

Intern Orientation

Kevin Tayon and Taka Nyaundi
Co-Chief Residents



**Welcome to
Presbyterian!!**

Residency Website

Website URL is phdres.caregate.net

- Look here for:
 - Call and conference schedules
 - PTO forms
 - Rotation curriculum and syllabi
 - Other helpful info!
- Review this website daily.

Texas Health Presbyterian Hospital DALLAS Internal Medicine Residency Program

[Conference and Calendars](#)
[Faculty](#)
[GME Program](#)
[Curriculum](#)
[Resources](#)
[Clinical](#)

Teaching Conferences for May 31 - June 4, 2021

MAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
May Teaching Conferences Int Med GIB pdf UTSW QR pdf On Call / Clinic / R/P / Fly / Post Calendar	31 Memorial Day Holiday 	01 11:00am Interns' Conference - Online 12:00pm Skype Teaching Conference: General Care (Dr. Norcia, MD and A. Abbas, MD)	02 12:00pm Internal Medicine Grand Rounds: Geriatrics (Hypertension, Don't Push! by Michael R. Winkler, MD, FACP, FASN)	03 12:00pm Teaching Conference: Endocrine's Conference (Dr. Norcia, MD)	04 8:00-8:30am (T) Conference: Grand Rounds (12:30-04:00) Final Conference 12:00pm Teaching Conference: Internal Medicine (Changes in the Academic Year by T. Patel, MD and R. Gil, MD)

Teaching Conferences for June 7 - 11, 2021

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Quick Links: My Evaluations Check-Cover Interns' Orientation Approach to Writing Approach to Billing Approach to SPC Documentation SP Services Medical History Participative Management Committee Assignments FACs page Helpful Tips for GIP / UGIP PTO Request Form PTO Review	07 12:00pm Teaching Conference: PTO / A (Evaluation and Management of Back Pain (Katie Norcia) by T. Zahradka, MD)	08 11:00am Interns' Conference 12:00pm Teaching Conference: Paraneoplastic (J. Tang, MD and A. Abbas, MD)	09 12:00pm Internal Medicine Grand Rounds: Geriatrics (Acute Kidney Injury (AKI): Risk Identification, Diagnosis and Recovery by Javier A. Sotera, MD, MSCh)	10 12:00pm Teaching Conference: Geriatric Review at MCKA/P Albany Quizzes by TRB)	11 8:00-9:00am (T) Conference: Grand Rounds (12:30-04:00) Final Conference 12:00pm Teaching Conference: Paraneoplastic (L. B. Norcia, MD and T. Zahradka, MD) 3:00pm HomeStaff Meeting

Duty Hours

- You must follow ACGME rules regarding duty hours
- Please notify your chief residents and assistant program director if you are violating duty hours.
- Please refer to ACGME website for further clarification of duty hours at:
 - http://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/CPRs_Section%20VI_with-Background-and-Intent_2017-01.pdf
 - <http://www.acgme.org/Portals/0/PDFs/Nasca-Community/Section-VI-Memo-3-10-17.pdf>

ACGME Common Program Requirements

- "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"
- "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."

ACGME Common Program Requirements

- Wards weeks do not exceed 80 hours.
 - 2 call + 2 post call (56) + 2 non-call (20) + 1 off (0) = 76 hours
- 5 days off a month
- 28 hour call/Post call

End and Start of the Year

- June 24th is the start of the academic year
- June 23rd is the end of the academic year
- Every resident will change rotations on June 24th

20 C ANJUM TEJANI DF: RAMACHANDRAN Off: KABANI BHATTARAI TAYON HOSSEINI	21 D NYAUNDI HOSEINI DF: RAMACHANDRAN	22 E ABBAS KABANI BHATTARAI Off: NARULA MARTINEZ TEJANI DF OFF: RAMACHANDRAN DF COVER: FARRINGTON	23 A TAYON NARULA DF: RAMACHANDRAN	24 B NYAUNDI IMPEAN DF: OU Off: FAROOQ ABBAS HSU	25 C ANJUM FAROOQ DF: OU	26 D TAYON HSU DF: OU Off: BASS BRANDON MARTINEZ NYAUNDI
27 E ABBAS BASS BANDON Off: SINGH IMPEAN ANJUM DF OFF:OU DF COVER: FAROOQ	28 A MARTINEZ SINGH DF: OU	29 B NYAUNDI IMPEAN DF: OU Off: ABBAS FAROOQ TAYON	30 C ANJUM FAROOQ			

Wards Team Assignments

- Teams A and B: One Intern + DF
 - Teaching attending: Gill + ***
- Teams C and D: One Intern + DF
- Team E: Two Intern Team
- There is no specified minimum or maximum number of single or two intern team months during any academic year for PGY1s or PGY2-3s.
- Attending list for the whole year and teaching room assignment can be found on phdres.caregate.net under calendars > Attending Calendar

CALL TEAMS	ATTENDING	RESIDENT	INTERNS
A	R. GILL / A. BARUA	GOODSETT	DUFF
B	R. GILL / A. BARUA	LEIDNER	NARULA
C	S. HASAN	SANNAPANENI	FORD
D	S. HASAN	TAYON	FARRINGTON
E	F. KHAN	TUMYAN	YOU / SHARIFI
DAY FLOAT:	R. GILL		TSENG

q5 Call Cycle

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

- No vacation is permitted on call months.

Example Call Day

Monday

08:00-09:00

Intern follows up old patients,
Day float sees first two admissions

09:00-10:00 (Mondays 10:30)

Upper Levels in Morning Report

10:00-12:00

Teaching
Day float stops admitting at 11:30
LECTURE AT 12:00

17:00-24:00

**Non-Call teams sign out their pages at
17:00**

Call team handles cross cover pages

Tuesday

24:00-08:00

Call team handles cross cover pages
(exception is call team pages go until
0800)
Handles clinical activity (seeing patients)

08:00-12:00

Intern and Upper level together to
perform all work needed for effective
transitions of care i.e. notes, consults,
talking to families.

CALL TEAM LEAVES AT 12:00
**(Call team is welcome to attend lecture
and have lunch)**

Call Day Admissions Caps Per ACGME

- Interns
 - 5 new patients AND two transfers
 - 10 total patients receiving ongoing care
- ULR on single intern team
 - Maximum of 14 total patients receiving ongoing care
- ULR on double intern team
 - Maximum of 10 new admissions plus 4 transfers
 - Maximum of 20 total patients receiving ongoing care or limited by interns cap

Call Day Admission Goals

- **10 patients on post call day**
- As an intern you are responsible for your 5 new patients as the wards intern or 2 new patients as day float

Clinic patients and Readmissions

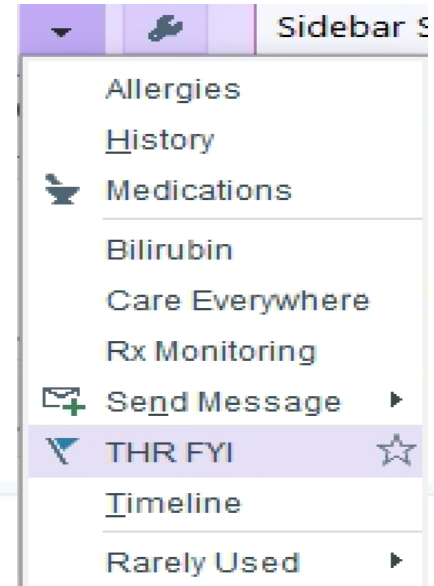
- The on call residents are required to admit clinic patients and readmissions from the teaching service (any wards team) within 10 days.
- The call team performs all call day and post call day care.
- These patients are transferred back to their original team or to the resident who is their PCP on the call team's post-post call day.

Admitting: Prior to Seeing the Patient

1. Add THR FYI- Flags (Please page R 1 Dr. _____ first, Please page R2 Dr. _____ second)
2. Add yourself and your upper level to the treatment team. Add “Internal Medicine Teaching Service”- assign as “resident” so that the patients can be added to the Teaching Service list.
3. Read ED note.
4. Review Vitals, Labs, imaging, past and current orders.
5. Review chart review, notes. prior admissions/ discharge summaries, and consult notes.
6. Review care everywhere and request records.

Admitting Patients: Teaching Flags

- “Please Call Dr. X, R1 first, and call Dr. Y, R3 second”
- Your upper level will be able to give you a dot phrase.
- Do this as soon as your upper level has accepted the patient



Patient Chart Advisories

Name: Moreno, Augustin MRN: 2000066042 Date of Birth: 8/22/1933 Sex: Male

 Take notice of the following advisories for this patient before you continue.

PLEASE NOTE: Patient on Internal Medicine TEACHING SERVICE

Please call R1 Dr. Narula first.
If unable to reach R1, please call R2 Dr. Tayon second.

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 transfer you to the proper covering physician. 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!

Admitting: Treatment Teams

- Add the following to the treatment team
 - 1. 'Internal Medicine Teaching Service' as a resident
 - 2. Upper Level as a resident
 - 3. Yourself as an intern to the Treatment Team
- This adds patients to the shared Teaching Service List
 - Allows others to find patients quickly while cross covering
- When you are on an elective service add yourself as a resident.
- When you are on ICU add yourself as a resident.

Admitting: Post-Patient Encounter

1. Evaluate the patient.
 - a. Introduce yourself as part of the teaching service, working with the admitting attending (PLEASE STATE YOUR ATTENDING'S NAME).
2. Update the allergies, past medical, surgical, family and social histories.
3. Update the current medication list.
4. Create assessment and plan (DISCUSS WITH ULR)
5. Checkout with attending: Goal is checkout within 2 hours from receiving patient
6. Call consults
7. Place orders
8. Finish note

Miscellaneous Rules

- Always discuss assessment and plan of current patients each day with upper levels BEFORE checking out patients to attendings.
- Put holding parameters on BP meds, sedating meds, etc
- Residents cannot enter DNR status, that is for attending to do BUT you must get the form signed by patient/MPOA and inform the attending. You can and need to order full code when applicable.
- DO NOT place admit order or observation order. Attending has to do these if ER hasn't done it. *You cannot sign admission orders through the general admission tab without this.
- 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 unless otherwise directed by your attending.

Wards Cross Cover

- If you get any pages overnight and are at all unsure, you must notify upper level.
- If an intern goes to see a cross cover patient, she/he **MUST** update the resident about the patient and proposed plan.
- If an attending has to be called on a cross cover patient, the upper level resident on call **MUST** have seen the patient before the call is made to the attending.
- **PLEASE MAKE SURE THERE IS AN APPROPRIATE CROSS COVER NOTE.**

Two Intern Teams Overnight Coverage

- Short Call
 - **Does not stay overnight**
 - **Leaves at 17:00 on the post call day**
- Long Call
 - Same as normal wards
 - Starts at 08:00 and goes until 12:00 post call

Codes

- On call team MUST respond to and actively participate in all codes from 08:00 call day to 07:59 post call day
- THIS IS ONE OF MANY REASONS YOU CANNOT BE LATE TO CALL DAY

Transition of Care – Ward teams

- All check-outs **must** be done in person.
 - Day Float or Wards Intern to on call team
 - Overnight call team's morning check-out to the primary team
- Please update your handoffs prior to check out.

Check-Outs- Attendings

- Check-outs with an attending do not need to be face-to-face.
- To check out with an attending, you will need to page/ text the attending and wait for their call back. Please give the attending 20 minutes before re-paging/ re-texting.
- Timing
 - Generally can checkout starting 9AM, select attendings may allow checkout earlier
 - Check-outs with attendings must be completed before noon preferably before 10:30 (per teaching)
 - Interns will need to contact the attendings if they will be calling with a full check-out later than expected.

Notes

- Notes must be completed by 2pm but preferably before noon.
- It is **obligatory** to use the official internal medicine residency templates
 - .IMRES > HP, progress note, Discharge summary.
- Ensure all notes are accurate with current information, medications, and any other updates.
 - Do NOT rely on cutting and pasting!
- Once your attending attests your notes you should not addend it without their permission/without updating.
 - Please instead place a new progress note with the update or contact the attending before making a correction.

Consults

- Please have all consults placed **as soon as possible** in the day.
- Most consultants' offices open between 8:00am and 9:00am.
- DO NOT CALL CONSULTS WITHOUT CHECKING WITH YOUR ATTENDING

Signing Out your pager

- You must sign your pager out daily by calling the page operator (x8480)
- You must tell them who you are signing out to and until what time.
- The wards schedule lists the appropriate cross cover. The patients follow the intern's cross cover listing.

CROSS COVERAGE GROUPS

**I. GOODSETT, LEIDNER, SANNAPANENI, FARRINGTON,
YOU, SHARIFI**

II. TUMYAN, DUFF, NARULA, FORD, TAYON

Signing Out your pager: Off Days

- When you are off, your upper level will call the page operator at 7am and have your pager forwarded to him/her.
- You will have to forward your upper level's pager to you when they are off at 7 am

Discharging Patients

- Discharge orders need to be placed before 11:00 unless there is a medical reason for late discharge.
 - Please do not place conditional discharge orders with contingencies unless directed to do so by the attending.
- Next site of care (NSOC)
 - Home/Home health/Nursing home/IL/ALF.
 - No need to print /sign orders.
 - Jackson rehab: Our Inpatient Rehab
 - Separate tab labelled facility transfer.
 - No need to print /sign orders
 - Other facilities (SNU/inpt rehabs/LTACS etc)-
 - “Mark as facility transfer”
 - Orders need to be printed, signed and placed in the paper chart.
- Follow up: Entered in the follow up tab
- Once the patient has left the hospital remove the Teaching Flag.

Discharging medications

- Confirm patient's pharmacy with the patient prior to sending scripts
 - DO NOT rely on previously entered pharmacies.
- Texas Health Prescription Shop (Ground floor) pharmacy
 - they can usually fill pts scripts and deliver meds to the room before the pt leaves.
 - THPS pharmacy is closed on weekends.
- Your DEA number is only valid in our facility. All controlled scripts have to be ordered by attending.
 - Only place you can send narcotics is THPS
 - Always confirm discharge pain meds with the attendings. Please contact the attending in a timely manner to ask them to write for these scripts

Discharge summaries

- Just as every patient needs a H/P note, every patient you discharge needs a **Discharge Summary which should be completed within 24 hours of PLACING THE ORDER.**
- Do not sign d/c summary until patient has left.

Please refresh the dc summary after attending has sent script for controlled substances.

- The language regarding reviewing the TXPMP website will automatically populate ONLY after attending has signed the script.
 - **This language is required to be in the dc summary if a controlled substance is prescribed,**

Facility Transfer Orders

- Patients discharging 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").

What constitutes a facility?

Subacute Rehab or Skilled Nursing Facility

Which patients?

Those who have specific skilled needs that would be too difficult or complex to obtain at home

Services

- <3 hours/day of skilled therapies (PT,OT, SLP, IV meds, etc)
- Higher patient:nursing ratio than in hospital
- Limited clinician supervision compared to hospital

Coverage/payment

Medicare or private insurance



Home with Services

Which patients?

Those who are able to maintain some level of independence, have access to family support, or have home health aides

Services

- Home health aides
- Visiting nurses
- Skilled need: PT/OT, wound care, Foley or feeding tube management, injection administration, meds through PICC/ midline, etc

A face-to-face form is required by Medicare and certifies that the patient is "homebound" with a diagnosis that requires skilled services

Coverage/payment

- Skilled services are paid for by Medicare or private insurance
- Home health aide support for ADLs/ IADLs typically paid for out of pocket or through Medicaid

Longterm Care Facility or Nursing Home

Which patients?

Those who require close supervision with their daily activities but do not need intensive skilled care

Services

- Can have medication management or vital signs performed by nurses
- State specific clinician oversight. Ex. in MA, required to be seen by MD once every 120 days

Coverage/payment

- Out-of-pocket payment ("spend down")
- Long-term care insurance plan
- Medicaid if the patient qualifies (state specific requirements)
- Not covered by private insurance plans or Medicare

Acute Rehab Facility

Which patients?

Those who require short-term intensive skilled therapies.

Services

Must be able to participate in 3 hours/day of combined PT, OT, speech & language therapy and other therapies

Coverage/payment

Medicare and private insurance



Assisted Living Facility

Services

- Highly variable levels of care
- Aides typically on-site 24hr/day with usually 1 overseeing nurse

Levels of care available

- **Independent living/senior housing:** residents living in their own apartment and partaking in meals and/or activities as they desire
- **True "assisted living":** services tailored to individual needs to assist with activities of daily living & independent activities of daily living
- **Memory care:** higher level of care for residents with moderate to severe dementia. Often includes medication management and units locked to prevent risks of wandering

Coverage/payment

- Majority are paid out of pocket
- Some states have a number of apartments per facility that are reserved to support lower income patients



Longterm Acute Care Hospital

Which patients?

Those who require complex management and intensive clinician oversight (eg. tracheostomy care, vent management, severe wound infections requiring complex management)

Services

- Physician typically on-call 24/7
- Lower patient to nursing ratio

Coverage/payment

Medicare and private insurance



[Image From Core IM Interprofessional Educational Series Chippendale et al](#)
Follow link to a useful podcast episode

Other Tips

- Chart check at home using <https://ws1.txhealth.org/SAAS/apps/>
- Helpful Apps
 - Haiku
 - Diagnosaurus
 - Journal Club
 - MD Calc
- Check dose, frequency, and number of administrations on all medications/fluids.
- Labs-once vs Daily vs specimen in lab orders vs unit collect/lab collect
- Routine vs ASAP vs STAT orders

Coding queries

- Address queries within 24 hours
- The coding department will send you their specific question
- 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 unless you have cleared this with your attending physician

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.

Emergency Coverage During Wards

- In case of an emergency or unforeseen circumstance that precludes you to perform clinical duties, please inform the Chief residents and APD (or PD) asap.
- Chief residents will try to find coverage on voluntary basis first.
- However, if it does not work out, our residency program policy says residents/ interns on **electives who are not on PTO** will be randomly assigned into wards for emergency coverage (THIS INCLUDES OFF WEEKENDS AND NATIONAL HOLIDAYS).
- The resident on emergency leave has to “pay back”/ make up for the days that they missed.
- **If only one day needs to be paid back, it cannot be post call day**
- On the other hand, when the covering resident is being paid back, she or he **MUST** go back to the original rotation to make up the missed days. **THIS IS NOT TIME OF.**

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 (if not addressing active patient care needs)
- 12-5pm – Cross cover for post-call team and taking care your admits.
- At 5pm – Hand over to on-call team

Off days

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

Day Float Coverage

- There will be an assigned intern to do cross cover on the days day float is off.
 - Teams A, B, C
- DF emergency coverage:
 - No different than a wards team intern.
 - If DF intern calls in due to an emergency, the DF coverage has to be provided by an intern on elective.

06	07
D	E
NYAUNDI HOSSEINI	ABBAS KABANI BHATTARAI
DF: RAMACHANDRAN	
Off: KABANI BHATTARAI TAYON MARTINEZ	DF OFF: RAMACHANDRAN DF COVER: FARRINGTON

Dress Code

- You are expected to dress *professionally*, wear closed toed shoes, and wear your name badge and a clean white coat.
- *Appropriate* scrubs are acceptable but not mix and match T shirts/lowers or logos of other facilities.
- Your name badge must be visible at all times.
 - This is a law in Texas.

Medical Students*

- Medical student expectations
 - Write at least 2 or 3 full History and Physicals in the EMR per call day.
 - May follow up to 4-5 patients at one time and are required to write progress notes on their patients daily.
 - Medical students should pre-round (chart check and evaluate their patients) prior to rounding with their interns and upper levels (or attendings).
 - Medical students should be prepared to give capsule summaries in SOAP format to their interns/ upper levels or attendings on their patients.
 - They should make every attempt to have their notes completed by 12:00pm.
 - Medical students are required to wear their name badge, clean white coat, closed toed shoes and dress professionally.

Continuity Clinic During Wards

- You do not go to clinic when you are
 - On call
 - Post call
 - Off/PTO
- You do go to clinic
 - On normal wards days
 - Electives
- Make up clinic is designated as "MU-Resident's Name" on the calendar.
- If you see you are scheduled for patients on your on-call/post-call/day off please alert the chief's/Sonya/Kathy.

14

B

MARTINEZ
FARRINGTON

DF: RAMACHANDRAN

MU CLINIC:
NYAUNDI

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.
- You are required to come to **all** of the scheduled conferences while on elective rotations.
- Continuity clinic
 - You still have clinic on your scheduled days.
 - You are required to notify the physician(s) you are working with your clinic day at the beginning of the rotation.

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</u> only)	(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)

Changing rotations

- If you need to change elective rotations, please determine an alternate in advance.
 - Most rotations only allow one resident per month.
 - Exceptions to this rule are RARE.
- You must request rotation changes or switches 2 weeks ahead of time
 - Rotation change or switch within two weeks must be approved by APD or PD.
 - Any rotation change or switch is not final unless explicitly approved by Chiefs or ADP/PD even if the involved residents have agreed and the requested rotation is available on schedule.
 - **Please do not approach an attending re approval for rotation before talking to chiefs or APD.**
- All pertinent attending must be informed of rotation change or switch.
 - Chiefs will also do.

Elective Rotations-Contacts

- Cardiology - Presbyterian Heart and Vascular Group - Peter Kunkel, PA
- Dermatology - North Dallas Dermatology Associates - Dr. J Foshee
- 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 and Dr. Allison Liddell
- Pulmonology - Southwest Pulmonary Associates - Dr. Gary Weinstein
- Renal - Dallas Nephrology Associates - Dr. Tapan Patel
- Rheumatology - Rheumatology Associates - Dr. Stanley Cohen

Paid Time Off

- You are allowed 25 days of paid time off for purposes including vacation and **sick leave**.
- Vacation is permitted during full one-month elective rotations and not during a combined elective (2 weeks of two separate electives in one month).
- 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 during each elective while on PTO.
- Please review the conference schedule before scheduling PTO.
 - If you are scheduled for conference and have a conflict, you need to find a replacement well in advance.

Paid Time Off

PTO form submission:

- You must have these requests completed at least 30 days prior to the planned vacation. Submission of PTO form does not equate approval. Please follow up with Residency coordinator/APD if you do not hear back in a timely manner.
- **Going on leave without confirmation of approval will lead to unapproved unpaid time off which may lead to extension of residency**
- PTO form can be found on phedres.caregate.net

Teaching Conferences for June 19 - 23, 2017

June

[Teaching Conferences](#)

[William C. Harvey Case Conference.pdf](#)

[Int Med GR.pdf](#)

[UTSW GR.pdf](#)

[On Call / Days Off / Night Float Calendars](#)

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
19	20	21	22	23
12:00pm <i>Resident Sign Out Session - No Conference Scheduled</i>	11:00am Interns' Conference - CANCELLED 12:00pm <i>Orientation Conference: (Sleep Deprivation and Fatigue by S. Merrill, MD)</i> <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: (Herbal Supplements and Kidney Disease by T. Patel, MD)</i> 12:00pm Internal Medicine Grand Rounds- <i>Nephrology: (SPRINTing to New Blood Pressure Goals by Michel Chonchol, MD)</i> <i>CS Menu ~ Beef Lasagna, Steamed Broccoli, Garden Salad and Whole Fruit</i>	12:00pm Teaching Conference: <i>Orientation Conference: (How to Cross Cover by R. Hosein, MBBS and Daniel Soleja, MD)</i> <i>CS Menu _ Assortment of Boxed Lunches</i> ORIENTATION	7:30am Coffee with Cardiology - CANCELLED 8:00-9:00am UT Southwestern Grand Rounds- <i>IEEM-4th Floor Conference Room: (Diagnosis and Management of Pulmonary Vascular Complications of Hereditary Hemorrhagic Telangiectasia by John Battaille, MD)</i> 12:00pm Teaching Conference: <i>Orientation Conference: (How to be a Good Intern by S. Rinner, MD)</i> <i>Lunch by Pharm. Rep.</i> ORIENTATION

Quick Links:

[MyEvaluations](#)

[Cross-Cover PowerPoint](#)

[FAQs page](#)

[Helpful Tips for SW Orders](#)

[PTO Request Form](#)

[PTO Policy](#)

[Email for sending presentation files for Teaching Conferences](#)

[Links to pictures](#)

Teaching Conferences for June 26 - 30, 2017

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

Paid Time Off

PTO Form Requirements

- K drive admission - ULR
- Evaluations - ALL
- PTO Tally - ALL
- Categorical clinic - Categorical Resident
- Elective attending - ALL
- Residency Coordinator - ALL
 - Christina will send to APD
- APD - ALL

Date Requested: _____

Texas Health Presbyterian Hospital Dallas

Internal Medicine Residency Training Program

Request for Paid Time Off (PTO)

_____ (Print Name) requests permission for paid time off (PTO)
from _____ through _____ (Month, Day, Year) for the
purpose of: _____ (vacation, sick, business, personal, fellowship interview, USMLE)
I will return to work on: _____ (Month, Day, Year)

Resident attestation:

K drive Admission Sheet up to date _____ (initials)

Charts Current and Up to Date _____ (initials)

All evaluations complete _____ (initials)

I have verified that this PTO is not being taken by any other resident on this rotation on these dates

_____ (initials)

PTO Days Requested: _____ Balance Remaining: _____ days

Fellowship/USMLE Days Requested: _____ Balance: _____ days

Resident signature _____

Rotation during this period: _____

Subspecialty Attending - Print Name: _____

Approved: _____

Clinic Coordinator: Katherine Dodds (Required for Categorical Residents)

Approved: _____

Residency Coordinator: Christina Martinez

Approved: _____

Associate Program Director: Rahul Gill, MD

Approved: _____

Paid Time Off

- **Any time off taken must be reported to the program** even if it is approved by supervising subspecialty attending.
- PTO are expected to be filled for any time off taken
- **For sick leave**, you must notify the chief residents, residency coordinator Christina Martinez, your elective attending and APD as soon as possible and fill out a PTO form.
- If on wards or ICU, please notify the chief residents **immediately** so that we can find a replacement for you.

Conferences

- Please check the website for your conference dates.
- **It is your responsibility to be aware of your conference schedule and be prepared for the presentation.**
 - There may be times when you find yourself scheduled to present a noon conferences on your “on call” or “post call” days.
 - 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. **YOU ARE NOT ALLOWED TO PRESENT IN NOON CONFERENCE ON CALL DAY**
- PGY-1s are assigned conference dates.
- PGY-2/3 pick their conference dates prior to the start of the next academic year.

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.
- All residents are expected to attend the following conferences:
- Didactic lectures: Noon on Mon, Tues, Thurs, Fri
- Update in Internal Medicine/Grand rounds: Noon on Wed (currently virtual)
- Upper-level Residents on wards are required to attend Morning Report at 9AM, Mon-Fri.
- Interns are also expected to attend interns conference on 11AM on Tuesday
 - Excused if on call, post call, ICU, OFF, or PTO

Conference Attendance

- **Residents are expected/required to have >75% attendance for all conferences.**
- **Attendance at conferences is monitored and kept as a permanent record.**
- **Conference attendance is documented in your permanent record as a major component for professionalism and commitment.**
 - APD/PD will send commendations to interns and residents with consistently high attendance.
 - Poor attendance will reflect on the evaluations.
- **Acceptable reasons for missing conferences include:**
 - PTO.
 - A critically ill patient.
 - Away rotations

Expected conferences per Academic year

All residents:

- 2 Journal Clubs per year
- 2 Potpourri per year
- 1 Resident's Conference 1 per year

Intern's

- All tuesdays of assigned 1 interns month

Upper Level Residents:

- 1 M & M
- 1 CPC

Conference Format Guidelines

- **Journal Club** (2 per year)
 - Conference on a recently published article from a reputable journal (NEJM, JAMA, Circulation etc.)
 - Published within the last 12 months.
 - Duration is 20-25 minutes with 5-10 minutes for discussion
- **Potpourri** (2 per year)
 - An interesting case you've seen and that no other resident or intern has already presented
 - 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 but it needs to be INTERNAL MEDICINE TOPICS
- 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 unless on call, post call, off, on ICU, or PTO.

Conference Format Guidelines

Clinical Pathological Conference (1 per year)

- Residents/ Interns involved in patient care present cases to an attending expert discussant who is 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 PD.
- - This is held in conjunction with the Departments of Radiology and Pathology.
 - Thus these are cases with significant pathology or radiology findings
- - 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.
- Duration: 45-50 minutes

Logging Conferences

- **Please review the conference topics document on the K drive to ensure you do not repeat the topics or the journal article already presented.OF**
- Please log your lectures as soon as possible(LATEST ON THE DAY OF PRESENTATION) so your co-residents can see which topics are taken.

Continuity 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.
 - You will consistently check out to your assigned attending but Dr. Das and Dr. Carroll may fill in for each other.

Continuity Clinic

- You are required to check out every patient to their clinic attending before seeing the next patient.
- 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 note 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 Faby 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.
- Refills must be approved or rejected within 24 hours.

Continuity Clinic

- You must call your patients with their lab values and denote your management 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.

Procedures

- Categoricals have 5 procedure requirements in order to graduate:
 - 5 Pap Smears and Pelvic Exams (Ambulatory Clinic)
 - 5 Code Blues (Wards and/or ICU)
 - 5 Peripheral IV Insertions (ER rotation)
- 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)

Scholarly Activity Requirements

All categorical residents are required to meet the research/scholarly activity requirement for graduation. Qualifying projects are listed below. The categorical resident needs to have **AT LEAST ONE** to meet this requirement.

- Poster presentation at a state or national conference
- Published research/case presentation article
- Qualifying Quality Improvement Project

Evaluations

- Go to myevaluations.com to complete your evaluations.
- You will receive regular emails regarding updating your duty hours and completing evaluations for attendings and your fellow residents.
- You will be evaluated every month and you will be evaluating others (team members, attendings) every month.
- Please complete evaluations in a timely manner.
- All pending evaluations must be completed as a prerequisite for PTO approval

Important Contact Information

- Kevin Tayon
 - 954-235-5509 (cell)
 - kevintayon@texashealth.org
- Taka Nayundi
 - 972-765-9287
 - TakazvidaNyaundi@texashealth.org
- Christina Martinez, Internal Medicine Residency and Fellowship Coordinator,
 - 682-557-1714 (Cell); 214-345-6176 (Work);
 - ChristinaMartinez@texashealth.org
- Sherie Strang, Sr. Administrative Assistant to Program Director,
MD, Internal Medicine Department
 - 214-345-7881 (Work)
 - SherieStrang@texashealth.org
- Dr. Tapan Patel, program director
 - tapanpatel@texashealth.org
- Dr. Rahul Gill, assistant program director
 - rahulgill@texashealth.org

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

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



Internal Medicine Residency Program

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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](#) .Medal.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 \(DDI\)](#)

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

Important Extensions

- Page Operator: x8480
- Vocera: x8338
- IT: x4357
- French Garden x2620

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:
 - PGY1 B: 856
 - PGY1 C: 410
 - ULR D: 309
- The Doctor's Dining Room on the first floor of the Main Building is badge access and open 24/7.

Employee Information

- Keep a list of your Employee Information
 - Epic Login:
 - ReadySet Login Information:
 - Employee ID:
 - Physician ID:



**Welcome to
Presbyterian!!**