



Introducing Professional Practice

A day in the life of a hospital ward: Senior Registrar

Dave Rowbotham

I am in effect the person that is covering all members of the team below the consultants and we have to sort of oversee all of their activities. This is junior medical staff as well as the patients who are not necessarily directly under me.

My day would start at between quarter past and half past eight, where I pop on to Ward 29, as well as any other wards where we have patients just to see if there've been any major problems overnight with any of the patients. If they have, then I will try and deal with them at that point to give direction to the, the senior house officers and the housemen during that day so that they will know in which direction to take the investigations and care of these patients. Following that, round about nine o'clock – quarter past nine I will have an allocated slot, now that may be for example, this morning that was a colonoscopy list, so I was down in the endoscopy department, from nine until about quarter to two, doing my list which involves both in-patients not necessarily from our wards, there were some from our wards but, we provide a service for the whole hospital, and indeed the whole Trust.

And following that today, no time for dinner that's why I'm so thin, we then went on to, we had a consultant ward round, which is one of two a week where, er my boss goes round his patients on the ward, and he's accompanied by me and the other members of his time, sort of his entourage if you like, and we specifically go over in some detail, the care of our patients – the investigations, the presenting complaints, and the diagnosis, what are we doing for them. What, problems do we anticipate and when can we look to getting them home, because that is a major priority at this moment in time with the bed shortage.

Ideally, all of our patients would be on one of two gastroenterology wards, but it doesn't work that way. When you get people coming in off the street, as it were from the general practitioners, from accident and emergency, they go into whichever bed is free at the time and so hence our particular patients can end up anywhere. At the moment it's not bad, we have patients on five wards only, but it does mean an awful lot of traipsing around in between various wards. If they were all on the same ward it would be so much logistically easier, and geographically easier to manage them effectively.

Well we've got to past lunchtime well, er yes the lack of lunchtime. We've been on the consultant ward round, which has taken in Ward 29 as well as the other wards where we have patients. On this particular day I then have an allocated teaching session for the final year medical students. Their final exams are coming up in six weeks time and they have an, what's called an intensive teaching month, where they get lectured or taught by various specialties, and that's what I was doing from four o'clock to five o'clock.

I have a couple of problems with people who have been booked for procedures tomorrow, who there is no space to put them on so I've got to go and sort that out, and then following that I will do a final call in person to the wards, as the day started, to see whether there are any problems that we can anticipate might occur during the night, to give the on-call staff a bit of direction as to, you know, what they might anticipate and what if anything, to do about it. And then, I try and go home, but generally that's some time between seven and eight.

Dave

Now then how are you feeling this evening?

Mrs Sommerfield

I'm feeling fine.

Dave

Good.

Mrs Sommerfield

And as I say my husband said when he came this afternoon he said, oh you look a hundred percent better.

Dave

Your certainly are looking a lot better. You're... you're far...

Mrs Sommerfield

...A...a hundred percent better.

Dave

You're far less jaundiced that's for sure, that's good.

Mrs Sommerfield

Erm.

Dave

Now do you remember much about that test that we did yesterday.

Mrs Sommerfield

Yes.

Dave

The er, because it wasn't very pleasant for you was it?

Mrs Sommerfield

No, no.

Dave

When we stretched up your gullet.

Mrs Sommerfield

No.

Dave

Tell me, before you came in to hospital did you have any problems swallowing? Could you – I mean if you ate meat and er and vegetables could you swallow it down alright or did it get stuck anywhere?

Mrs Sommerfield

Sometimes it got stuck a little bit but not a lot.

Dave

Right

Mrs Sommerfield

Not a lot.

Dave

Have you no, well I'm not surprised because it was a pin hole, er the gullet was narrowed right down to a pin hole, and we really had to stretch it right up. Have you noticed any difference since we've stretched it up?

Mrs Sommerfield

Yes, yes.

Dave

It is easier to swallow?

Mrs Sommerfield

Yes it's easier to swallow now.

Dave

That's good.

Mrs Sommerfield

Yes

Dave

That's good. We've found the source of the bleeding by the way.....[fade down]

Mrs Sommerfield

[fade up]....yes. It's all oh.

Dave

Certainly is.

Mrs Sommerfield

That's marvellous.

Dave

So we've just got to make sure that we'll get all these drips and things down one by one.

Mrs Sommerfield

Yes, yes.

Dave

And I think you should be ready to go home the start of next week probably.

Mrs Sommerfield

Next week.

Dave

Yeah probably.....[fade down]

Mr Smith

[fade up] Good evening.

Dave

How are you doing?

Mr Smith

Well, not too bad at all.

Dave

When was the test? Was it early this afternoon?

Mr Smith

Er about half past one I think it was.

Dave

Half past one. How did you find it?

Mr Smith

Er, well I never felt a thing.

Dave

Good, so the sedation worked well.

Mr Smith

Yes.

Dave

Okay. Let me just have a look at you.....[fade down]

Dave

[fade up]...you will need to have a chest X-ray later on tonight, to make, because there is always a small risk that you can tear the oesophagus or the gullet when you do this...

Mr Smith

Yes.

Dave

...It's a very small risk, but we need to do that X-ray before we allow you to eat.

Mr Smith

Right.

Dave

Alright?

Mr Smith

Yes. Can I have a drink of tea then as well?

Dave

After you've had your chest X-ray yes. A mug of tea is allowed. Okay, if all...

Woman

Can we just ask you about, about the bleeding?

Dave

Which...go on tell me about the bleeding?

Mr Smith

Well, every...every night this week, I'm asleep and then without any warning whatsoever...

Dave

Yeah.

Mr Smith

Er, clotted blood and everything else runs out of my mouth...

Dave

If you, if you imagine that the tumour, the cancerous growth within the gullet, is a load of cells which are....[fade down]

[fade up]...help to stop the bleeding.

Mr Smith

Ah.

Dave

Okay, but it you may find, that is a recurring problem in the future. So long as it is not a lot of blood, it's not a problem, it's not going to do you any harm. Obviously it's not nice when you, when you cough blood up erm, but it, but it's not going to do you any harm.

Mr Smith
Oh.

Dave
Okay?

Mr Smith
So, it's a brighter few weeks.

Dave
Well we hope so we hope so.

Mr Smith
I hope so too.

Dave
Indeed. Weather's taken a turn for the better and you're swallowing better.