Welcome to UWMC medicine wards! This will be an exciting rotation and you will learn an incredible amount over the next 4-6 weeks. The following is designed to be a brief guide to your rotation with a few practical points that you may not find in your clerkship book or on the rotation website.

UWMC Internal Medicine Service Structure

The Medicine service at UWMC may be thought of as 3 groups.

1) Resident teaching service teams (there are four of these, lettered A-D). Each is composed of an attending, a senior resident, an intern, and 3<sup>rd</sup> year medical student(s). The team stays overnight every 4<sup>th</sup> night in the call cycle, admitting patients until 11pm. Housestaff and medical students are expected to leave the hospital by approximately 12pm on the post-call day. On other days, hours in general will be approximately 7am until 4-7pm depending on workload.

2) Night Medicine team. Composed of an attending (Nocturnist), an intern, and occasionally a subintern. The team arrives in the evening, collects sign-out from the daytime teams that are not staying overnight, and leaves in the morning after giving sign-out to the daytime teams.


Third-year medical students will be assigned to one of the daytime teaching service teams (Med A-D). See the attached document entitled “Medical Student Assignments” to see which team you are on.

UW Daytime Teaching Service Admission Cycle

Four-day repeating admission cycle for the four resident teaching service teams as follows:

Day 1 – “Call” – up to 5 new admission and 2 ICU transfers, admit until 11pm, team stays overnight

Day 2 – “Post Call” – round on patients, present patient at morning report, leave the hospital by 11 AM

Day 3 – “Non Admit” – no admissions (usually the senior’s off/clinic day)

Day 4 – “Accept/Overflow” – accept 2 patients admitted overnight (usually the intern’s off/clinic day)

As third-year medical students, you are expected to admit one to two (maximum) patients during the call day. You are expected to write a full admission and physical on only one patient every four-day cycle. This means that if you take two patients in the cycle, you are only required to write a history and physical on one of them, though you can write daily notes and present the additional patient on rounds thereafter.

Days off and what shift do I start on Day 1?

Your days off will be any weekend day when your team is not scheduled to be on “Call” or “Post Call” - meaning days off will be on “Non Admit” and “Overflow” days. You will have at least 4 days off over 4 weeks. To figure out how your cycle is arranged and your days off for the upcoming month, you can do the following. Go to www.amion.com. Where it says “Amion password” type in: uwmed medres (the space is required) then click on “Login.” Next click on the small icon at the top of the screen next to “Clinic” (which looks like a small person next to a calendar – see diagram). Use the drop-down menu labeled IM R3 to select your senior resident’s name. This will show a calendar of your team’s call cycle, including your shift on the first day of the rotation (which might be an overnight call!!).
You are highly encouraged to attend as many conferences as possible. The bolded conferences (cells with purple background) are mandatory for MS3s. Note that Grand Rounds do not occur over the summer. All other conferences are optional, but you are encouraged to attend because of their educational value.

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<th>Time</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
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<tr>
<td>7:00-8:00</td>
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<td>Senior Report* (7:30-8:15) BB-514</td>
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<td>8:00-9:00</td>
<td>Radiology Rounds (8:20-8:50) Chest Radiology Reading Room</td>
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<td>Grand Rounds (8:00-9:00) T-625</td>
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<td>Morning Report (10:00-11:00) RR-110</td>
<td>Morning Report (10:00-11:00) RR-110</td>
<td>MS3 Didactics (9:00-11:30) T-473</td>
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<td>10:00-11:00</td>
<td>Morning Report (10:00-11:00) RR-110</td>
<td>MS3 Teaching with Dr. Paauw (11:00-12:00) BB-514</td>
<td>Morning Report (10:00-11:00) RR-110</td>
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<td>11:00-12:00</td>
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<td>Chief of Medicine (12:00-1:00) BB-514</td>
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<td>12:00-1:00</td>
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<td>3:00-4:00</td>
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<td>MS3 Teaching with Chief Resident (3:00-4:00) BB-514</td>
<td>MS3 Teaching with Chief Resident (3:00-4:00) BB-514</td>
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*Senior Report is reserved for Senior Residents only.
Team Rooms:
A+B: Room 6121 (code 3627*)
C: Room 6233 (code 1234*)
D: Room 6244 (code 2007*) located across the hall from patient room 6254

Crow’s Nest (sleeping rooms, scrubs, showers):
Located on mezzanine level (6th floor) up from 5th floor on B wing (code 325)

How to Thrive during your Medicine Rotation (an incomplete guide)

To do on your first day:

- Figure out how the team and nurses, etc will contact you. If you get a pager, be sure to register the number with the operator (598-6190) and put it up on the Medicine team board. If not, typically students use their cell phone.
- Find the Crow’s Nest and get scrubs (ask your resident or intern).
- Review the daily schedule with your team so you know where/when to show up in the morning.
- Figure out your system for keeping track of patient information. Ask your senior resident to show you some possible approaches to “patient tracking.”

Your Responsibilities:
You are here both to learn and to actively participate in patient care. Learning occurs in multiple forms on this rotation.

- Learn from your patients. Learning your patient’s history, talking to them, examining them, reviewing their labs/imaging, and working with your residents to manage their illness are crucial to the learning experience.
- Read the textbook, practice SIMPLE cases online, do MKSAP questions.
- Attend your mandatory medical student teaching sessions, of course, but also try to make it to the resident-level conferences whenever possible.
- Read during your downtime on call – up to date, pocket medicine, etc.
- Ask questions. Suggest topics for attending rounds. Share what you learn on your own.
- Once you feel comfortable in the rotation, you may ask your senior if there are managing tasks that you can assist with (filling out forms, making phone calls to consultants, writing orders (that are then co-signed), etc.
**Daily Schedule:**
See the above conference schedule. In general:

- **First thing in the morning: Pre-rounds**
  - Find out what happened overnight with your patients by talking to the night medicine intern or your intern, talking to the nurse, reading nursing notes or consult notes in ORCA
  - Review vital signs, labs and the medication administration record in ORCA
  - Examine your patients and ask if they have any new issues

- **8am: Rounds.**
  - Goal: thorough but concise presentations focusing on pertinent data.
  - UWMC Ward medicine uses “SIBR” rounding (a style of modified bedside presentations that achieves interdisciplinary input from nursing staff). Ask your senior resident for more details.
  - Pay attention to all of the patients on your team – not just your patients
  - Be prepared for questions. Your senior resident or attending may ask you questions on rounds with the goal of helping everyone learn. You shouldn’t know all of the answers to these!

- **After rounds: Get work done. Attend conferences (see conference schedule).**

- **End of the day:** When your work is done for the day and there is nothing pending or ongoing with your patients you should ask your resident/intern if there is anything else you can do to further patient care. If not, you should go home; do not feel compelled to stick around just to be present, if there is nothing you are actively doing. Be sure to sign your patients over to the appropriate person in CORES before leaving the hospital.

We look forward to working with you and hope that this rotation is extremely educational and also a lot of fun for you! We are available to you as a resource during your time on wards here at UW. If you have any concerns or questions at any time, please let me know.

-Jeff and Doug

Chief Medical Resident
University of Washington Medical Center

Jeffery Krimmel-Morrison, M.D.    Doug Leedy, M.D.
Pager: 206.540.3312            Pager: 206.540.3318
Email: jdk130@uw.edu           Email: dleedy@uw.edu