

ATTENDING TIPS & EXPECTATIONS –FOR IM MEDICAL STUDENT

☞ **Know your patients.**

- Details in medicine are very important and I expect that you will have a handle on your patients' problems. (*The Devil is in the Details*)

☞ **Follow up on all tests and relay results to patients, your senior and/or your attending in a timely manner.**

- Imagine yourself having a scan and no one telling you results until the next day (assuming the results are available the same day, if not, tell the patients when to expect them).

☞ **Follow a "chain of command" so senior residents get the initial opportunity for developing care plans.**

- Talk to your seniors first about all plans, they are the head of the team
- When we're busy, I'll be available to staff patients directly with students/interns to keep the flow going.
- The "chain of command" doesn't mean you always have to agree with your senior.
- If you don't agree or have concerns about that plan, call me.
- Seniors, this is not meant to undermine your authority with the team, just to make sure everyone is comfortable with a plan for excellent patient care.

☞ **Before you leave for the day, make sure your senior (and/or your staff) gets an update on your patients.**

- The senior and I will review patients (we may do this all together) to prepare for check out.
- Double check on your patients in the afternoon before you leave—MAKE SURE you didn't forget to do anything.

☞ **Anticipate Discharge from the time of admission and prepare discharge items the day before.**

- If a patient is going to the nursing home and is leaving early the next morning, it is often helpful to prepare the discharge summary the night before
- Foley catheters should be used only if it helps managing the pt and not for nursing convenience. If one is placed you need to address it day to day and remove ASAP.
 - ◆ Make sure to remove it prior to day of discharge.
- If you think a patient may be weak, get OT and PT involved asap (often part of admission orders)

☞ **I try to run an efficient team, but efficiency relies a lot on the accuracy of your work, and how efficient you are.**

- Presentations need to be precise but complete
- This skill takes time to develop, but try as best you can.
 - ◆ For daily presentations should ideally be about 1 minute in length and be in a SOAP format
 - ◆ For admission presentations, I want pertinent positives and negatives, but not a yes and no on all ROS (that goes in the admission note, not in the presentation)

☞ **Daily progress notes need to be done early in the day.** (I know that's not always possible, but that's the goal)

- You can then share your note and edit it for any management changes we decide on, but other people need access to the primary teams plan, so we need to get those notes out as soon as possible.
- If we make any major management changes on rounds and you have already accepted your note, you should write an addendum to the note.
- Additionally, if there is a status change, you should write a NEW note, that is, an additional progress note for the day.
 - ◆ Example: a patient develops new atrial fib and needs a diltiazem drip, or any patient that needs transfer to CCU/ICU (this includes cross-cover). This helps to let other people know what happened and also protects you legally.
- Only include the information pertaining to that day in the A/P

☞ **Seniors, ideally you should try to lay eyes on all the patients you can in the TEC, UC or clinic prior to the intern seeing them or them coming to the floor.**

- If you have questions about whether or not one of the patients you are looking at needs to be admitted, call me and we'll decide.
- This can also help expedite treatment/tests that may be given/done in the TEC

☞ **Medical students**

- Fourth year medical students should have all their patients with and work directly with senior residents. They should write all notes and orders
 - ◆ Fourth year students should not have a patient with an intern!

- Third year medical students have patients with interns, seniors need to be teaching them as well on a daily basis

☞ **Teaching**

- Teaching is a priority on teaching service
- Often much of this teaching will occur while we are reviewing your patient in the morning, to help keep the teaching pertinent to your patients.
- I will also have each of you pick a topic that you would like to teach to the rest of the team. Residents and medical students should give a 5-minute presentation on Tuesday or Wednesday on this topic.

☞ **Keep an up-to-date and accurate problem list.**

- Interns should review the problem lists on their patients prior to leaving for the day.
 - ◆ Resolve any problems that are no longer active
 - ◆ Make the problems as specific as possible (e.g. Hospital acquired pneumonia due to MRSA)
- Seniors should review all the problem lists prior to leaving for the day to make sure they are current and accurate
 - ◆ use this when signing out to night float
 - ◆ Check back in with any changes to the problem list with the night float in the morning
 - ◆ Night floats should add any new problems they encounter with patients to these problem lists

☞ **Admissions**

- Seniors, please let me know about patients as they come in. As a minimum, please text page me the MR number and problem of patients we will be admitting.
- Please talk to me about any unstable patients needing the unit, patients that will be going to surgery soon (e.g. hip fractures) or patients you think don't need to be admitted
- Let me know if you are getting killed and need help
- I can staff interns patients after the senior has reviewed the patient (as time allows)

☞ **Remember key aspects that need to be addressed at the time of admission**

- *Any orders that are urgent* on new admits/consults should be done prior to writing your note and in the TEC if necessary (i.e. antibiotics if not already given in TEC).
 - ◆ Remember, *orders you want to happen in the TEC* should be submitted in the TEC navigator under the **"Orders for the TEC"** section
- "Medication Reconciliation" is mandatory to ensure the med list is accurate at time of admission on CWS and throughout the hospital stay.
 - ◆ **You must go through the list of home meds one med at a time to make sure it is accurate, even if the nurse has done it.**
 - ◆ Alternatively, a difficult med rec can be done by a pharmacist, you just have to consult them
- DVT prophylaxis is required to be addressed at the time of admission and all pts should be scored on the risk assessment tool and appropriate orders checked.
- Be thinking about discharge on admission.
 - ◆ What do we need to accomplish to get the pt well enough to go home or alternate living situation (e.g. social services, PT, OT, etc.)

☞ **Consults should be approved by the senior resident (Discuss with me if any questions).**

- Procedures and consults should be arranged for in the mornings if at all possible.
- All consults should be called to the consulting service at the time the order is written.
- Protocol for consulting
 - ◆ Tell them the question you have
 - ◆ Tell them what you would like from them (e.g. help to treat patient with new dx of breast cancer)
 - ◆ Tell them how soon you want them to see the patient and Write the order for the consult

☞ **I expect all residents on the team to read about their patients' problems.**

- I will ask you questions about the problems your patients have to help get you thinking and as part of my teaching
 - ◆ These are not meant to make anyone feel stupid, just to help trigger your brain to remember key things you may not yet know.

☞ **Feel free to call your Attending for any questions. I won't bother me at all if you call for seemingly trivial items, but patient safety could be compromised if you don't call me when you should have.**