

PED 5000 JMS Expectations for Inpatient and Call
Written and revised by Chief Residents with input from faculty and housestaff

1. You are here to learn.
 - The time you spend with us should be spent productively, or you will not get a proper experience on this rotation.
 - Promptness, enthusiasm, responsibility, and dedication are the bare minimum expected.
 - Read and ask questions about all of your patients
 - Inpatient is a good time to develop the following skills:
 - History-taking and physical exam techniques
 - Oral presentations
 - Lab-work and imaging
 - Clinical management issues
 - Recognizing sick children
 - Writing IV fluid orders and Rx's
 - Differential diagnoses

2. Your duties on the floor:
 - Detailed knowledge of your own patients (History, exam with VS, labs, imaging, consultations, and hospital course). Communication with the patient and family.
 - Communication with the interns, residents, and attending.
 - Some familiarity with the other patients on the team.
 - **Growth charts and code drug calculations on all patients at the time of admission.**
 - Examine each of your patients every day before work rounds.
 - Write a daily note on each inpatient you cover, to be co-signed by the intern or resident.
 - An H&P should be done and placed on the chart on each patient admitted on call or that you pick up. You may use the preprinted form if your attending or resident agrees. You should ask for feedback from your resident on your H&Ps. The intern will also write an H&P.
 - Participate in the patient work-up. (see later).
 - Please read your schedules carefully.
 - Please do not use the ward computers for printing articles or personal stuff. Also try not to print out multiple copies of the checkout sheet – the paper comes out of the nursing budget

3. Patient work-ups.
 - **BE WITH THE TEAM AS MUCH AS POSSIBLE.**
 - Usual scenarios:
 - a. You and the team perform the work-up as one unit. Later in the rotation you should ask to be the one who initiates the questions. You need to participate in the physical exam as much as is feasible.
 - b. You do your work-up on your own after the rest of the team has done its work-up.
 - c. You do your work-up on your own before the rest of the team has done its work-up (you may go to the ER or Clinic to do the H&P before the patient arrives on the floor).

 - The team should decide together how the work-up should be done, but the resident has the final say on the matter.
 - If anything is not clear at the time the work-up is done, you should ask the rest of the team to explain it to you when you have time to do so.

4. Call nights.
 - **NO BOUNDARIES!** You are to experience the full range of pediatrics on call. Subspecialty students should participate in general pediatrics admissions and vice versa.
 - You are encouraged to go to L&D with the team, but to do so you'll have to be around when the L&D pager goes off. They probably won't have time to page you.
 - You should participate on all admissions at night. You should also follow up on any labs, x-rays, or other issues checked out. Therefore, **you should be on the fourth floor in the conference room for 4:30 check out rounds**, unless told otherwise.

- The call schedule is assigned and was sent electronically with your Orientation materials. Changes are allowed, as long as the same number of calls is retained. Two students from the same team should not be on call the same night. All changes should be made during the first week of the rotation. Please provide the revised call schedule to the chief resident.
- You are expected to stay until all of your notes are complete and after noon conference on the day after call.
- You must check your patients out to your resident before you leave post-call.
- Remember to give the intern or resident you worked with a feedback card at the beginning of the night. The night float resident is the best person to complete the card since that person will likely work with you for several calls.
- You should round with your own team when you are post call, even though you may have assisted with admissions to other teams the night before.

5. Team functioning.

- After the initial distribution is made, you will have the responsibility for the fair distribution of the patients amongst yourselves. Let the resident know who has which patients!
- Discuss with the resident how morning work rounds and teaching rounds work on your particular team.
- Days off/weekends/holidays – You are expected to come in to round on your patients and help the team complete work on the weekends. According to school of medicine policy, holidays are treated the same as weekends. Remember, you will have one half-day off per week for independent study and all weekends off during the outpatient part of the rotation.
- Teach each other about your patients. Often your attending will assign brief presentations on certain topics, but you don't have to wait for them to do so!
- Remember, often you can educate the interns, residents, and even attendings about certain facts they were unaware of.
- Ask for specific feedback midway through your rotation. Realize that many people have trouble giving feedback, and it's not fun to get it either, but without it, you won't know what you're doing right or wrong.
- Bring up problems or suggestions (diplomatically) within the team itself. If that doesn't work, you can talk to the chief resident (721-4404) or to Dr. Leggio (721-3781).
- Remember to communicate clearly with your interns, residents, and attendings.
- Remember to communicate with your patients and their families, both verbally and in writing via the dry-erase white boards in the patient's rooms.

6. Sample Daily Routine:

- Scan all your charts first for new consults, orders, and notes overnight.
- Then see all your patients in their rooms. Talk to the patient and/or their family, briefly examine the patient (even if they are sleeping!), record vitals and weights, record info about respiratory treatments, etc. (Vital signs, weight, and ins and outs can be found in PowerChart. Respiratory therapy notes are in the patient's white bed side chart)
- Sit down at a computer to get the labs on all your patients.
- Start on daily notes.
- Attend work rounds, Morning Report, teaching rounds, lectures, etc.
- After discussion with the team make sure plans on the white board in patient's room are up to date.

7. Morning report

- 8:00am every morning in the Peds Conference Room, BT-1810.
- Please be on time or early to morning report. It is distracting for the person who is presenting to have people wander in late.
- Sit on the first 2 rows – this will make Dr. Maria happy! ☺

8. Service.

Remember, you are here to serve the patients and their families. We will do our utmost to teach you as much as we can, but remember that their health is our primary concern.