Welcome to UWMC Wards! This is one of the core inpatient medicine rotations of your intern year. Here, you will have the opportunity to care for patients with a variety of basic medical conditions (soft tissue infections, DVT/PE, pneumonia, acute hepatitis, etc.), but will also see a significant amount of advanced/tertiary care (solid organ transplant, acute liver failure) and specialized patient populations (cystic fibrosis, inflammatory bowel disease). The patients at UWMC tend to be complicated so management requires a lot of time and effort – but will provide unique opportunity for practice in care coordination, patient advocacy, and advanced communication in addition to learning general 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**
  - 7am: Intern arrives for pre-rounding
  - 7:30-8:00am: Senior arrives
  - 8:30am: Bedside rounds begin with Attending utilizing SIBR
  - 10am: Break rounds if not completed to attend Morning Report
  - 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.

- **Post-call**
  - 6-7:30am: Resident pre-rounding, work rounds with R1+R3, daily note prep
  - 7:30am: Bedside rounds begin with Attending and Day Medicine utilizing SIBR
  - 9am: Break rounds, card-flip on remaining patients while creating day’s To-Do list
  - 9:30am: Call consults, sign notes, tie up loose ends, complete signout
  - 10am: Intern leaves. *May choose to attend Morning Report (COMPLETELY OPTIONAL)*
  - 10-11am: Senior presents at Morning Report, leaves immediately following conference
  - 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)
  - No new patients received
  - 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)
  - Accept up to 2 overnight admissions
  - Night Medicine R1 presents admission on rounds with Attending
  - 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 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](https://www.youtube.com/watch?v=qK9lBF0b-Ns&feature=youtu.be)

**Roles and Responsibilities:** [https://www.youtube.com/watch?v=RUoKqCnvnqA&feature=youtu.be](https://www.youtube.com/watch?v=RUoKqCnvnqA&feature=youtu.be)

**Nurse Rounding:** [https://www.youtube.com/watch?v=mcCtYjK9rbg](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***

**Post-call discharge rounds are to be performed by Attending and Day Medicine resident alone. Please plan accordingly.**
Day Medicine & Sign Out
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.

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 (e.g. a patient with dementia/falls awaiting placement for whom early morning rounding may be delirogenic), 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.

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 5SE, 5SA and 5NE. 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 5SE, 5SA and 5NE. 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 5SE/5SA/5NE. You will receive pages for ALL CODES and you should respond based on the unit where the code occurs.

As the intern, it is not your role to run codes, and if anyone asks you to do so, simply supervise chest compressions; a senior WILL arrive soon. Discuss with your senior what your role should be during a code blue.
**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, not the intern – you will likely be excited to do a lot of teaching, but this is a busy rotation for interns, so please be mindful of your time.

**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 - except you should NOT attend if ITC falls on your post-call day. **If ITC falls on a Long Call day, you should attend (and discuss with senior resident as they will then be responsible for prerounding).**

**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
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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.