The following has been compiled based on feedback from residents about practices implemented by teams and individuals that have facilitated effective and efficient rounding to improve patient care through clear communication. Please give your own feedback and thoughts to your chief medical resident to add to our growing list!

**Best Practices for the Day Medicine Resident**

*You are an integral part of every medicine ward team - you are not “just covering,” but are taking over as the lead provider for the post-call team each day. You are also uniquely positioned to provide valuable feedback to all teams on handoffs/communication, workflow, and patient care.*

**“Pre-Rounds”**

- Touch base with the Long-Call senior for an informal “huddle” in late afternoon - let them know if you have specific preferences or workflow recommendations, game plan for the following morning, ensure medication reconciliation & discharge paperwork completed for AM DC (and offer to help)
  - Ask team to submit a progress note for *every* patient with an updated, accurate physical *exam* prior to post-call rounds the next day
  - Provide feedback from your previous coverage experience with them!
- If possible, scan through charts or CORES for the Long-Call team so that you have a general sense of who the patients will be the following day

**Rounds**

- Be an active part of rounds! Ask questions, clarify, and offer input (but hold questions until end of presentation and allow ward senior resident an opportunity to share thoughts/suggestions)
- As you see each patient, sign in as the primary contact
- Ask the team to present interval events and assessment/plan CLEARLY in an actionable format for you to carry out, and update this in the note as they are being said out loud - if the exam has been updated as requested, you can then sign the note as you leave the room
- Place orders as they are discussed, or if too difficult to multitask while editing the note, succinctly call out orders at end of plan presentation and rapidly enter
- Not all work must be completed in the room! The goal is to facilitate efficient rounding - some work will need to be completed at a later time
- Confirm any items to follow up and consultants to contact with reason for consultation as you leave the room

**Post-Rounds**

- Run the list with the post-call team and clearly state who is completing tasks (hint: the post-call team should have few, if any, tasks assigned)
- It is YOUR job to facilitate the departure of the post-call team. Take over remaining tasks.
- YOU are the team leader today! Move care forward: medication reconciliation for anticipated discharges, follow up consultations, place new consults as you feel indicated, etc.
- Open a Word document on your desktop and list each patient - add updates throughout day as they happen. You can then send an update email at end of day by just copy & pasting rather than creating a signout de novo.
- Update CORES and complete signout at end of day
Best Practices for Post-Call Ward Teams

Pre-Rounds
- You should pre-round on your patients, including new admissions (computer, telemetry, see patients for subjective update and appropriate physical exam) in the morning on your post-call day
- Submit a note for every patient with your updated interval events, minimum 2-point patient ROS (subjective) and an accurate physical exam. If time, update assessment and plan as able.

Rounds
- Present interval events and patient ROS clearly
- Present an updated plan of the day in actionable format for Day Medicine
  - Include timing, dose, route of medications and plan to assess response
  - Consider contingency plans (if not responding, etc ...)

Post-Rounds
- You must hand over tasks to Day Medicine - we live in an era of handoffs and this is a necessary skill to develop!
- If you find yourself staying “late” after rounds, think about what you could be doing differently to prepare for rounds or if there are ways the Day Medicine resident can help more - then give appropriate feedback and be prepared to receive feedback!