Resident Orientation – 2008

Ward Medicine Daily Schedule					
Time	Monday	Tuesday	Wednesday	Thursday	Friday
7:00				Intern Teaching Conference, UW	
7:30					
8:00	Work Rounds	Work Rounds	Work Rounds	Grand Rounds	Work Rounds
8:30					
9:00					
9:30	X-ray rounds	X-ray rounds	X-ray rounds	Xray Rounds	X-ray rounds
10:00	Morning Report 4B-102	Morning Report 4B-102	Morning Report 4B-102	RTC 9:15-10:15	Morning Report 4B-102
10:30					
11:00	Attending Rounds	Chief of Medicine 11:15-12:30 BB108	Attending Rounds		Attending Rounds
11:30					
12:00				Intern Report 4B-102	
12:30	Noon Conference 4B-102				
1:00					
1:30					Path Conference Bldg 100, BD-152
2:00					
2:30					
3:00					
3:30					
4:00					
4:30					

ON CALL AND POST CALL

On Call Day:

- On-call seniors come in at 11:00 AM on Monday-Wednesday, 8am on Thursday-Sunday, and holidays. When you arrive at 11:00 AM, you need to leave by 5:00 PM the following day. * Please note that the on-call residents on Thursday technically begin at 8 although they may not show up at the VA until around 11 after grand rounds and RTC. You are still expected to leave by 2 pm post-call Friday.
- On-call interns come in at 8 am and will round with the attending. No pre-rounding before this!
- Any patients admitted over the hospitalist cap before 11:00 AM Monday through Thursday will be admitted by the on-call intern with the help of the hospitalist resident.
- ICU patients admitted before 11:00 AM Monday through Thursday are admitted by the pulmonary resident and on-call interns. The pulmonary resident also holds the code pager from 8-11:00 AM Monday through Thursday.
- PLEASE CALL THE PULMONARY TEAM WITH ALL ICU ADMITS.
- All new patients need an H&P written by the admitting MD (ie the intern), even if the medical student is also writing an H&P. Please have your interns **complete their H&Ps by 6 AM** on the post-call day so the attending can review the patients *before* rounds

Admissions

- Either the hospitalist resident or post-call resident will have the admission pager when you arrive depending on the day. You will hear about admissions from many places.
- The ER will page you directly for admissions from there.
- You may get paged from the floor about a scheduled admission that has arrived. Look to see who put in the bed request to get some sense of where the patient is coming from (usually oncology, IR, or a subspecialty service). The MTA also has a list of each day's planned admissions. I generally don't hear about scheduled admission ahead of time and the requesting service often doesn't call. If you have questions, page the last physician to put in a note on the patient. If you ever have questions about scheduled oncology admits, a good place to start is with the PA Chuck Boyd ext 62414 or 61220.
- If you get a call from American Lake VA (ALVA) ER, the primary care clinic, or medical subspecialty clinics during the day and the admission sounds reasonable, go ahead and accept the patient. The primary care attendings usually prefer to talk to the admitting resident rather than the chief resident about their patients. If you are uncertain about whether the patient needs to come into the medicine team, please page me or have the ER or clinic call me.

- If you get called about admissions from *non-medicine* services during the week day, please ask them to page the chief medical resident. Use your discretion with transfers from other services at night. You can always page me if you are feeling uncertain about possible transfers at night and on weekends.
- If you hear directly from an attending from an outside hospital, have them call the AOD/Patient Access Center through the operator regardless of the time of day. (x63485 during daylight hours, x62810 at night/weekend) The AOD has to look into bed status and financial status before a transfer from an outside hospital can happen.
- After 5pm the AOD or ER doctor (MOD) will call you regarding transfers from other hospitals.
- As you take admissions at night keep in touch with the AOD in the ED (x62810), as they keep track of the bed situation.
- If American Lake (ALVA) calls with admits that sound neurologic or surgical, it is reasonable to have the patient go to our ER first for a consult and appropriate triage, rather than being admitted directly to the medicine services.
- Neurology, though not in-house overnight, can come in to the ER to evaluate and admit patients. They do not have ICU privileges, though.
- CHF can and does go to cardiology. Consider cardiology admit for anyone whose primary reason for admission is clearly CHF.
    - If the patient is followed in Cardiology clinic-> definite cards admit.
    - If CHF is severe-> definite cards.
    - If the patient has multiple active issues that include CHF, medicine is probably better.
    - Dr. Gary Martin wants more CHF to go to cards because re-admit rates are lower and outcomes are better if the pts get their tune-ups on Cardiology and get plugged in with Cards follow-up.

Medicine Team Caps:

- The medicine team caps at 10 total new patients, including transfers. (Bounce backs do not count as transfers, though.)
- Sub-I's **do not** increase the team cap.
- If the medicine team caps, then up to 4 additional patients may be admitted by the night float and cardiology resident (see night float below).
- Once night float has admitted 2 patients over the medicine cap, CCU may admit up to 2 more medicine patients if they haven't already capped (and the 2 medicine admits count toward the CCU resident's cap of 8). After that, the VA closes to medicine admissions. If the medicine team caps prior to 7:30pm, the cardiology resident admits up to 2 medicine patients until night float arrives.
- Admissions after 5am should be done by the night float resident, and should go to the hospitalist or on-call team (MICU patients, overflow patients beyond the hospitalist cap).
- On days without nightfloat, admissions after 5am should be done by the senior resident (please don't hesitate to ask CCU resident for help if needed) until the on-call senior resident arrives. Between 7-8am, the ER should try as much as possible to hold off on non-emergent admissions until the new on-call senior arrives. You may take down the information for the incoming on-call senior.
- Please let the AOD ext. 62810, MICU charge nurse and MOD (ER doc) know both when medicine caps and when the cards resident caps.
- Total team census cap is 24

Post-call:

- The day float intern will round with the post-call team and then assist with any work that needs to be done to get patients settled (see below).
- Post call rounds should be ***finished by 9:30***. Let me know if this is not happening.
- Don't forget to attend radiology rounds at 9:30.
- **DO NOT** WRITE NOTES ON ICU PATIENTS POST-CALL (new or old). The pulmonary team will take care of this, but be sure to ask them to do this as well.
- Post-call addendums on new admits are **not** required but should be done by the intern if there are significant changes to a patient's plan.
- Notes on old patients post-call should be done by the intern if they have time. Otherwise seniors and attendings (the attendings know this as well) should help with notes on old patients. However, the sign out must be done first prior to interns writing old notes.
- The goal is for everyone to aim to get out at 29 hours (~1PM for interns and 4PM for seniors)
- DO NOT DO POST-CALL PROCEDURES, **the pulmonary team** and **multiple consult residents** can help out with these, along with the float intern.
- Hand off your code pager post-call to the pulmonary resident during ICU rounds!

OTHER WARD TEAMS AND SERVICES

Cardiology:

- Team of four R2s who admit cardiology patients on a Q4 cycle.
- Cap of 8 new patients per call night, including transfers.
- If cardiology caps, then the night float resident may admit 2 cards patients but only if he/she has not already admitted 2 medicine patients.
- Days off on cardiology go like this: you get weekends off when you are not on or post call. Your pre-call day you are assigned to be the post call “helper” and get teaching/learning while you are not over-tired. You are not supposed to take this day off. If on your post-post-call day you have no patients, you may be able to take the day off if it is okay with your attending. If your colleagues have a lot of patients and can use your help, though, please plan on working.
- In the rare event that cardiology caps prior to night float’s arrival, the on call medicine resident admits cards patients alone, then rolls them over to night float.

Hospitalist Team:

- Team composed of attending, senior resident, and students.
- Admits Monday-Friday (except holidays), starting at 8 am.
    - Admits 3 on Monday, 2 on Tuesday-Thursday, and 1 patient on Friday. They stop admitting after 3 pm. Their total team cap is at the discretion of the hospitalist attending (usually around 12 patients) meaning that on some Fridays they may not admit any patients.
- Does not take ICU admits, unstable patients who might go to the ICU, acute leukemics, or “bounce back” patients

Day Float Intern:

- Works Monday through Friday 7:30am-8pm, except holidays.
- Rounds with the post call team and helps them get out of the hospital on time, and then does cross-cover until 7:30 pm.
- The day float can only be as helpful as you let them be.
    - Be very clear on what things you would like them to do.
    - Have your interns print out a copy of their sign out list with the patient’s names, last four, and location *before* rounds so the day float can take notes on rounds and generate a list of things that need to be done.
- If problems arise for the day float, back-up is the on-call senior resident for floor patients and the pulmonary resident or fellow for ICU patients. The cards resident is also available if they have time and medicine is too busy. They can always call the chief resident, too.

Night Float Resident

- Works Monday through Friday, 7:30PM-8:30AM, except holidays.
- Gets sign out from the day float intern and cross-covers all non on-call team patients.
- Admits up to 2 patients over the medicine cap of 10 or up to 2 patients over the cardiology cap of 8, ***but only 2 patients total***.
- Admits medicine patients after 5am, even if on call team has not capped.
- Given this is only one person covering many patients and potentially doing admissions, I expect the on-call cardiology senior and medicine senior to provide back-up to the night float senior when things get busy.
- No night float on Saturday and Sunday night! Interns cross-cover, instead.
- Any patients admitted by the night float resident over the cap should have the on-call medicine attending as back-up for decisions overnight, but make the hospitalist attending the co-signer on the H&P, as most of these patients will end up going to the hospitalist team. In the AM, please page the hospitalist team to redistribute the patients.
- If admissions over the medicine cap are ICU patients, you will need to call the ICU fellow/resident to discuss the case. These patients will be given to the on call team the next morning.

ESSENTIALS

Food

- Remember, cafeterias close early at the VA.
- Most residents bring their own dinners on call. Team rooms have a refrigerator and microwave.
- If you prefer, on call frozen dinners are available in the basement in a little room at the back of the vending machines near the elevators in Building 100. Code to the room is 235.
- Few places besides Pizza Hut deliver to the VA, but medical students occasionally are willing to pick up take out for the team…
- You will be reimbursed for dinners while on call for the VA month. A check will come in the mail one to two months after your rotation.

Sleep

- Call rooms are located on 4W between the ICU and CCU entrances. Your key card will let you in.

Parking

- Parking is free as long as you park in the areas marked “staff/public.” However, you need to register your vehicle and get a parking sticker. Bring your driver’s license, registration, and insurance with you on your first day to get your car registered if you have not already done so. Your MTAs can point you in the right direction for this. *Please note, you will get a ticket if you park in visitor, outpatient, volunteer, or physician parking spots, and may get a ticket if you are in “staff/public” and aren’t registered..*

Teaching

- As a resident, education should be a priority during any rotation. Teaching comes in many forms:
  - *Morning report* generates a great discussion about new patients and their active problems. All residents are expected to attend. The post-call resident is responsible for presenting a pt.
  - *Radiology rounds* at 9:30. The radiologist love to teach!
  - *Conferences*:
    - Monday noon conference from 12:30-1:30; board review topics.
    - Chief of Medicine on Tuesdays from 11:15-12:30; presentation and discussion of the most interesting patients from the last few months.
    - Tumor board on Wednesdays at 1:00, new oncology patients discussed
    - Intern report on Thursdays from 12:00-1:00. Please cover their pagers.
    - Pathology conference on Fridays from 1:30-2:30; discussion of autopsy findings on our patients. One of the best conferences offered in the residency program!
  - *Attending Teaching*:
    - Post-call bedside rounds are the most important teaching an attending can provide.
    - Formal sit down attending rounds should be happening on M, W, Fri. The timing of this will vary. The tendency is to let patient work get in the way off formal attending rounds. Please do not let is happen and if it does, let me know!

Days Off

- Four days off per rotation.
- Days off are arranged by the senior resident and should be done on the first day of your rotation.
- Here are some tips for scheduling days off:
  - First write in everyone’s clinic days on the calendar, then figure out your days off.
  - Give both interns the same day off as long as you don’t have clinic. It’s ***much*** easier for you.
  - Space your days off as evenly as possible over the month so you are not scrambling to get enough days off at the end of the month.
  - If possible, please try to give one or both of your new interns a day off before you switch services five days after the new interns start. This requires planning ahead so that you don’t take two days off during the last five days of your rotation.
  - Also, if possible, please avoid taking intern switch day off. This leaves your attending as the only person who knows the patients and leaves your new interns without much guidance.
  - Consider giving your interns the golden weekend off. Remember, their life is usually worse than yours and having two days off in a row is a real gift.
- Creating a schedule of days off can be very tricky. The key is to be flexible. Talk to me if you are having a hard time giving everyone enough time off.

ODDS AND ENDS

Nursing Staff:

- Please keep an open dialogue with the nurses and help your interns troubleshoot difficult interactions on the wards.
- If a nurse disagrees with your order or plan, please ask them about their concerns. They usually will have a valid point, and if not, you can educate them about your decisions.
- The ICU nurses are a great resource for you as you admit really sick patients to the ICU.
- If you have a concern about a medical error, please let me know. There is a way to report these errors that I can tell you about if/when they occur.

Medicine Consults:

- There is a medicine consult attending who does medicine consults Monday through Friday 8AM to 5PM. The consult pager number is 570-3278.
- At night and on weekends, the consults will go to the **on-call senior medicine resident**.
- Please write a medicine consult note (the requesting team needs to put in a medicine consult request into the computer so you can link your note to it). Have your attending and the consult attending as your co-signer.
- If you are consulted on a sick patient on ortho, psych, etc, and feel they need medicine transfer, go ahead and do so.

Code Blue:

- As the on call senior resident, your run the codes at the VA. Talk with your team early in the rotation about what you want them to do at a code (chest compressions, ABG, look up labs in the computer, etc.)
- New biphasic defibrillators are here…Shock at 200 J instead of 360 J (for monophasic). Please note, though, that we have both biphasic and monophasic defibrillators.
- YOU ARE REQUIRED TO WRITE A CODE NOTE ON EVERY CODE. Use the Code Blue template in CPRS. Please include me as a co-signer.

Rapid Response Team:

- Dr. Goodman has started a rapid response team that consists of an ICU nurse and a respiratory therapist to facilitate care and ICU transfers for unstable patients.
- The STAT team will respond to any part of the hospital, including the TCU.
- They will do an initial assessment of the patient. If they deem it appropriate, they will contact the physicians you using the admit pager and will put *99 behind the number.
- You can also activate the STAT team if you need more help on the wards caring for a sick patient.

ER Access:

- As you remember, access to the ER is via a special proximity card. Guard it with your life. The cards are limited (security issues) and loss of them produces headaches for all involved.

Duty Hours:

- 24 + 6 with 10 hours off between shifts. 80 hours per week averaged over four weeks.
- Please fill out Verinform religiously. The VA relies on it. This is the reason we now have night float, day float and a hospitalist team.

Sign Out Tips:

- Please help your interns develop good sign out habits. Look over their sign out until you are comfortable that they are including enough information with appropriate requests. Otherwise, your colleagues doing night float will let you know that your intern's sign out is not up to par.