

Medicine 665 Clerkship at Providence Regional Medical Center Everett

Welcome to the internal medicine clerkship at Providence Regional Medical Center Everett (PRMCE)! We hope that these four weeks with us will be a highly educational and rewarding experience. This orientation document describes the structure of the rotation, student responsibilities and expectations, and hospital policies.

General Structure of the Hospital Team at PRMCE

Providence Regional Medical Center Everett (PRMCE) is a large, not-for-profit hospital, serving as the major medical center for Snohomish County. The mission of Providence is to provide compassionate care to the poor and vulnerable, never turning away care for those who cannot pay. The Hospital Team at PRMCE is a growing group of over 30 hospitalists who provide inpatient care for nearly all patients with internal medicine problems. Each day, approximately eight day-time physicians report to work at 7am and are assigned to care for a team of 13-14 patients. Another physician serves as the day's triage doctor, answering calls for admissions from the emergency department, primary care offices, urgent care clinics, and outside hospitals. When a new patient is available to be evaluated at the hospital, the triage doctor assigns the patient to a daytime physician. Each physician sees 1-3 new admissions during the day in addition to daily rounding responsibilities. Daytime physicians leave the hospital generally between 5-7pm, signing out their patients to the nighttime physicians (nocturnalists) who arrive at 2pm, 6pm, 7pm, and 10pm for 8-12 hour shifts. The nocturnalists' responsibilities include evaluating new patients and providing care to patients who have urgent issues overnight.

Orientation on Day One of Student Rotation

Students will meet the clerkship coordinator, Dr. Tara Nysoe, in the Hospital Team Room at 8am on day one of the rotation. Dr. Nysoe will review the information in this document and give the students a brief tour of the hospital. Students will be oriented to ProVCare, PRMCE's computerized medical record system, and will obtain identification badges which give access to the Team Room and the physician's parking garage. Students will also be issued laptop computers to use during their time at PRMCE.

Student Responsibilities

Every four weeks, one or two students will work with the physicians who care for the patients on Team S. Students are expected to arrive at the hospital by 7am Monday through Saturday and

pre-round on the patients they are following, usually between 2-3 patients. Rounds with the attending physician will begin promptly at 8am, during which students will give a brief 1-2 minute oral presentation for each of their patients. During rounds, students may write orders, which must be reviewed and signed by the attending physician before being placed in the chart. After rounds, students will write their daily progress notes, which should be reviewed by the attending before being placed in the chart. Late morning and afternoon activities may consist of admitting new patients, teaching with medical specialists, teaching with the clerkship coordinator, completion of "Simple Cases," or other independent study. Most evenings, students will leave the hospital around 7pm. An exception to this schedule is the Thursday morning lecture series at UW, after which students are expected to arrive at PRMCE by 1:30pm. Students will receive a schedule of activities from the clerkship coordinator on the first day of their rotation. Please note that there is no required overnight call during this rotation, but students do have the option of obtaining one golden weekend by taking one night of overnight call with the teaching nocturnalist.

Caring for Patients

Each student will admit 3-4 new patients per week on average. These may be patients who are referred from the emergency department, urgent care clinic, or primary care office. The student will take the patient's history, perform a thorough physical exam, and then present the patient to the attending. The student and the attending will then write orders together. The student will then complete the write-up of the H&P for the written chart; students will not be dictating or entering information electronically into the ProVCare computer system.

The student will continue to follow the patient until the patient is discharged and will be responsible for all aspects of the patient's care. The student should consider him- or herself the primary caregiver for the patient while the patient is in the hospital, and should strive to know everything about the patient. The more the student takes responsibility for the patient, the more fulfilling the experience, and the better the student will develop effective patient-management skills. Above all, the student should maintain an exceptional educational attitude.

The student should alert the nursing staff to his/her pager number and should answer calls from the nurses about his/her patients. The student should then discuss the issue with the attending physician and decide on an action plan. Of note, students are not permitted to give telephone orders, and any written order must be signed by the attending before given to the nurse or placed in the chart.

Students should assist in ensuring that patients and staff are aware of their role in patient care by wearing their white coats and prominently displaying their badge at all times. They should

introduce themselves to patients and families as third-year medical students from the University of Washington who are working with the attending hospitalist.

Oral Presentations for New Admissions

For new admissions, the oral presentation should be approximately 3-5 minutes in length. The format of the presentation should generally conform to the following structure:

Identification/Chief Complaint

History of Present Illness

Past Medical History

Medications

Allergies to medications

Social History

Family History

Review of Systems

Physical Examination

Labs

Studies

Assessment and Plan

The assessment and plan should be organized by problem. For each problem, give the most likely diagnosis and explain the evidence supporting that diagnosis. You should also mention at least a few other less-likely diagnoses, and explain the evidence for or against these diagnoses. Then outline your treatment plan for the problem.

Of note, the oral presentation should focus on information that is pertinent to the patient's current situation. Pick and choose which information is the most critical to present, and include the rest of the information in the written H&P. The more focused and brief the oral presentation, the higher likelihood that the presentation will be well-received.

Oral Presentations for Follow-Up Visits

Follow-up presentations on daily rounds should be 1-2 minutes in length and include the following elements:

Identification ("This is hospital day #2 for Mr. X, our 54-year old man with pneumonia.")

Events overnight ("The patient spiked a fever to 39 degrees last night, and the nocturnalist ordered two sets of blood cultures.")

HPI ("The patient's cough is less frequent, but he still has yellow sputum. No chest pain. No shortness of breath at rest, but he still gets short of breath when getting to the bathroom.")

Review of systems (only mention new or pertinent symptoms: “The patient has no appetite this morning and doesn’t want breakfast. He also developed loose stools overnight.”)

Physical exam (brief and focused, include vital signs, general appearance, and 2-4 other body systems)

Data (new labs and studies)

Assessment and Plan (problem-based format; assess the response to current treatment by stating if the patient’s problem is improving, unchanged, or worsening, and outline any alterations to the treatment plan; new problems deserve a discussion of possible diagnoses and a proposed plan.)

Writing Orders

Admission orders should be written by the student with the assistance of the attending physician. The A-D-C-vaan-disml mnemonic may be used:

A-dmit to Team S, student doctor Sue Smart pager 206-555-5555 between 7am-5pm

D-iagnosis

C-ondition

V-ital signs

A-ctivity

A-llergies

N-ursing orders, including call parameters

D-iet

I-VF

S-tudies

M-edications

L-abs

When writing orders, avoid the following unapproved abbreviations:

QD (use daily)

QOD (use every other day)

U or IU (use units)

MS or MSO4 (use morphine)

MgSO4 (use magnesium sulfate)

L Lt or R Rt (use left or right)

Leading decimal .25 (use leading zero 0.25)

Trailing zero 1.0 (use 1)

All but emergent orders should be written by the student, including those on admission and throughout the patient's hospital stay. The attending physician must sign the orders before being placed in the chart.

Admission Write-Ups and Daily Progress Notes

The admission write-up is the place to include both pertinent information and all other information not given in the oral presentation. The write-up should conform to the general structure of the oral presentation as outlined above. The assessment and plan should include a discussion regarding the possible diagnoses for the patient's primary problem, presented in the order of likelihood, with evidence for or against each diagnosis as it relates to the patient. Write-ups should be typed, printed, and reviewed by the attending physician before being placed in the chart; minor revisions may be necessary. Students should place a copy of the final draft of each admission write-up in Dr. Nysoe's mailbox in the Team Room.

Subsequent progress notes should adhere to a modified SOAP note format:

Identification

Events overnight

S-subjective (history of present illness, review of systems)

O-bjective (physical exam, labs, studies)

A-ssessment

P-lan (combine assessment and plan into a problem-based format)

These notes should be hand-written and reviewed briefly by the attending before being placed in the chart.

Tips for Pre-rounding

It may take up to 30 minutes per patient to thoroughly pre-round each morning. This should include interviewing and examining the patient, talking with the patient's nurse, and reviewing the orders and progress notes sections of the chart, new labs and studies in the computer, current medication list in the computer, and nocturnalist's cross-cover notes. Include the pertinent information in the oral presentation, and save the rest of the information for the progress note. Because it takes time to gather this information, and given that it is expected that each student be prepared to round promptly at 8am, please plan accordingly when determining what time to arrive at the hospital.

Student Evaluations

Students will be evaluated using the PRIME method employed by the University of Washington:

Professionalism: compassion; respect for patients, peers, and colleagues; responsibility; integrity; altruism; and scholarship or educational attitudes.

Reporter: takes excellent history and does an appropriate physical exam; is able to do concise and excellent presentations and exchanges information very well; this is the expected competency level for a third-year medical student (Pass).

Interpreter: excellent presentation skills and reliably interprets data to come up with diagnoses and appropriate differential diagnoses; the differential diagnoses should be weighted to point out the most likely diagnoses; students functioning at the Interpreter level 75% or more of the time are at the High Pass level.

Manager: excels as a Reporter and Interpreter, but in addition, routinely suggests appropriate patient management that shows understanding of the disease process and the underlying pathophysiology; students functioning at the Manager level 75% or more of the time are at the Honors level.

Enhanced Communication: explains information to the patient exceptionally well; can discern when the patient has difficulty understanding what is being explained, and tries other words and methods.

Students will receive frequent informal feedback from the teaching attending, in addition to formal feedback from the clerkship coordinator.

National Board of Medical Examiners Internal Medicine Examination

Those students rotating through PRMCE during weeks 9-12 of the internal medicine clerkship will be released after the morning lectures on Thursday of week 12, the day before the exam, for independent study.

Pertinent Hospital Policies and Procedures

Codes:

Blue—heart or respiration stops

Red—fire

Gray—combative person

Silver—weapon or hostage situation

Internal Triage—bomb threat

External Triage—external disaster

Orange—hazardous spill

Amber Alert—infant/child abduction

Rapid Response Team—medical team needed at bedside

Universal Precautions and Infection Control:

Please review the information on universal precautions and infection control provided during first-year orientation as well as at the end of the second year prior to rotating at PRMCE. Links to this important information can be found on the UW website:

<http://uwmedicine.washington.edu/Education/MDProgram/StudentAffairsAndServices/Blood-borne+Pathogens.htm>

Key Contacts

Clerkship Coordinator

Dr. Tara Nysoe

Pager 425-388-2142

Tara.nysoe@providence.org

Hospital Team Assistants

Eloise Reinders, Chris Laffranchi, Jopine Atienza

425-261-4076

Hospital Team Room

Physician's Line

425-261-4072

Paging Operator

425-258-7740

Ward Numbers (prefix 8- from inside line)

CEU: 4590

3A: 3380

3B: 3395

4A: 3480

4B: 3680

5A: 3390

6A: 4526

7A: 3570

8A: 4390

Laboratory

261-3636

Pharmacy
261-3530

Radiology Reading Room
261-4096

Medical Staff Office
261-4082

Library
261-4090

Roz Winters
Clinical Support Specialist (ProvCare)
317-0195