UMACH Gen Peds Expectations

All Team Members

- Pre-rounds (checking vitals, medications, nursing notes, crossover notes, consultant notes, and labs), interviewing/checking in with the patient and/or parent, and examining the patient prior to rounds. Senior resident may adjust accordingly.

- **Bedside Rounds:** (roles assigned by senior)
  - Call nurse
  - Update white board with plan of the day
  - Discuss discharge goals/needs daily during rounds (ie, teaching, etc).

- Documentation: Every patient needs a daily note (on day of discharge, discharge summary will suffice if it includes exam and finished on day of discharge).
  - H and P: Need resident HPI, physical exam and assessment/plan (CANNOT edit or addend students, must be your own!)
  - Progress notes: Need resident physical exam and assessment/plan (CANNOT edit or addend students, must be your own!) **A/P must be problem-based and prioritized by importance that day**
  - Discharge summaries completed within **48 hours**

- Goals—all learners will identify an area they are working on to improve

- Clarify weekly schedule with team (clinics, lectures, meetings, etc)

Senior-specific

- Education - team management and education regarding patient care.
- Feedback - Provide ongoing feedback to interns/students
- Rounds - Organize/direct family centered rounds (delegate roles as above).
- Admissions - Each patient will examined and pertinent history verified by the senior.
- Discharge huddle—Meet daily with discharge coordinator and charge nurse after rounds.
- Communication - Ensure patient’s PCP contacted by admission day #3 and ideally, on day #1 or 2, on a weekly basis for long-term patients, and upon the day of discharge. Care conferences should be utilized for complex patients (>3 days, >3 consult teams). Attending will help with his during busy service times.

Intern-specific

- Rounds - Presentations should be directed to the patient and family. You should ask questions to your senior and attending regarding interpretation of clinical information (evaluating a rash, categorizing a murmur, etc.) during rounds if necessary.
- Admissions - For overnight admissions that you pick up as primary, you should examine and verify a complete history within 24h of admission.

Student-specific

- Same as intern-specific. Will work 1:1 with senior/attending to improve presentations and note-writing skills.
- Except to do one mini-presentation weekly on a topic surrounding one of your patients.
EPIC Tips for Medical Students and Residents

Managing Lists

Add standard columns by going to: Properties/Copy and type “++UMMC INPATIENT PROVIDER++”

Documentation

1. Medical student writes communication note and shares.
2. Resident confirms student note, adds unique billing note and signs with co-sign.
3. Attending confirms student and resident note and attests.

Note writing tips:

- Problem based A&P at top of notes.
- Resident note is brief, meets billing reqs
- Cannot copy student note
- Resident does hospital course and exam for DC

Summary

Admit

- Having an accurate prior to admission med list is critical
- Observation patients require observation goals order
- Many diagnoses have specific admit order sets (asthma, bronchiolitis, etc)

Discharge

- Must be completed with 48 hrs.
- If using as the last day progress note, must be completed that day (or also write a brief progress note with exam).
- Use Discharge Order Set, Brief Summary is for patients

Treatment Team

- Ensure accurate primary team and attending.