University of Washington Medical Center  
**UWMC Day Medicine**

**ONSITE PROGRAM SUPPORT:** Inpatient Chief Medical Residents  
Jeff Krimmel-Morrison, M.D.  
Doug Leedy, M.D.  
Pager: 206.540.3312  
Pager: 206.540.3318  
Email: jdk130@uw.edu  
Email: dleedy@uw.edu

Welcome to UWMC Day Medicine! This is a well-liked rotation that adds senior-level support to medicine ward teams and increases your hospital medicine experience. You will be a critical support member for the ward teams with responsibilities ranging from offering fresh perspective on patient care, assisting with orders and documentation, communicating with consultants, sharing recommendations and updated plans with patients, and ultimately assuming the role of lead provider on post-call days. *You are also uniquely positioned to provide real-time valuable feedback to all teams on handoffs/communication, workflow, and patient care.*

Team Rooms/Call Rooms  
Team A+B: Room 6121 (code 3627*)  
Team C: Room 6233 (code 3326*)  
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 crosses 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

Rotation Structure  
5 days on / 5 days off + clinic, with 12-hour shifts: 7:30-7:30pm. Your days will involve:  
- Arrive by 7:30am to round with post-call team  
- Bring computer workstation and ensure spectralink team phone is brought on rounds  
- Rounds: Update notes during bedside presentations, place orders, provide input on patient care  
- Assume role of primary provider for post-call team’s patients in real-time during/after rounds  
- Call/communicate with consultants, update patients and families, perform independent patient assessment and initiate care as felt necessary, complete documentation, complete medication reconciliation, DC readiness forms, discharge preparation  
- Play a primary role in facilitating post-call team departure from hospital *in timely manner*
Post-call R1 must be done with ALL work by 10am. May attend Report (OPTIONAL)
Post-call R2/3 must be done with ALL work by 10am (to present at Morning Report). Must leave after Report.

- Day Medicine resident is expected to attend Morning Report and Senior Report
- May be asked to perform one medicine consult on weekends between 1-5 pm
- Accept signout from ward teams when their work of day is done, between 2pm-6pm
- Sign out to Night Medicine R1 starting at 7pm, leave when signout is complete

Please review the call structure & revised rounding structure in the UWMC Wards Senior Orientation document to familiarize yourself with changes made to meet new ACGME duty hour regulations.

Structured Interprofessional Bedside Rounds (SIBR)
Medicine teams at UWMC perform bedside rounding with nurses. YOU play a leading role in incorporating SIBR into daily rounds.

1. Call the nurse as you travel to patient room to confirm your time/presence (please remember to call the RN for SIBR rounds on any remaining patients seen by day float and/or attending after 11 AM the R1/R3 have left the hospital)
2. 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:
Ideal Rounds: https://www.youtube.com/watch?v=qK9lBF0b-Ns&feature=youtu.be
Roles and Responsibilities: https://www.youtube.com/watch?v=RUoKqCnvnqA&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. These “discharge rounds” are (as of 7/15/2019) run by the CCN (no longer run by the MD). The CCN will present the patient’s one-liner and lead the discussion with probing questions focused on discharge planning/barriers -- the role of the primary team MDs is to be present and to help answer these questions.

Times listed below:

Med A: 11:10 am
Med B: 11:20 am
Med C: 11:30 am
Med D: ***currently piloting earlier time – 9:45 am

Day Medicine & Sign Out
Often, the non-admit and accept teams have completed the work of the day and are ready to leave prior to the 7pm arrival of the Night Medicine R1. 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 significant 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.

Day Medicine & Postcall team workflow expectations
On the postcall morning, the postcall primary team is expected to do the following:
- Round on ALL “old” patients (including new admissions who were staffed the prior day by the primary team attending), begin a progress note with an updated subjective and physical exam, develop a
comprehensive medical plan for the day and begin enacting as appropriate (optional/if time allows: also update the progress note assessment/plan). It may be occasionally reasonable not to physically round on an “old” patient (eg a patient with dementia/falls awaiting placement for whom early morning rounding may be deliriogenic), in which case the postcall senior should clearly communicate to the Day Medicine senior what documentation remains to be completed.

- Regarding new admissions (any new patients who were not staffed the prior day by the primary team attending):
  - A member of the postcall team should preround on the new patients (although it is NOT necessary to routinely see a patient immediately before rounds if providers have been examining the patient overnight in the course of the admission management and no other significant changes in medical condition were anticipated since that time)
  - (optional/if time allows) Begin progress notes:
    - For patients who have an admission note before midnight of the call day: begin a progress note per usual format and prioritize completing the subjective and physical exam
    - For patients who have an admission note after midnight of the call day: begin a progress note separate from the same day admission note (which can be titled “postcall addendum”) in SOAP format
  - When the Day Medicine senior and attending arrive, they and the postcall team will round on all the new admissions who were not staffed the previous day. Day Medicine senior takes over responsibility for whatever documentation has not been completed, including:
    - Finalizing the assessment/plan on “old” patients
    - Starting/completing the progress notes or postcall addendum on the “new” patients

Note regarding philosophy of the balance of documentation/workflow between the outgoing postcall team and incoming Day Medicine senior. In general, it is preferred for the postcall team to do as much of the documentation as feasible due to the unpredictable nature of the Day Medicine role (who is eventually responsible for the care of up to 30 patients). However, it is also acknowledged that while the above expectations should be “the rule”, there will also be occasional call shifts which are so unusually busy that immediate patient care is prioritized over this and the above documentation cannot be completed before rounds. In these occasions, the Day Medicine senior should assist with any documentation necessary to facilitate the postcall team leaving the hospital on time. In summary, the postcall team and Day Medicine should strive to be kind to each other and improve each other’s workflow.

**Medicine Consults**
Consults are completed by a medicine consult team during business hours, and at night by the nocturnist. However, *Day Medicine may be asked to see a consult patient on weekends and holidays between 1-5pm due to high volume and scant consult coverage at this time*. 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.

**Discharges**
You will be key in helping teams facilitate early discharges. You may consider touching base with the Long-Call R2/3 to ensure discharge paperwork and medication reconciliation has been completed for discharges anticipated the following day - and offer to help. As the stand-in lead provider, you are responsible for helping complete discharge readiness forms for anticipated discharges the following day.
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 contact will be paged to patient bedside on 6SA after patient is moved
2. CORES contact + 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 wards Long-Call senior is the primary code leader.

**Students and Documentation Requirements**
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**
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.

**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 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
<table>
<thead>
<tr>
<th>Time</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:00-8:00</td>
<td></td>
<td></td>
<td>Senior Report (7:30-8:15) BB-514</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Radiology Rounds (8:20-8:50)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Chest Radiology Reading Room</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8:00-9:00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9:00-10:00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10:00-11:00</td>
<td>Morning Report (10:00-11:00) RR-110</td>
<td>Morning Report (10:00-11:00) RR-110</td>
<td>Morning Report (10:00-11:00) RR-110</td>
<td>Morning Report (10:00-11:00) RR-110</td>
<td></td>
</tr>
<tr>
<td>11:00-12:00</td>
<td></td>
<td></td>
<td></td>
<td>Intern Report (11:30-12:30)* RR-110</td>
<td></td>
</tr>
<tr>
<td>12:00-1:00</td>
<td>Core Teaching Conference (12:30-1:30) RR-110</td>
<td>Chief of Medicine (12:00-1:00) D-209</td>
<td>UWMC Teaching Conference (12:30-1:30) RR-110</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1:00-2:00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* 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.