just by seeing and observing how the seniors approach, communicate with, take a specific history from and examine patients.

Preparation and documentation are both vital for an efficient ward round or post-take ward round.

Preparation

Have at hand an up-to-date patient list with their bay or bed locations. Unlike the general wards new patients are admitted all the time so it is necessary to make a fresh list every day, which may mean coming in to work a bit early.

Share the roles among your colleagues so that one person writes in the patient's notes while the other carries out requests and investigations, i.e. filling forms for blood requests, radiological requests and referrals. Other colleagues can start doing discharge letters for those patients deemed fit to go home during the ward round.

It is advisable to carry with you a folder with everything that you might need during the ward round such as spare papers, investigation forms and pens. Do not forget your stethoscope. Have a list of phone numbers that you need every day such as pathology, radiology or porters. This is especially important out of hours when you may need to bleep on-call technicians.

Dr Faraz Imran is Foundation Year 1 Doctor, Dr Mohamed Y Yousuf is Specialist Registrar and Dr Swapan Bhaumick is Consultant in the Medical Admission Unit, Northern Devon Hospital, Barnstaple, Devon

Correspondence to: Dr F Imran, Accident and Emergency Department, Hemel Hempstead General Hospital, Hemel Hempstead, Hertfordshire HP2 4AD

8.30am	Post-take ward round starts with the night team, the consultant and a junior doctor. The junior makes a note of the plans and handovers
9.00am	More doctors join in (foundation year 1, foundation year 2, senior house officers, specialist registrar). One starts doing discharge letters and to take away medications for those discharged
9.30am	After the post-take ward round the night team leaves and the day team start off to see the other patients in the medical assessment unit
10.00am	Accident and emergency team refers a patient to the senior house officers. A junior doctor starts clerking the patient
12.00pm	Some doctors with a midday rota join in. The junior doctor performs a lumbar puncture with the specialist registrar
12.30pm	More referrals from GP and accident and emergency. The specialist registrar reviews patients admitted by juniors and gives feedback
1.00pm	Lunch break in turns
5.00pm	Post-take (teaching) ward round starts
7.00pm	A few juniors finish off
10.00pm	Handover to the night team by the on-call team

Figure 1. A day in the medical assessment unit.

The morning usually starts with the post-take ward round led by the consultant and the night team, followed by the handover of plans.

After the post-take ward round the consultant will do a general round of the rest of the patients. Generally there will be two ward rounds on medical admission unit each day.

Documentation

This is very important, and has medico-legal implications if not done properly. If your consultant is too fast for you ask him or her to slow down rather than missing important information.

Always write down the date, time and name of the most senior person leading the ward round and clarify whether it is a post-take ward round or a regular ward round.

Follow the 'SOAP' method: use subjective, objective, assessment and plan as your headings while documenting old admissions.

Clearly document the problems, impression, diagnosis and plans of any new patients in the post-take ward round.

It is a good idea to draw a small box against each plan or investigation ordered, shading half the box when the request is made and shading the other half when it has been done and checked. This enables anyone from the team to track the progress of the tests ordered.

Always remember to put your signature and position at the end.

Ward jobs

Try to list the plans in a separate patient list as well so that you do not need to come back to each set of notes when trying to recall all the jobs that need doing. Try to get some jobs done as you go round, as this will make things much easier at the end of the ward round. Prioritize the jobs and allocate them among your colleagues.

Remember, it is a team effort so be an effective team player. Unlike the general wards, patients will keep coming in and junior doctors will need to keep clerking them. So it is advisable that, depending upon the size of the team, at least one house officer should take charge of all ward jobs, freeing the rest of the team to clerk any patients referred from accident and emergency or the GP. This group should help with the ward jobs when they are not clerking new patients.

As in the general wards the junior doctors in the medical admission unit also need to make referrals, communicate with members of the multidisciplinary team, chase results and so on. The only thing to bear in mind is that you are not dealing with chronically ill patients. These are mostly acute or acute on chronic patients so you should be on your toes as early decision making can make a big difference to the patient's management.

Keep reassessing patients with new results, especially if the patient's condition is unstable, and keep updating the plans. Try to keep patients informed of new out-

comes as it makes them feel more confident and less anxious.

TTAs and discharge letters should be dealt with promptly as the nurses will have arranged transport and ambulances, and new admissions require prompt discharge of the older ones.

Effective communication is very important. Convey clearly the doctor's plans for the patients to the nurses. This will help to prevent unnecessary delay between making plans and actions being taken.

Clerking A few tips

Brush up your knowledge: go through a standard history taking and examination book and an emergency medical book. The *Oxford Handbook of Clinical Medicine* (Longmore et al, 2007) and the *Oxford Handbook of Clinical Examination and Practical Skills* (Thomas and Monaghan, 2007) are a good combination which will meet most of your needs in the medical admission unit.

Remember your A, B, C, D and E. For patients who are acutely unwell focus on the management of airway, breathing, circulation, disability and exposure as per the advanced or immediate life support protocol. It is advisable to attend a basic life support course before starting medical admission unit. Fortunately most patients with very acute conditions are stabilized in the accident and emergency department before they are transferred to the medical admission unit.

History taking and clinical examination

This is a very good opportunity to refresh all your medical theoretical knowledge and brush up your history taking and communication skills, followed by systematic clinical examination to reach a definite diagnosis. Points of note are:

- Make a habit of looking at the old medical notes. Don't be scared of bulky notes – they are a rich source of information
- Social history including general quality of life is important if the patient is elderly
- It is often necessary to take a collateral history and/or medication history from residential or nursing homes or the patient's family or GP

- Summarize a list of problems and come to a list of differential diagnoses
- Aim to treat each problem and not just one clinical diagnosis
- Grab every opportunity to present your cases and get your case-based discussion done
- Try to get a chaperone while performing examinations and ensure patient privacy
- Improve your examination skills by doing frequent mini clinical examinations with seniors
- Make a note of the patients you have seen, follow them up and study their pathology. You will never forget a case you work up in this way
- Keep your eyes and ears open for audits, research and case reports as the medical admission unit will provide you with a good amount of data in a short time. The Society for Acute Medicine holds regular national and international conferences (www.acutemedicine.org.uk) which might be a good platform for you to present your posters and audits if you are keen to take up acute medicine as a career in the future.

Seeing the patient

Always see and gauge the general condition of the patient before doing paperwork and searching previous notes. An acutely unwell patient needs the right approach immediately. For example after stabilizing the A, B, C, a patient with chest pain needs an urgent electrocardiogram, a patient with an exacerbation of chronic obstructive pulmonary disease needs blood gases and chest X-ray, a patient who is dehydrated because of excess nausea and vomiting needs intravenous fluids. Since investigations take time to be performed it is beneficial to send off requests for basic investigations before sitting down to talk to the patient in detail. Call for senior help early if the patient deteriorates.

After taking the history and doing a thorough examination send off other relevant investigations, complete your notes and write the medications onto a drug chart. If prescribing new drugs consult the *British National Formulary* or pharmacists, as prescription errors are very common with junior doctors. Since blood results and X-rays will not have come back yet, you could start clerking the next patient if it is a busy day. Remember to come back and write down the results of the investigations ordered for patients clerked earlier. This is essential in painting a complete picture to reach a diagnosis and will save you from embarrassing questions when presenting the case to your consultant.

Make a list of problems after gathering full information. For example, in a case of diarrhoeal illness caused by *Clostridium difficile*, you need to address:

1. Diarrhoea and vomiting
2. Hypokalaemia
3. Deranged urea and electrolytes
4. *C. difficile* positive patient.

The plan should aim at managing individual problems and not just giving symptomatic treatment (i.e. only giving loperamide for diarrhoea).

Remember to assemble the information into a summary as you would if you were presenting it to your consultant in the post-take ward round. Full clerking involves the following checklist:

1. History
2. Examination
3. Bloods
4. X-rays or computed tomography scan as relevant
5. Provisional diagnosis
6. Drug chart.

The clerking proforma

Clerking is often made easy by using a clerking proforma, which is available in most medical admission units. It may vary

in its design from trust to trust. A good example of a clerking proforma is the Hope Hospital medical admission proforma (http://hiu.rcplondon.ac.uk/clinicalstandards/recordsstandards/proforma_hope.asp).

Take home prescriptions

Ensure the patient is clinically, emotionally (no suicidal risk) and socially stable (able to cope at home, involving occupational therapy and social workers if necessary). A good TTA and patient summary should contain: diagnosis, investigations and medications (at discharge), and should clarify any new drug added or removed, any thing to be followed up by the GP, such as blood tests to monitor liver and renal functions following introduction of a new drug, and any appointments required for follow up at hospital.

Conclusions

Working in the medical admission unit is challenging for the new foundation year doctor, requiring one to be alert, efficient and safe, as the patients dealt with are more labile than those on the general medical wards. If you use a systematic approach it can be fun and you can learn a lot at the same time. This article provides an insight into working in the medical admission unit as a house officer. You are not expected to diagnose a pulmonary embolism on a computed tomography pulmonary angiogram but you would be expected to make a differential diagnosis of chest pain and send off the relevant investigations. The most important part of this job is to identify acutely unwell patients and seek senior help early. **BJHM**

Conflict of interest: none.

Longmore M, Wilkinson IB, Turmezei T, Cheung CK, eds (2007) *Oxford Handbook of Clinical Medicine*. 7th edn. Oxford University Press, Oxford

Thomas J, Monaghan T, eds (2007) *Oxford Handbook of Clinical Examination and Practical Skills*. Oxford University Press, Oxford

Further reading

Chandran S (2006) Acute medicine. *BMJ Careers* **333**: 177–8

Hurley N, Dawson J, Sanders S, Eccles S (2008) *Oxford Handbook For The Foundation Programme*. 2nd edn. Oxford University Press, Oxford

Wood I, Rhodes M (2003) *Medical Assessment Units: The Initial Management of Acute Medical Patients*. Whurr Publishers, London

KEY POINTS

- Acute medicine is a relatively new and exciting speciality that provides an expanding range of opportunities for trainees to learn to be alert, safe and efficient doctors.
- The main duties of the junior doctor are ward round (including post-take ward rounds) with the consultant, clerking patients and preparing discharge letters.
- The key qualities that should develop at the end of this rotation are good team work, management of the acutely unwell medical patients and seeking senior help early and appropriately.