Welcome to UWMC Wards! As you may recall from intern year, you’ll see complicated pathology, subspecialty medicine, complications of solid organ transplant, and tertiary/advanced care; however, now you’ll also find there is a substantial amount of bread-and-butter medicine within this patient population. This rotation will afford you the opportunity not only to learn and teach medicine, but to practice care coordination, advanced communication, and have a significant impact on an intern’s perception of inpatient medicine.

Team Rooms/Call Rooms
Team A+B: Room 6121 (code 3627*)  
Team C: Room 6233 (code 1234*)  
Team D: Room 6244 (code 2007*) (located across the hall from patient room 6254)
Call Rooms: Please alert the chief resident if these are not clean.  
Senior: 7SE Room 7119 (code 6317*)  
Intern: 7SE Room 7123 (code 6317*)
Crow’s Nest: 6th floor mezzanine level up from 5th floor on B wing (code 325) (scrubs, MS3 sleep rooms, lounge)

UWMC Inpatient Medicine Services
- Medicine A, B, C, D: Daytime teaching service teams (that’s you!).
- Day Medicine: Senior resident (usually R3) – assumes care of post-call team patients and cross-covers other ward teams’ patients when the work of the day is done. In house 7:30am-7:30pm.
- Night Medicine: Nocturnist (8pm-8am) and intern (7pm-9am).
- Medicine Swing: Hospitalist, accepts all admission phone calls and distributes to admitting teams. Serves as backup for procedure supervision if senior or ward attending is unavailable.
- Medicine E: Daytime hospitalist, often with sub-i.
- Medicine M: Non-teaching hospital medicine service that is active during high-volume times of year.
- Medicine O: Non-teaching hospital medicine service for oncology patients remote from chemotherapy who are admitted for non-oncologic, medical issues.

UWMC Wards Team:
Attending  
1 Senior resident (almost always an R3)  
1 Intern  
Usually 2 MS3s (occasionally a PA student)
Ancillary staff available but not always rounding: Social Worker, Pharmacist, Discharge Coordinator

Admitting Schedules & Caps:
The admitting schedule for this rotation is a 4-day cycle structured around an overnight (24+3 hour) Long Call Day. The census cap for each team is 10 patients, with no touch rule. The 4-day call cycle occurs in the following order: 1) Long Call; 2) Post-call; 3) Non-admit (usually R1 alone); 4) Overflow (usually R3 alone).

New for the 2017-2018 academic year, to comply with new ACGME duty hour regulations suggested arrival times for pre-rounding and bedside rounding start times are provided. Daily bedside rounds may begin between 8-8:30am on all days except post-call days, which call for 7:30am start time. Please ensure clear communication to all team members (medical students, attending) about the following day’s planned start time. Additionally, if starting at 8:30am please anticipate AM discharges and notify attending to see these patients in the 8-8:30 time slot to facilitate early discharge order placement and process initiation.
• Long Call
  o 7am: Intern arrives for pre-rounding
  o 7:30-8:00am: Senior arrives
  o 8:30am: Bedside rounds begin with Attending utilizing SIBR
  o 10am: Break rounds if not completed to attend Morning Report
  o Admit from 11am-11pm. Cap: maximum of 7 total patients, with cap of 5 new admissions (ED, clinic, direct admissions) with remainder being ICU or other medicine service transfers.
  o May be asked to complete a weekend medicine consult between 5-8pm
  o Long call senior assists the night medicine R1 with cross-cover issues (not admissions)

• Post-call
  o 6-7:30am: Resident pre-rounding, work rounds with R1+R3, daily note prep
  o 7:30am: Bedside rounds begin with Attending and Day Medicine utilizing SIBR
  o 9am: Break rounds, card-flip on remaining patients while creating day’s To-Do list
  o 9:30am: Call consults, sign notes, tie up loose ends, complete signout
  o 10am: Intern leaves. May choose to attend Morning Report (COMPLETELY OPTIONAL)
  o 10-11am: Senior presents at Morning Report, leaves immediately following conference
  o 11-12pm: Attending and Day Medicine complete bedside rounds utilizing SIBR on patients that were card-flipped, and attend discharge rounds as scheduled

• Non-admit: Usually R1 only (R2/3 “off” or clinic day)
  o No new patients received
  o May sign out to Day Medicine resident when work of day is done, no sooner than 2pm

• Accept/Overflow: Usually R2/3 only (R1 “off” or clinic day)
  o Accept up to 2 overnight admissions
  o Night Medicine R1 presents admission on rounds with Attending
  o May sign out to Day Medicine when work of day is done, no sooner than 2pm

Structured Interprofessional Bedside Rounds (SIBR)
Medicine teams at UWMC perform bedside rounding with nurses. YOU play a leading role in incorporating SIBR into your team’s daily rounds. To be completed EVERY DAY:
1. Before rounds, stop at 6NE and 6SE front desk to set times for rounding on each of your patients
   • As usual, start rounds with the sickest patients or those discharging that day
   • A rule of thumb is to assign ~15 minutes per follow-up patient encounter
   • PEARL: for post-call rounds, you should submit rounding times 7:30-9am for patients for whom attending input or a warm handoff with Day Medicine is crucial (may include new admissions, unstable patients, or expected early discharges) - the senior resident should determine which patients to prioritize to round on together
   → for patients anticipated to be card-flipped and seen after 11am by Attending and Day Medicine alone, submit a rounding time of “after 11am” to alert RNs
2. Call the nurse as you travel to patient room to confirm your time/presence
3. Round together with the nurse at the patient bedside using the standardized format

Please watch these short videos prior to your first day to familiarize yourself:
[Roles and Responsibilities](https://www.youtube.com/watch?v=RUoKqCnvnqA&feature=youtu.be)
[Ideal Rounds](https://www.youtube.com/watch?v=qK9lBF0bN-s&feature=youtu.be)
[Nurse Rounding](https://www.youtube.com/watch?v=mcCtYjK9rbg)

Multidisciplinary Rounds: 6NE Nursing Conference Room
Occur daily Monday-Friday, with ward team, social worker, and discharge coordinators. Times listed below:
<table>
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<th>Med A: 11:00 am</th>
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<td>Med B: 11:15 am</td>
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<td>Med C: 11:30 am</td>
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<td>Med D: 11:45 am</td>
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Posting discharge rounds are to be performed by Attending and Day Medicine resident alone. Please plan accordingly.

Day Medicine & Sign Out

- [Multidisciplinary R](#)
A Day Medicine resident will round with the post-call team to assume care of patients that day. Often, the non-admit and overflow teams have completed the work of the day and are ready to leave prior to the 7pm arrival of the Night Medicine intern. In those instances, it is permitted to sign out to the Day Medicine senior provided all of the following: work of the day is done, all patients are stable, and there are NO active issues or pending tasks to be done. Signout may not be requested prior to 2pm as the Day Medicine senior is often still wrapping up issues from the post-call team and can be quite busy until early afternoon, and no later than 6pm as this would necessitate an additional and unnecessary immediate handoff to Night Medicine.

Medicine Consults
Consults are completed by a medicine consult team during business hours, and at night by the nocturnist. However, the long-call R2/3 may be asked to complete a medicine consult between 5-8pm on weekends and holidays. You will be notified by the Swing or Consult attending, who will also instruct you on the appropriate attending with whom to staff. If you are extremely busy at the time you are asked, then you should let the Swing/Consult attending know this and the “late” hospitalist will see the patient when they come on.

Night Medicine
- Night Medicine: Intern hours are 7pm-9am. Their job is to assist daytime teams to allow them to leave the hospital expeditiously. They should be an active presence in team rooms – encourage them to coordinate care, do procedures, write orders, etc.
- Please ensure a team member arrives at an early enough hour (no later than 7:15am) to allow completion of AM signout in order for the night medicine intern to round with the Accept team
- Night Medicine R1 is asked to present on rounds to allow opportunity to receive feedback on workup and oral presentation from an additional attending, to improve communication and provide a more seamless transition of patient care. Exceptions are:
  - Tuesdays: Seniors must get verbal handoff for overflow patients before 7:30am Senior Report
  - Thursdays: Seniors must get verbal handoff for overflow patients before 8am Grand Rounds

Days “Off” and Clinic
You will have 4 days off distributed throughout the month, as well as clinic days on either Accept or non-admit days. Always check Amion to make sure you are aware of your schedule, and which days you are expected in continuity clinic. Please review your schedule with your senior at the beginning of your rotation to confirm that you are not scheduled for days “off” or clinic on the same day!

Discharges
You should begin to anticipate discharge needs and date on admission. Medication reconciliation for discharging patients and all discharge paperwork must be completed the day prior to anticipated discharge. Counsel patients to plan for early or mid-morning transportation ahead of time. Altogether this will facilitate morning patient departures and bed turnover - preventing a late afternoon bolus of admits (that results from delayed bed turnover when these items have not been completed ahead of time!).

ICU Handoffs
There is now a standardized medicine floor to MICU handoff process, which includes a bedside handoff between the two teams.
1. CORES floor intern will be paged to patient bedside on 6SA after patient is moved
2. CORES intern + senior/attending should arrive at that room within 10 minutes to meet the MICU team
3. Medicine floor team will give a short presentation on patient to MICU Team (similar to rounds: 1-2 liner, recent problems, key events from past day)
4. ICU intern/resident will complete ICU handoff packet and checklist

Code Blue
The long-call senior is the code team leader. The long-call R1 is on the code team during the day, but will hand off the code pager to the Night Medicine R1 when they arrive. Code Blues are no longer called overhead, instead, your code pager will alert you to the location of the code (if this doesn’t happen, for whatever reason, call the operator to request the location) – leave whatever you are doing to get to the code expeditiously. If
you have any difficulty finding the location of a code, go to the elevators on the floor and tower you were paged to. A UW Public Safety Officer will find your team and direct you to the correct location.

There has been a change to the Code Blue team with introduction of an alternate code team response for patients on SSE, SSA and SNE. We are doing this to better support our increasing mechanical circulatory (MCS) population as well as to put into effect some modifications of ACLS for patients who are s/p sternotomy. Moving forward, the traditional code team (with the Medicine R3 as Code Team Leader and Medicine intern as Assistant MD), will respond to all codes other than on SSE, SSA and SNE. For the codes on these three units, advanced practice providers from the CCU and CT ICU will serve in these roles as part of the Cardiac Code Team. Similarly, the MICU/SICU fellows and nocturnists will continue to respond as supervising MDs for the traditional code team while the CCU fellows/nocturnists will play this role on codes on SSE/SSA/SNE. You will receive pages for ALL CODES and you should respond based on the unit where the code occurs.

**Students and Documentation Requirements**

You are ultimately responsible for all MS3 patients, but the student should be viewed as the primary inpatient provider and be signed into CORES. MS3s have multiple teaching sessions throughout the week that they are required to attend. It is their responsibility to let you know when these sessions occur. Please remind students to sign out of CORES when attending teaching sessions as this is protected time, or when leaving for the day. Supervising and teaching MS3s is the responsibility of the senior resident.

Admission notes: Intern or senior must write a separate, complete H&P (needed for billing purposes) Progress notes: Intern, senior, or attending must write either a separate daily progress note or a complete SOAP note as an addendum to student note. This must include an MD’s own interval history (including minimum 2-point patient ROS), exam, and A/P. Discuss with your team members who is expected to complete this addendum. Attendings should perform necessary addendums to MS3 notes on the post-call day.

**General Documentation**

The intern is responsible for submitting an H&P on each new patient on the day of admission. Daily progress notes must be completed for each patient, even if no significant changes. You must document an accurate physical exam daily. Discharge summaries are the responsibility of the senior resident and must be completed within 48 hours of discharge. If the senior is off or in clinic and a patient requires a discharge summary (eg SNF placement), then the attending or Day Medicine resident will complete it.

**Conferences/Teaching**

**Morning Report:** M/W/F at 10:00 am (RR-110). Post-call R2/3 presents. Attendance expected of all ward teams. RNs have been asked to hold non-urgent pages during this time, tell chief resident if not happening. 

**Senior Report:** Tuesday at 7:30am (BB-514). For R2/3s only - cold case presentation from overnight.

**Imaging Rounds:** Tuesdays after Senior Report, 8:20-8:50 (2nd floor Chest Reading Room). All ward teams except post-call team expected to attend. Please bring cases you’d like to review. A case of the week will also be distributed the day before.

**Core Teaching Conference:** Monday at 12:30-1:30pm (RR-110). Core Internal Medicine topics that are presented at all three hospitals during the month. Lunch provided.

**Chief of Medicine:** Tuesday from 12-1pm (D-209). Conferences rotate among Inpatient cases, Outpatient cases, Autopsy conference, and M&M. Lunch provided. RNs are requested to hold non-urgent pages.

**UWMC Teaching Conference:** Wednesday at 12:30-1:30 pm (RR-110). Guest lectures from attendings and other educators, with emphasis on topics that are more specific to the UWMC patient. Lunch provided.

**Grand Rounds:** Thursday at 8am (T-625), except during the first 8 weeks of summer. Light snacks and coffee provided.

**Intern Teaching Conference:** Thursday 7-8am first 8 weeks of summer. Required of all R1s - if ITC falls on a post-call day R1s should NOT attend. If ITC falls on a Long Call day the R1 should attend and R2/3 responsible for prerounding that day.

**Intern Report:** Thursday from 11:30am-12:30pm (RR-110), except during the first 8 weeks of summer (due to Intern Teaching Conference). **Required for inpatient R1s. Seniors hold intern pagers.**
**Attending rounds** (structured teaching by your attending) should happen at least 3 times weekly. Please work with your attending to find the most appropriate times for this.

**Medical Student Teaching Sessions** (medical student attendance is expected at all of the following sessions, except for afternoon sessions for the post-call students. They should keep track of their schedule, but please excuse them from clinical duties during this protected learning time.)

Monday: 3-4:30 pm, MS3 teaching with Dr. Paauw  
Tuesday: 11 am-12 pm, MS3 teaching with Dr. Paauw. 3-4 pm, MS3 teaching with Chief Resident  
Wednesday: 3-4 pm, MS3 teaching with Chief Resident  
Thursday: 9-11:30 am, MS3 Didactics with Dr. Paauw

### UWMC Weekly Conference Schedule

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* Once per month, Intern Core Conference will take place from 11:00-11:45 a.m. in place of the regularly scheduled Intern Report. The Chief Resident will remind you of this time change earlier in the week when this occurs.