

Intern Orientation

Claudia Goodsett and Maya Mantha



**Welcome to
Presbyterian!!**

Residency Website

- Look here for:
 - Call and conference schedules
 - PTO forms
 - Rotation curriculum
 - Other helpful info!
- Review this website often.
- Website URL is **phdres.caregate.net**

Teaching Conferences for June 19 - 23, 2017

June
[Teaching Conferences](#)
[William C. Harvey Case Conference.pdf](#)
[Int Med GR.pdf](#)
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[On Call Days Off/Night Float Calendars](#)

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
19	20	21	22	23
12:00pm Resident Sign Out Session - No Conference Scheduled	11:00am Interns' Conference - CANCELLED 12:00pm Orientation Conference: (Sleep Deprivation and Fatigue by S. Merrill, MD) <i>CS Menu ~ Artichoke & Tomato Chicken, Roasted Potatoes, Grilled Vegetable Medley, Whole Fruit and Presby Cookies</i> ORIENTATION	7:30am <i>William C. Harvey Case Conference:</i> (Herbal Supplements and Kidney Disease by I. Patel, MD) 12:00pm Internal Medicine Grand Rounds- <i>Nephrology</i> : (SPRINTing to New Blood Pressure Goals by Michel Choukol, MD) <i>CS Menu ~ Beef Lasagna, Steamed Broccoli, Garden Salad and Whole Fruit</i>	12:00pm Teaching Conference: <i>Orientation Conference:</i> (How to Cross Cover by R. Hosen, MBBS and Daniel Soleja, MD) <i>CS Menu ~ Assortment of Baked Lunches</i> ORIENTATION	7:30am Coffee with Cardiology - CANCELLED 8:00-9:00am UT Southwestern Grand Rounds- <i>IEEM-4th Floor Conference Room:</i> (Diagnosis and Management of Pulmonary Vascular Complications of Hereditary Hemorrhagic Telangiectasia by John Battale, MD) 12:00pm Teaching Conference: <i>Orientation Conference:</i> (How to be a Good Intern by S. Rinner, MD) <i>Lunch by Pharm. Rep.</i> ORIENTATION

Quick Links:
[MyEvaluations](#)
[Cross-Cover PowerPoint](#)
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[Admitting Physicians List](#)

Teaching Conferences for June 26 - 30, 2017

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26	27	28	29	30
12:00pm Teaching Conference: <i>Statistics:</i> (Statistics 101 by M. Feldman, MD) <i>Lunch by Pharm. Rep.</i>	11:00am Interns' Conference 12:00pm <i>Journal Club:</i> (TBA and TBA) <i>Appetizers ~</i>	7:30am <i>William C. Harvey Case Conference:</i> (Hospital Associated Infections by E. Goodman, MD) 12:00pm Internal Medicine Grand Rounds- <i>Nephrology:</i> (Pathology of Lupus Nephritis by Xin Jin (Joseph) Zhou, MD) <i>CS Menu ~</i>	12:00pm <i>Resident's Conference:</i> (E. Christensen, MD) <i>French Garden Deli</i>	7:30am Coffee with Cardiology 8:00-9:00am UT Southwestern Grand Rounds- <i>IEEM-4th Floor Conference Room:</i> CANCELLED - Due to July 4th Holiday 12:00pm Teaching Conferences: <i>Patient Safety & Quality Improvement-M & M:</i> (TBA) <i>CS Menu ~</i>

Duty Hours

- All duty hours should be updated on the MyEvaluations.com website weekly.
- It is important to follow all ACGME rules regarding duty hours

- Per ACGME guidelines, duty hour requirements are as follows:
- "No more than 80 hours per week, averaged over a 4 week period, inclusive of all in-house call activities and all moonlighting."
- "Residents must be scheduled for a minimum of one day free of duty every week (when averaged over four weeks). At home call cannot be assigned on these free days"

ACGME Common Program Requirements

Resident Duty Hours - Approved March 10th, 2017

- "Clinical and educational work periods for residents must not exceed 24 hours of continuous scheduled clinical assignments"
- "Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or resident education."

- Please refer to ACGME website for further clarification of duty hours at:

http://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/CPRs_Section%20VI_wit_h-Background-and-Intent_2017-01.pdf

Ref: <http://www.acgme.org/Portals/0/PDFs/Nasca-Community/Section-VI-Memo-3-10-17.pdf>

Providing enterprise-grade **medical education management solutions** for academic hospitals, clinical programs, medical schools and governmental public health agencies of all sizes.



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CUSTOMER TESTIMONIALS



Karen Ruwoidt, ACSW
Divisional Administrative
Director Medical Education
Henry Ford Health System

I have been using MyEvaluations.com for GME and Residency management for four academic years. Prior to using MyEvaluations I have had experience in working with two other such web based

NEWS & EVENTS



[Fall 2015 Super-User Training Program](#)

September 2-4, 2015: Learn to Manage All Your Department's Needs. From A to Z. Brochure attached. Early Bird registration ends June 26th.



[Case Study: MyQuiz™ Tool](#)

Improves Resident Performance and Board Passing Rate



[Case Study: NAS reporting for 120 residents](#)



WARDS

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Team A	Team B	Team C	Team D	Team E	Team A	Team B

- Call is every 5 days (q5 call) while you are on wards.
- No vacation is permitted during these months.
- Work day starts at 7 am

Call Days

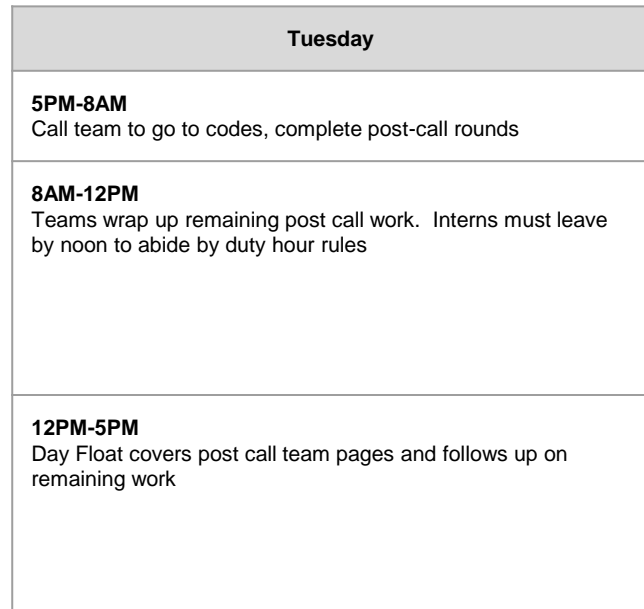
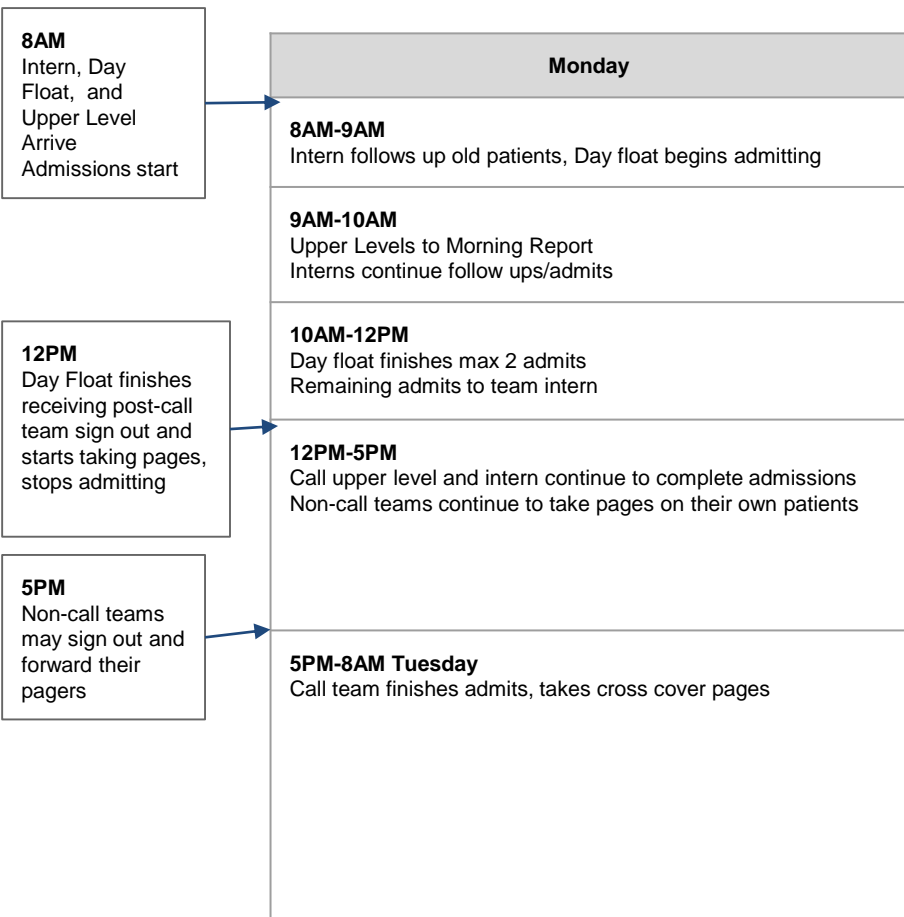
- Call day starts 8:00 am - 8:00 am on the following day. 4 hours of additional time is allowed to finish work e.g. notes, consults, talking to families.
- Residents and interns should be done with clinical duties by 12 pm on post call day.
- 11:30 am - 12 pm is time dedicated to sign out to Day Float intern.
- Day Float intern is responsible for pages / cross cover starting at 12 pm - 5 pm.
- On-Call teams will not answer any pages or perform any tasks that the primary team is responsible for until after the pagers are signed out at 5:00pm. Do not check out your pager early or ask the page operators to check out your pager at 5:00pm if it is not 5:00pm yet

WARDS

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Team A	Team B	Team C	Team D	Team E	Team A	Team B

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Team B, Monday Call



9AM-10AM
Upper Level to Morning Report



Call Days on Wards

- Call days start at 8am and admissions can be accepted. They run until 8am the next day. 8am to 12pm on a post call day is for acute patients and transition of care.
- Team Caps Per Call Day:
 - PGY-1 Admissions: Maximum 5
 - PGY-2 Admissions: May not exceed hard cap of 10 patient census
 - Team Cap: Teams cannot have more than 10 patients at a time
- PGY-2/3 residents on a 2 intern team can admit a total of 10 new patients for a total census of up to 20 patients.

Transfers/Bounce Backs

- You will be required to take resident clinic patients that are admitted on your call day.
- Bounce back admits that were discharged within the past 10 days will be given to the on call team. These patients will be transferred back to their original team on post-post call day
 - You will admit and complete post call day follow up, then transfer the patient
- Maximum of 2 transfers per call day
 - These are progress notes instead of H&P

Admitting Patients


- When you get a new admission:
 - Add 'Teaching Service', Upper Level, and Yourself to the "Treatment Team". This is done so that the patient will automatically be added to the "Teaching Service" list, which can be accessed by all of your peers for cross cover purposes.
 - Add "Teaching Flags" by selecting tab "THR FYI" then selecting "new flag", and type, "Please Call Dr. X, R1 first, and call Dr. Y, R3 second". This is done so that nurses will know to call intern first, escalate issue as needed to resident second, and hospitalist/attending third.




PLEASE NOTE: Patient on Internal Medicine TEACHING SERVICE

Please page Dr. Lee.

Then page Dr. Goodsett.

Our pagers are rolled deliberately. To reach the correct cross covering physician, it's important to page and ask for me and the page operators will roll correctly. If you ask for physician/resident/intern on call, there is a physician team splitting cross-coverage assignments and you may receive the incorrect person. Thanks!

▼  Sidebar S

- Allergies
- History
-  Medications
- Bilirubin
- Care Everywhere
- Rx Monitoring
-  Send Message ▶
-  THR FYI ☆
- Timeline
- Rarely Used ▶

Admitting Patients

- Make sure the patient is stable (simple check of vital signs and panic results), as well as pertinent labs that have been run by ED.
- Look at “Chart Review” Tab to look at prior ED visits, admissions, etc.
- Look at “Care Everywhere” to look for recent activity at other facilities as well as PMHx. “Request Outside Records” if available.
- Read the ED physician note, which will likely be under “Incomplete Notes” in the notes tab
- Go evaluate the patient, with or without upper level, this may mean sitting down together afterwards and going through the problems one by one to create assessment and plan

Admitting Patients

- Always discuss assessment and plan of current patients each day with upper levels BEFORE checking out patients to attendings/hospitalists
- Once approved by upper level, page the attending that you will sign out to. Page them to your desk extension or your cell phone if you need to leave the work area.
- Once the patient is discussed you can sign your note, and place all admission orders

Admission Checklist

- Put on flags as soon as you get patient
- After interviewing the patient, update the allergies, past medical, surgical, family and social histories. Update the current medication list.
- General goal is checkout within 2-3 hours from receiving patient
- Before doing notes after seeing pt, put in code status right away

Admission Checklist

- Try to get basic orders in after checking out, floor will generally start calling for it if it takes too long (diet, tele, vitals, etc)
- Do not enter DNR status yourself, that is for attending to do
- Make sure that ED interim orders are also d/c'ed when admit orders are placed
- Generally can order antiemetics (with EKG if needed), stool softener/laxatives, antihypertensive (though still need to take into account patient presentation)

Orders

- Urine orders should always be ONCE and not When provided
- Check dose, frequency, and number of administrations on abx
- Always get pharm consult for vanc
- Pharm consult for AKI and CKD
- Pharm consult whenever adjusting warfarin dosing
- Heparin drips need to be ordered through the order set “Heparin nomogram” and there are various sets depending on the indication for heparin drip. This will set up the anti-Xa checks

Orders

- When ordering daily orders, sometimes they will start daily from the time you order (ex. Orders placed at 7pm will order daily CBC at 7pm every day); check they are for 5AM
- Try to put holding parameters on BP meds, sedating meds, etc; can make a dot phrase for this (Hold for SBP<90 or DBP<50, for BB also add hold for HR<50, sedating meds put hold if patient somnolent)
- Labs placed as ONCE will be drawn in the next several hours; if the patient has already had several blood draws or you want to have them done in the AM, make sure they are ordered as once in AM. Otherwise try to group or do specimen in lab
- General, General with Telemetry Monitoring, and Intermediate

Cross Cover

- On weekday call, the on-call intern/resident will get sign outs from other interns at 5pm, and on weekends will get sign outs at 12 noon. You will be responsible for returning pages from the corresponding teams' patients until the next morning at 7am (or 8am if it is the next day's call team).
- If you get any pages overnight and are at all unsure, please notify upper level.
- For 2-intern teams, only 1 intern will stay overnight (alternate), and the intern that goes home will come in the next morning at 7am. The overnight intern will leave by 12 noon on the post-call day and sign out patients to the opposite intern, to be covered until 5pm (and follow up on loose ends.).

Signing Out

- Calling the page operator (ext 8480) to sign in and out your pager is a daily task
- When you leave the hospital and have signed out to the on-call intern/resident at 5pm, you will tell the page operator -- “I am Dr. X, I am signing out my pager to On-Call intern/resident Dr. Y until 7am tomorrow morning.” Only then can you turn off your pager.
- The only time this is different is when you are off. Example, if it is Monday and you are off Tuesday, you sign out until 7am Wednesday
- When you are off, your upper level will call the page operator at 7am and have your pager forwarded to him/her. Similarly, you will have to forward your upper level’s pager to you when they are off

Check-Outs and Notes

- All check-outs including check-out to the day float intern, on-call team and the morning check-out to the primary team **must** be done in person.
- Check-outs with an attending do not need to be face-to-face.
- Daily check-outs with attendings and notes need to be completed by noon. Interns will need to contact the attendings if they will be calling with a full check-out later than expected.

Check-Outs and Notes

- To check out with an attending, you will need to page the attending and wait for their call back. Please give the attending 20 minutes before re-paging.
- For THPG, you can page through desktop icon. For private physicians, refer to your laminated reference card. *Or your Attending Phonebook!*
- Notes may not be started before the patient has been seen. This is considered medical fraud.
- Ensure all notes are accurate with current information, medications, and any other updates. Do NOT rely on cutting and pasting!
- Try to have all consults placed as soon as possible in the day. Most consultants' offices open between 8:00am and 9:00am.

Tips for Daily Work

- Generally can checkout starting 9AM, select attendings may allow checkout earlier
- If patient is getting an IR procedure the next day, add on a PT/INR for the morning since they will probably ask for this info
- Generally hold all anticoagulation after night dose for procedures. Heparin drip hold 12 hours ahead of time, though for neuroradiology they might request up to 24 hours of no subQ Lovenox/heparin prior to procedures (ex. LP), this needs to be confirmed with them on a case by case basis since it varies between attendings sometimes

Tips for Daily Work

- If patient is obtunded/no family, you will need to do 2 physician signature with witness
- In particular LP's seem to have the highest tendency of not getting consent completed ahead of time; make sure that this completed
- When ordering imaging, you can select from the presets but if you write a sentence or less in the "other" box, you will get a MUCH better read/report (ex. If you say you are getting scan to eval for metastases, the read will specifically comment on if any are seen)
- Try to place consults in the AM before noon when possible (not always possible, but if you know about it try to place it early)

Discharging Patients

- Discharge medications:
 - Your DEA number is only valid in our facility. Patients will not be able to fill Schedule III-IV medications such as benzodiazepines, Ambien, tramadol and Tylenol #3 at commercial pharmacies (CVS, Walgreens, Walmart, etc.) without an attending's signature and DEA number.
 - Because of this, please have your patients fill these medications at the hospital pharmacy prior to leaving
 - Once the patient has left the hospital, remove the Teaching Flag and the Treatment Team.

Discharge Tips

- Summaries should be completed within 24 hours of the patient leaving the hospital
- Do not sign d/c summary until patient has left
- Make sure patients have follow up and it is entered in the follow up tab
- Avoid putting contingencies in discharge orders unless told to by the attending; you can call the nurse and specifically instruct them not to d/c the patient before XXXXXX is completed
- Often it will be preferred that dc orders are in before noon, before 10am better when possible
- If you know patient will need to go with pain meds, make sure attending knows to sign script if patient will not be filling it at the hospital pharmacy

Discharge Tips

- If patient is concerned about cost of meds, call pharmacy to check cost and if there is option for charity
- Patients that are transferring to Jackson rehab should be completed through the separate tab labelled facility transfer
- Patients cannot have telemetry in Jackson; make sure they are off of this and don't need it before transfer
- Generally it should not be an issue for consultants to continue following patients after transfer to Jackson; would be good to confirm ahead of time, however
- Address queries within 24 hours. You will generally just have to short progress note since notes are otherwise attested ** do not edit after note is attested as it will remove the attested status

Discharge Tips

- Just as every patient needs a H/P note, every patient you discharge needs a Discharge Summary note (have 24hrs to complete this), and always remember to route/fax note to the patient's PCP (as this is the purpose of a Discharge Summary -- transition of care back to PCP).
- Once you have written the discharge note, you can remove the "Teaching Flag" under THR FYI, this is done so if they return to the ED, then we won't automatically be paged
- If you discharge a patient, and he or she returns to the hospital within 10 days, the prior team will take over care on the post-post-call day.

Facility Transfer Orders

- Patients going to a different facility: click on the "Mark as facility transfer" from the left hand column under the discharge tab.
- You will need to print out the facility transfer orders, check which orders will need to be continued, sign and date the transfer orders. Place these in the patient's chart/at correct nursing station. No prescriptions will print (they are all marked as "facility transfer").

Other Tips

- Many times you will find yourself having multiple patients with multiple consultants that you are waiting to hear back from. Please have them paged to your cell phone so that you can be “mobile” and run errands, esp on call days, when you will be going all over the hospital sporadically.
- All patients in the ICU will continue to be followed by residents, as well as hospitalist, but every order needs to be cleared by ICU (this essentially applies to significant tests such as imaging and treatment orders, exceptions such as ex. Urine Na, Urine Cr are ok)
- Chart check at home using “caregate.net”, download Haiku also

Important Locations

- Cath Lab: Ground Floor across from ER entrance, also across from Noon Conference Room/IM Office
- Endoscopy Lab: 1st floor next to main lobby admission desk
- Hemodialysis Unit: 3rd floor to the R when getting off main elevators
- ORs/PACU: Lower Level, to the left when getting off main elevators
- CT/MRI: Ground Floor between ER and Hamon

Important Locations

- Notable Floor Units (Main Building):
 - Main 2 West (to the Left): Cardiac Tele
 - Main 3 West: Trauma
 - Main 3 East: Medically Complex Unit
 - Main 4 West: COVID/PUI
 - Main 4 East: Obs patients
 - Main 5: OnPointe (Inpatient facility)
 - Main 6: GI
 - Main 7: Seasons Hospice

Important Locations

- Notable Floor Units:
 - Hamon 2 South: SICU
 - Hamon 3 South: MICU (Currently COVID ICU)
 - Hamon 4 North: Neuro ICU
 - Ortho
 - Jackson 2: Oncology (In Perot Building currently)
 - Jackson 3: Inpatient Rehab
 - Perot: L&D/OB

Calling Patient Rooms

- Each Building has its own first digit
 - Main: 7***
 - Hamon: 3***
 - Jackson: 5***
 - Perot: 2***
- Use the first digit from above and then the patient's room number
 - For example, the patient in Main Room 616 can be reached with extension x7616

Day Float

Schedule

- 8am-11:30am – Will admit 2 patients with call team
- 11:30am-12pm – Getting handover from the post-call team
- 12-1pm – Conference
- 12-5pm – Cross cover for post-call team and taking care of first 2 admits.
- At 5pm – Hand over to on-call team

2	
On Call	Mantha Tejani Ramachandran
Off	Goodsett Shankar Duff
DF Off	Hosseini
Cover	Sharifi

Is off every 5th day on Team E's on-call day

There will be an assigned intern to do cross cover on the days day float is off.

Continuity Clinic/ Resident's Clinic During Wards

- Make up clinic is designated as "MU:_" for the categorical residents.
- You are expected to review the clinic calendar to ensure you have patients.
- Please verify in advance that you are not scheduled for patients on your on-call/post-call/day off just in case you are accidentally scheduled for patients.

Medical Students

- Unfortunately we will not have medical students in the upcoming months related to ongoing rotation changes due to COVID at UTSW/Parkland. Hopefully they will be able to eventually join us here again!

Teaching Rounds

- Teaching attending and meeting rooms can be found using the residency website; go to Conferences and Calendars -> Attending Physicians.
- Teaching Rounds are typically held Monday, Wednesday, and Friday between 10:30am to 12:00pm.
- There will be no teaching rounds on post call days.

Elective Rotations

- Contact the attending/office at least 30 days prior to starting the rotation to introduce yourself, determine what time you should arrive and where the office is located.
- Please refer to laminated reference card for updated phone numbers.
- Ambulatory Clinic - Please let Sonya Thompson know the exact dates you are on rotation so that she may start scheduling patients for you.

Elective Rotations

- If you need to change elective rotations, please determine an alternate in advance.
- If you need to switch with another resident, it is your responsibility to work out the change.
- Please contact the chief residents with the requested change for approval and they will pass it along the chain in addition to having the online schedule changed.

Elective Rotations

- You are required to come to **all** of the scheduled conferences while on elective rotations (please see discussion on conferences).
- Categorical Residents will have their continuity clinic on their scheduled days and are required to notify the physician they are working with of the days of their clinic at the beginning of the rotation.
- Please stay cognizant of the requirements for categorical residents as this is your responsibility to ensure completion of all required selective/electives.

<http://phdres.caregate.net/curriculum/Requirements%20to%20Complete%20over%203%20Years%20040913.pdf>

Categorical Requirements- Elective Rotations

Requirements for Categorical Residents over 3 Years

IM Wards (6PGY1, 5PGY2/3)	(16)	No Vacation Permitted	
Ambulatory Clinic	(1)	Vacation Permitted	
Cardiology	(1)	Vacation Permitted	→ 1 weekend call required
Emergency Medicine	(1)	Vacation Permitted	
Endocrinology	(1)	Vacation Permitted	
Gastroenterology	(1)	Vacation Permitted	→ 1 weekend call required
Geriatrics (SMC) (<u>Categoricals only</u>)	(1)	Vacation Permitted	
Hematology/Oncology	(1)	Vacation Permitted	
ICU (1 each year)	(3)	No Vacation Permitted	
Infectious Disease	(1)	Vacation Permitted	
Neurology	(1)	Vacation Permitted	
Pulmonary	(1)	Vacation Permitted	
Renal	(1)	Vacation Permitted	
Rheumatology	(1)	Vacation Permitted	

(The remaining 5 months can be used for approved electives, approved research, and approved vacation time)

Elective Rotations-Contacts

- Cardiology - Presbyterian Heart and Vascular Group - Peter Kunkel, PA
- Dermatology - North Dallas Dermatology Associates - Dr. Corinne Erickson
- Emergency Medicine - Dr. Romano Sprueil
- Endocrinology - Endocrine Associates of Dallas - Dr. Richard Sachson
- Gastroenterology - Texas Digestive Disease Consultants - Dr. Rajeev Jain
- Geriatrics - Texas Health Adult & Senior Care - Dr. Mitch Carroll and Dr. Shounak Das
- Hematology/Oncology - Texas Oncology - Dr. Kristi McIntyre
- Neurology - Neurology Consultants of Dallas - Dr. Samir Shah, or Dr. Puneet Gupta
- Infectious Disease - Infectious Care - Connie Alonzo
- Pulmonology - Southwest Pulmonary Associates - all physicians
- Renal - Dallas Nephrology Associates - Dr. Tapan Patel
- Rheumatology - Rheumatology Associates - Dr. Stanley Cohen

Vacation

- If you plan to take vacation, you will need to submit your vacation request at least 30 days prior to your vacation.
- Please review the vacation requirements and procedures page.

http://phdres.caregate.net/gme-program/IM_Policies/IM_P&P-03%20Vacation%20Time.html

Paid Time Off

- **You are allowed 25 days of paid time off** for purposes including vacation and sick leave.
- You must have your vacation (PTO forms) signed by the clinic (categoricals only), elective attending, and associate program director. Please have these requests completed at least 30 days prior to the planned vacation. Do not purchase any airline tickets or make firm travel plans until your PTO request has been approved.
- [Please download the PTO form from the residency website. http://phdres.caregate.net/gme-program/Vacation%20\(PTO\)%20Request%202016.pdf](http://phdres.caregate.net/gme-program/Vacation%20(PTO)%20Request%202016.pdf)
- You are only allowed 5 days off in one elective rotation. There are no exceptions to this rule. Categorical residents may only miss 1 clinic day.
- Please review the conference schedule in advance. If you are scheduled for conference during your vacation, you will need to find a replacement well in advance.
- For sick leave, you must notify the **Chief residents, Christina Martinez, Dr. Gill** as soon as possible and fill out a PTO form when able. If on wards or ICU, please notify the chief residents immediately so that they can find a replacement for you.

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Conferences

- PGY-1s are assigned conference dates. PGY-2/3 will pick their conference dates prior to the start of the next academic year.
- If you have questions regarding the requirements/recommendations for your conference, please contact an upper level resident for an example of past presentations.
- It is the individual's responsibility to review the conference schedule and be prepared for the presentation.
- Please check the website for your conference dates. Please check your emails regularly for Skype meeting requests from either Sherie or Christina.

Conferences

- If you take vacation or are on call or post-call and cannot give the presentation on the specified date, it is your responsibility to find a replacement.
- If you are preparing a PowerPoint for another physician, please email them the PowerPoint well in advance for their review. For example, CPC conference presentations will need to be emailed to the chief residents for review and then to Dr. Feldman prior to being sent to the discussant.

Conference Attendance

- Conference attendance is an integral part of the internship and residency program. A 3-year curriculum has been created to cover a wide range of internal medicine topics.
- Due to COVID 19, all of our conferences are via Skype.
- Interns are expected to attend the following 8 conferences:
- A: Didactic lectures: Noon-1PM on Mon, Tues, Thurs, Fri
- B: Interns' Conference: 11AM-noon on Tuesday
- D: Internal Medicine Grand Rounds: Noon - 1 PM (unfortunately due to the pandemic, we do not have Grand Round currently)

Conference Attendance

- Residents are expected to attend these same conferences except for Interns' Conference. Residents are also expected to attend Morning Report at 9AM, 5 days a week when on the wards.
- Acceptable reasons for missing conferences include:
 - PTO.
 - A critically ill patient.

Attendance at conferences will continue to be monitored. Drs. Feldman and Gill will send commendations to interns and residents with consistently high attendance and will also review suboptimal attendance with interns and residents on a case by case basis.

Conference Format Guidelines

- Interns:
 - 2 Journal Clubs (2 per year)
 - 2 Potpourri (2 per year)
 - 1 Resident's Conference (1 per year)
 - Intern's conference: 1 month

Residents:

- 1 M & M
- 1 CPC

Conference Format Guidelines

Journal Club (2 per year): should be on a recent article published in a reputable journal (NEJM, JAMA, Circulation etc.) published within the last 12 months. Duration is 20-25 minutes with 5-10 minutes for discussion)

- Study design, endpoints, inclusion/exclusion criteria, show that baseline characteristics were even between groups, stats, strengths and weaknesses, and pertinent charts and graphs.

Potpourri (2 per year): choose an interesting case you've seen and that no other resident or intern has already presented:

- Patient H&P, labs, imaging, your analysis of differential diagnoses, diagnosis, discussion (Duration is 20-25 minutes with 5-10 minutes for discussion)

Conference Format Guidelines

Resident's Conference (1 per year): discussion of a topic of your choosing: can be a specific condition, group, or group of disorders.

- Discuss the pathophysiology, presentations, treatments, etc.
- Feel free to be creative
- Duration 45-50 mins

Intern's Conference (every Tuesday): each intern will be assigned every month. Present full H & P

- When: 11 AM- 12 PM in the morning report room every Tuesday
- If you take PTO, the designated intern may assign other interns to present interesting cases during the remaining Tuesday as long as the designated intern presents twice.
- All interns are **REQUIRED** to attend no matter what the rotation.

Conference Format Guidelines

CPC/ Clinical Pathological Conference (1 per year)

Residents/ Interns involved in patient care present cases to expert discussants who are unaware of the patient's diagnosis. That expert then takes the audience through a discussion of the case to determine a diagnosis. CPC topics will be chosen and reviewed by the Chief residents and Dr. Feldman.

- This is held in conjunction with the Departments of Radiology and Pathology.
- Duration: Resident/ Intern: 15 minutes; Radiologist: 5 minutes; Pathologist: 10 minutes; Discussant: 25-30 minutes

Conference Format Guidelines

M&M: Patient Quality Improvement (1 per year)

M&M conferences involve the analysis of adverse outcomes in patient care, through peer review. The objectives of a well-run M&M conference are to identify adverse outcomes associated with medical error, to modify behavior and judgment based on previous experiences, and to prevent repetition of errors leading to complications. Conferences are non-punitive and focus on the goal of improved patient care. Only upper level residents are obligated to present M and M conferences. The presentation includes: Patient's H & P, Laboratory data, Pertinent imaging, Pathology materials, Adverse outcomes, Root cause analysis and cognitive error, Tools to prevent such an error and learning objectives

- Duration: 45-50 minutes

You can find past articles that residents have presented at http://phdres.caregate.net/curriculum/journal_club2k16-17.html

Please also click on “YTD” and “2016-17” to see what other articles have been presented in the remote past.

Continuity Clinic (Resident's Clinic)

Location:

- Professional Building 1, 7th floor
- Your physician ID is used to access the back clinic door
- Clinic number: 214-345-7377

CareConnect domain:

- THPADS

Continuity Clinic

- **Categorical residents** are assigned a clinic day. This will be your clinic day for all three years in residency.
- When on wards, you may be assigned a "Make Up Clinic" depending on your schedule. It is denoted on the call calendar as "MU".
- Clinic hours are 1:00pm - 5:00pm.
- You will be assigned to either Dr. Mitch Carroll or Dr. Shounak Das. They will cosign your notes.
- Become familiar with the "Dot" and "Flag" systems. You will need to use both while you are in clinic. It is also helpful to tell the RNs/MAs when you have finished with a patient.

Continuity Clinic

- Interns are assigned only a few patients; the number will increase throughout the year as you become accustomed to the clinic.
- Interns are required to check out every patient to their clinic attending before seeing the next patient. Upper levels, as allowed, will check out all New Patients to their attending.
- New patients are assigned a 1 hour time slot. If you need longer for some patients (i.e. non-English speaking patients or complicated patients) please denote that in the LOS section for their next appointment by asking the front desk to give a 1 hour time slot.
- Your patients will be designated as “NEW” or “OLD/NEW” on the schedule. Put “PCP – Dr. ***” under “snapshot”, “specialty comments.”

Continuity Clinic

Orders:

- All labs must be ordered and drawn before 4:15 PM.
- Enter in ALL orders before clicking on SIGN so that all orders get automatically printed on ONE piece of paper, not several
- Do not use a "V" code associated with certain orders, including "Healthcare Maintenance," "Annual Visit" or "Well Woman Exam" on your Medicare patients. Find some other code, i.e. "Hypertension" as the visit diagnosis even if you are just performing a well woman exam.
- Ask Dr. Das or Carroll which diagnosis code is appropriate for vaccinations.

Continuity Clinic

- Please review your in-basket DAILY.
- Please forward your prescription refills to the nurses' pool "**AMB THPADS MA/NURSES POOL [401111183]**". This is the only way they will know you have addressed the refill request. Do not assume the medical assistants or nurses requested the correct prescription dose and amount. It is your responsibility to check the chart first prior to approving the prescriptions.
- You may want to become familiar with the different "Dot Phrases" such as .rxreq (refill request) to include in your notes for completeness. Refills must be approved or rejected within 24 hours.

Continuity Clinic

- Review your labs results; it is prudent to leave a "Quick Note" with your impression or recommendations.
- If you call a patient, denote that in a Telephone Call or Encounter note.
- If a refill, message, or lab result comes to your inbox that does not belong to you, please forward it to the correct physician.
- Prior to leaving the clinic, make sure you have done the following:
 - Check with the front staff and medical assistants for any last minute Questions and check your mailbox.

Continuity Clinic

Out of Office Function:

- If you will be going on vacation, please make sure your folders are empty and notify Dr. Das and Dr. Carroll that Rx refills and staff messages will be forwarded to them while you are away.
- To perform this function on Epic, go to Epic (top left corner) > Tools > Patient Care Tools > Out of Office.

Dress Code

- You are expected to dress professionally, wear closed toed shoes, wear your name badge and a clean white coat. Your name badge must be visible above the waist at all times. This is a Texas Medical Law.
- Scrubs are only allowed on call, post call days or wards weekend days. You are expected to dress professionally, otherwise.
- On ICU you are allowed to wear scrubs, except for clinic days (categoricals only)

Procedures

- Categoricals have 5 procedure requirements in order to graduate:
- 5 Pap Smears and Pelvic Exams (Ambulatory Clinic)
- 5 ABGs (ICU)
- 5 Code Blues (Wards and/or ICU)
- 5 Peripheral IV Insertions (ER rotation)
- 5 Peripheral IV Draws (ER rotation and/or Ambulatory Clinic)
- Do not wait until the last month of your third year to complete these. You may also be certified in other procedures such as intubations, central line insertions, lumbar punctures, etc. if you complete five of each and are signed off on these procedures
- Submit procedures through [MyEvaluations.com](https://myevaluations.com)

Library- [THDMedicalLibrary@TexasHealth.Org](https://www.texashealth.org/medical-library)



Internal Medicine Residency Program

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[Calendars](#)

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Resources

Texas Health Presbyterian Dallas

- [Caregate Login](#)
- [Lexicomp](#)
- [Pharmacy Clinical Tools](#)
- Mobile Resources - Click [here](#) to access THR recommended and THR licensed apps/resources including "Access Anywhere" which is UpToDate's current, synthesized clinical information--including evidence-based re optimized for mobile devices and tablets.

Texas Health Presbyterian Dallas Library Electronic Resource

- [Library Intranet](#) (Library Resources for Residents)
- [Online Request Form](#)
- [Research Databases](#)

Clinical Information Resources

[Amedeo: The Medical Literature Guide](#)

[Electronic Orange Book](#)

[FreeBooks4Doctors](#)

[Medical Algorithms](#): Medial.org - 17,000 scales, tools, assessments, scoring systems, and other algorithms intended for medical education and for biomedical research. Requires FREE registration.

[National Academies Press](#)

[PIER Program on ACP](#)
Resource is free to ACP Members

Practice Guidelines:

- [National Guidelines Clearinghouse](#)
- [ACP-ASIM - Scientific Policy and Guidelines](#)
- [ACP Clinical Practice Guidelines and Recommendations](#)

[PubMed](#)

[U.S. FDA Division of Drug Information \(DDI\)](#)

Important Contact Information

Chief Residents

- Maya Mantha; 248-210-5149; yogamayamantha@gmail.com

Claudia Goodsett; 608-469-9954; cgoodsett@yahoo.com

GME Contacts

Christina Martinez; 682-557-1714 (Cell); 214-345-6176 (Work); ChristinaMartinez@texashealth.org

- Sherie Strang; 214-345-7881 (Work); SherieStrang@texashealth.org Program

Directors:

- Dr. Mark Feldman; MarkFeldman@texashealth.org
- Dr. Rahul Gill; RahulGill@texashealth.org

Door Codes

- ~~10th floor Resident Lounge: 82002~~
- Please leave the door closed behind you if you are the last one to leave

- 10th floor Call Rooms:
 - B: 856
 - C: 410
 - D: 309
- The Doctor's Dining Room on the first floor of the Main Building is badge access

Important Numbers

- Keep a list of important numbers
 - Login ID:
 - ReadySet ID:
 - Employee ID:
 - Physician ID:
 - Heart and Vascular Conference Room: 7688
 - H3 MICU bathrooms: 6015
 - H2N Bathrooms: 7717
 - Vocera: x8338
 - IT: x4357
 - French Garden x2620

Again, Welcome to
Presbyterian!