# How To… Tackle an On-Call

Second only to night shifts, it’s the big thing that all new F1s dread. The first on-call.

Like nights, on-call shifts can vary massively one day to the next. You’ll go from being swamped with jobs and clerkings, to being so un-busy you’ll be constantly checking your bleep to make sure it’s actually working.

They can be daunting but they can also be great fun and help you bond with your team. Take it from someone whose first ever F1 shift was a surgical on-call in a major tertiary centre (yep), you’ll be fine. **You can do it. You’ll survive, you’ll thrive and you’ll learn a lot!**

Here’s a few tips to help you get through them.

**Step 1: Get to know the system**

* **Handover.** What time is it and where? The last thing you want to do is be late for handover and have to try and catch up.Generally there’ll be a designated room for handover, but occasionally you’ll find that different consultants/teams handover somewhere else. So find out beforehand where you need to be and when.
* **Where you’re covering.** On-calls will vary between trusts and hospitals. If there are surgical/medical admissions units, you’ll likely be just covering there so you’ll spend your shift on that ward. In other cases you might cover a number of different places – admissions unit, assessment suite, direct ward admissions or back-of-house. Familiarise yourself with what is expected of you so you don’t end up answering calls or traipsing to wards that someone else is covering.
* **The Team.** Find out who else is on-call with you. Generally the on-call team will be an F1, SHO, Reg and the on-call consultant so find out who’s on with you, get to know them and get their bleep numbers.

**Step 2: Get organised**

A lot of this is similar to being on #TeamNightShift, so if you’ve read that guide then you can probably guess where this is going.

* **THE LIST!** You know the drill by now. Keep a proper written jobs list so you can keep track of what you’ve done and what you need to do. There’s nothing more satisfying than a) a neat jobs list and b) crossing jobs off the list when they’re done. You’ll find a system for how you like *your* list, whether that’s colour coding, boxes to colour in, jobs in order of priority, jobs in order of ward, or you might be one of those unimaginable people that has 18 different scraps of paper with random jobs and patients written on (Medisense would not advise this method). Whatever works for you, do it.
* **Division of labour.** The on-call team is not just you. You don’t have to fight every battle on your own. After the ward round, get together with the rest of the team and divides the jobs up between you.
* **Prioritise.** Most urgent things first, and urgency can mean a number of different things :sick patients (obviously), clerkings, pre-theatre bloods for the patient first on the list, getting discharge scripts to pharmacy because it closes early on weekends

If you’re covering multiple wards, try and group things by location too so you’re not wasting time going backwards and forwards.

**Step 3: Look after yourself**

* **Take breaks.** The “F1 Guilt” will make you think you have to stay on the wards at all times. WRONG!

You are no good to anyone when you’re tired, hungry, thirsty, desperate for a wee and haven’t stopped for 10 hours. Unless you’ve got a critically ill patient, there are very few jobs that can’t hang on a bit until you’ve eaten and hydrated yourself. Seriously, they can wait.

Remember, when you’re asked to review a patient because they haven’t passed urine in 12 hours, your first thought shouldn’t be “neither have I”.

**Take. A. Break**.

* **Eat and drink.** Don’t just graze on the variety of snacks, cakes and rubbish on the wards (although if you’ve provided the snacks/cakes/rubbish it’ll go a long way with helping you make friends with the on-call team), make sure you take the time to have an actual lunch break and eat proper food. You’ll feel much better for it and you’ll be able to work more effectively. Patients get protected meal times; you’re entitled to the same thing.
* **Ask for help.** Knowing your limits and level of competence is incredible important. Nobody will criticise you for asking for help, but you’re much more likely to come unstuck if you try and handle things by yourself and end up out of your depth. It’s an on-call TEAM, not an on-call F1. You’re not superhuman, it’s not possible to handle everything on your own and nobody expects you to. If you’re floundering, let them know!

**Step 4: Get to know your team**

The on-call team isn’t just the medics; it’s the nursing staff, the physios, the pharmacist sorting out the discharge prescriptions. Getting to know them and having a good relationship goes a long way to making your on-call shift easier.

* **Introduce yourself.** You’ll meet the SHO/Reg/Consultant at handover, and make sure you introduce yourself to the ward staff too so they know who you are.
* **Be honest if you’re busy.** When your bleep goes off for the thousandth time, it’s easy to snap at the person on the other end. Don’t do that. But be honest, explain how busy you are and that, unless it’s a sick patient, the job is likely going to have to wait a while.
* **Provide food and beverages**. It sounds a bit daft, but you would be amazed how far a cup of tea or a packet of biscuits can go with improving the teams’ morale during a killer shift.
* **Nurses are your best allies.** Being courteous and friendly to members of the MDT is common sense and you’ll have heard this before, but the nursing staff can be your best friends or your worst enemy. Just remember that you’re working towards the same goal – optimal patient care