

# Intern Orientation

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**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](#)  
[UTSW GR.pdf](#)  
[On Call / Days Off / Night Float Calendars](#)

### Quick Links:














[My Evaluations](#)  
[Cross-Cover PowerPoint](#)  
[FAQ's page](#)  
[Helpful Tips for SW Orders](#)  
[PTO Request Form](#)  
[PTO Policy](#)  
[Email for sending presentation files for Teaching Conferences](#)  
[Links to pictures from social events on GME page](#)  
[Admitting Physicians List](#)

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
19	20	21	22	23
12:00pm Resident Sign Out Session - <b>No Conference Scheduled</b>	11:00am Interns' Conference - <b>CANCELLED</b> 12:00pm Orientation Conference: (Sleep Deprivation and Fatigue by S. Merrill, MD)  <i>CS Menu ~ Artichoke &amp; Tomato Chicken, Roasted Potatoes, Grilled Vegetable Medley, Whole Fruit and Presby Cookies</i>  <b>ORIENTATION</b>	7:30am William C. Harvey Case Conference: (Herbal Supplements and Kidney Disease by T. Patel, MD) 12:00pm Internal Medicine Grand Rounds-Nephrology: (SPRINTing to New Blood Pressure Goals by Michel Chonchol, 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. Hoskins, MBBS and Daniel Soleja, MD)  <i>CS Menu ~ Assortment of Boxed Lunches</i>  <b>ORIENTATION</b>	7:30am Coffee with Cardiology - <b>CANCELLED</b> 8:00-9:00am UT Southwestern Grand Rounds- <i>JEEM-4th Floor Conference Room:</i> (Diagnosis and Management of Pulmonary Vascular Complications of Hereditary Hemorrhagic Telangiectasia by John Battaglia, MD) 12:00pm Teaching Conference: <i>Orientation Conference:</i> (How to be a Good Intern by S. Rimmer, MD)  <i>Lunch by Pharm. Rep.</i>  <b>ORIENTATION</b>

## Teaching Conferences for June 26 - 30, 2017

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

# Folder of requirement

 Name ▾	Modified ▾	Modified By ▾	File size ▾	Sharing
 CAUTI-CLABSI	June 2	Hosseini, Pouria	5 items	 Shared
 Handbooks & Curriculum	June 6	Hosseini, Pouria	5 items	 Shared
 Intern Resources	3 days ago	Hosseini, Pouria	3 items	 Shared
 K drive files	June 3	Hosseini, Pouria	2 items	 Shared
 New Handoffs	June 8	Hosseini, Pouria	3 items	 Shared
 Schedules	June 3	Hosseini, Pouria	4 items	 Shared

- Via outlook email there will be a shared folder with helpful residency resources

# Duty Hours

- All duty hours should be updated on the New Innovations website weekly. Karen can provide more details.
- 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

- "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\\_with-Background-and-Intent\\_2017-01.pdf](http://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/CPRs_Section%20VI_with-Background-and-Intent_2017-01.pdf)

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

Include screenshots of new  
innovations platform

# 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 on non-call days (Call day hours on the next slide)

# Call Days

- Call day Sunday – Thursday work hours are 8 AM – 9:30 PM,
- Post-Call day Monday – Friday work hours are 7 AM – 5 PM
- Call day Friday and Saturday work hours are 8 AM – 8 AM the following day
- Post-Call Day Saturday and Sunday work hours are 8 AM – 12 PM, 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 Saturday and Sunday.
  - Wards interns may be assigned Day Float duties on Sundays during their wards months, please refer to your schedule

# WARDS

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

- Let's take **Monday** as an example

# Team B, Monday call with Tuesday post-call

**8AM**  
Intern and Upper  
Level Arrive and  
admissions start

## Monday

### 8AM - 9AM

Intern follows up old patients  
ULR can assign two new transfer patients for the intern to see  
as well and potentially assign new patients as well.

### 9AM - 10AM

Upper Level goes to Morning Report  
Interns check out old patients and checkouts new transfers if  
given

### 10AM - 12PM

Touch base with ULR about the plans from checkout and  
review current admission queue

### 12PM - 9PM

Call upper level and intern continue to work together to  
complete admissions. (Post-call day census target = 12  
patients)

### 9 PM - 9:30 PM

- Call team checks out the teaching census to NF resident  
for overnight coverage
- Call team can stay overnight in the call rooms if necessary  
or go home.
- Of note, NF resident can admit up to two patients overnight  
if on-call team is unable to reach post-call day census of  
12 patients. These patients will be given to the on-call  
team on their post-call day.

**5PM**  
Non-call teams  
may sign out their  
pager to call team

## Tuesday

### 7AM - 9 AM

- Post-call team arrives at 7 AM, they will take checkout from  
the night float resident and also take over care of patients  
admitted by NF resident if necessary.
- Round on patients with ULR and prepare for checkout with  
the attendings

### 9 AM - 5PM

- Complete clinical duties
- Attend teaching rounds, intern conference, cardiology  
conference, noon conference if scheduled.

**9 AM**  
ULR goes to  
Morning  
report

# WARDS

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

- Let's take **Friday** as an example

# Team A, Friday call with Saturday post-call

## 8AM

Intern and Upper Level Arrive and admissions start

## Friday

### 8AM-9AM

Intern follows up old patients  
ULR will can assign two new transfer patients as well and potentially assign new patients as well

### 9AM-10AM

Upper Level goes to Morning Report  
Interns checks out old patients and checkouts new transfers

### 10AM-12PM

Touch base with ULR about the plans from checkout  
Continue taking new admissions.

### 12PM-5PM

Call upper level and intern complete admissions. Non-call teams continue to take pages on their own patients

### 5PM-8AM Saturday

Call team finishes admits and checkouts, takes cross cover pages throughout the night.

## 5PM

Non-call teams may sign out and forward their pagers

## Saturday

### 8AM-12PM

Teams wrap up remaining post call work. Interns must leave by noon to abide by duty hour rules

### 12PM-5PM

Day Float covers post-call team pages and follows up on remaining work



# Call Days on Wards

- **Team Caps expected on post-call day**
- PGY-1 can admit 5 new admissions and 2 transfers but cannot actively provide ongoing care to **more than 10 patients at one time**
  - Monday-Friday: with first-year resident capped i.e., 7 new patients + X = 12 patients (soft cap) or 14 (hard cap) patients on the post-call day
  - Saturday-Sunday: with first year resident capped i.e., 7 new patients (soft cap) + X = 10 patients on the post-call day (hard cap)
- 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.

# Night float

## Sunday through Thursday nights

- 9 PM – 8 AM
  - Off Friday and Saturday night
- ☐ A PGY2/3 resident provides overnight coverage for teaching service patients and can admit up to two patients depending on the call team's census at checkout
- ☐ 1-month long rotation

Make-up Clinic							
	6/26	6/27	6/28	6/29	6/30	7/1	7/2
Role	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Team On Call	D	E	A	B	C	D	E
On Call Resident	Narula	Kabani	Farrington	Tumyan	Hosseini	Narula	Kabani
On Call Intern 1	McKenzie	Taye	Zhu	Momin	Shah	McKenzie	Taye
On Call Intern 2		Afunugo			Buddha		Afunugo
Night float	Bhattarai	Bhattarai	Bhattarai	Bhattarai	Bhattarai		
Day float						Taye	Zhu

# Day Float

## Schedule on Saturday and Sunday

- 11:30am-12pm – Getting handover from the post-call team
- 12-5pm – Cross cover for post-call team
- At 5pm – Hand over to on-call team

☐ A PGY1 resident provides weekend coverage for post-call patients between the hours of 12:00 P.M. – 5:00 P.M Saturday and Sunday

☐ Weekend days during the month will be covered by interns on wards who are not on call/post-call/off. (Interns may trade/switch with others if needed)

☐ Day float interns will be primarily on wards. In rare situations, elective residents may be required to perform day float duties.

1		6/25
2	Role	Saturday
3	Team On Call	C
4	On Call Resident	Hosseini
5	On Call Intern 1	Shah
6	On Call Intern 2	Buddha
7	Night float	
8	Day float	McKenzie
9	OFF	Narula
10	OFF	Taye
11	OFF	Zhu
12	OFF	Afunugo
13	Clinic day	
14		
15		

# Transfers/Bounce Backs

- You will be required to take resident clinic patients that are admitted on your call day unless you are capped.
- Bounce back admits that were discharged within the past 10 days will be given to the on-call team but 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
- Call team may accept up to 2 patients admitted the previous day by a hospitalist attending – these are referred to as “transfers”
  - These are progress notes instead of H&P.

# Admitting Patients

- When you get a new admission:
  - Add ‘Teaching Service’ (as *resident*), 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 use the phrase found in the resident’s handbook or the dotphrase stolen from your peers.

**PLEASE NOTE: Patient on Internal Medicine TEACHING SERVICE**

Date: 06/11/2022

Internal residents can be paged and messaged via VOCERA

Please send a vocera message even if it shows UNAVAILABLE because it will be directed to cross cover automatically.

Please VOCERA Dr. Hosseini (PGY1) first.

Please VOCERA Dr. Narula (PGY2) second.

DO NOT FOLLOW THE RESIDENT ON CALL SCHEDULE ON VOCERA as it is not accurate.



Please page the hospitalist attending only if residents do not respond.

Thank you

**Patient RX Sig Error Message**

Caution


NOTE: Providers and viewers of this encounter record should use caution when reviewing or relying upon the Patient Reported Outside Medications or Home/Prior To Arrival (PTA) medication history due to a SureScripts software error starting in October 2020. The error was addressed in November 2021 to prevent it carrying forward. Specifically, some Patient Reported Outside Medications or Home/PTA medication sigs may appear without the / or - characters. Example: 1 2 tab instead of 1/2 tab or Every 4 6 hours instead of 4-6 hours - These bad sig errors may have appeared in the After Visit Summary (AVS) given to the patient. The actual prescriptions and medications provided to the patient were NOT impacted by this SureScripts software issue.



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 critical labs), 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 (this is usually very helpful).
- 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, contact the attending that you will sign out to, generally via PMD app or text. Provide your extension ("Can I checkout with you at x4710")
- Once the patient is discussed you can update/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 only if the pt is Full Code. (if Limited/DNR -> discuss with attending. **Residents cannot legally place DNR order**)

# 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
- Vancomycin has a special pharmacy monitoring order
- Pharm consult for renal adjustments to medications involving 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

- Double check the start date and time on ALL orders, especially meds and labs
- 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
  - General with tele is now reserved for patients with specific presenting Dx, if tele is desired for any other reason they must be sent to intermediate

# Cross Cover

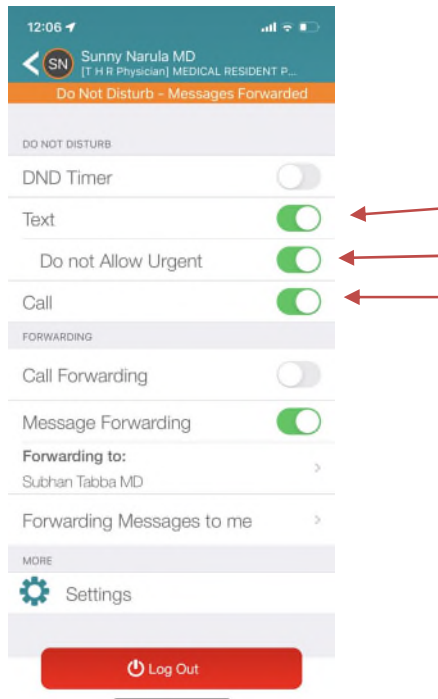
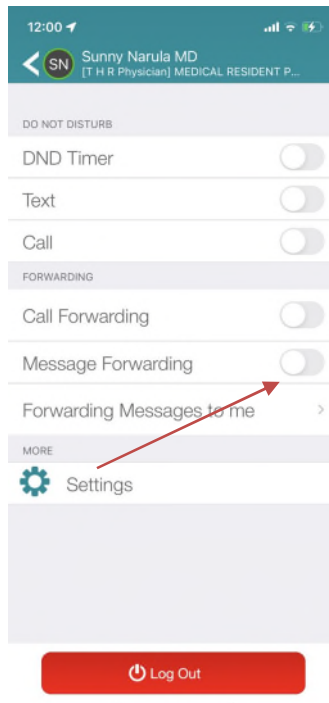
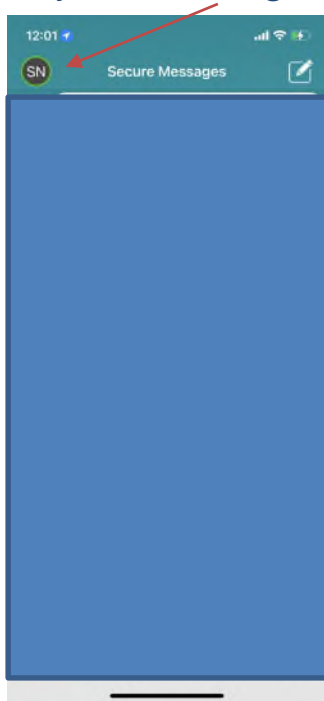
- On weekday call, the **on-call intern/resident** will get sign outs from other interns by 5pm (Who then give to NF at 9-9:30PM), and often earlier on the weekends. You will be responsible for returning pages from the corresponding teams' patients until the next morning at 7am (or 8am if it is the next day's call team).
- If you get any pages overnight and are at all unsure, please notify upper level.
- For 2-intern teams on weekend call, only 1 intern will stay overnight (alternate); 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
- **Please ensure to document or otherwise notify teams of any crosscover actions**

# Cross Cover

- **Please ensure to document or otherwise notify teams of any crosscover actions**
- Daily sign-outs from resident-to-resident must be done in person, not over the phone

# Forwarding pager

- Go to Vocera and click the icon in the top left corner and click on message forwarding to find your colleagues.



# Check-Outs and Notes

- 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 message the attending and wait for their call back. Please give the attending 20 minutes before re-messaging
- Most attendings are on PMD. All phone numbers can be found on the ED On Call website
- 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 a procedure the next day, make sure they are NPO from the previous midnight
- Generally hold all anticoagulation after night dose for procedures. Heparin drip hold 4-6 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

# Tips for Daily Work

- If patient is obtunded/no family, you will need to do 2 physician signature with witness for anything requiring consent (including PRBC)
- 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 generally will 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)

# Tips for Daily Work

- Txhealth.sharepoint.com is the holy grail for finding contact info for almost any MD/DO/NP/PA in the hospital (this is the home page on any Presby computer but can be accessed remotely through that link. Works on mobile browser too so bookmark it in your phone)

The screenshot displays the Texas Health Resources website. At the top, there is a navigation bar with the Texas Health Resources logo, a 'SharePoint' link, and a search bar containing the text 'Search in SharePoint'. Below the navigation bar, a green banner features the text: 'Your experience should allow you to download, print or print using this document. To use these entries, you are likely that, linked to a document completed by others. For help, contact your IT department. View this...'. The main content area is divided into two columns. The left column contains a 'My TexasHealth' menu with links to 'Home', 'Employee Resources', 'Clinical', 'Learning & Training', 'About Texas Health', 'Manage Center', 'Support', 'Carey', and 'My Performance'. Below this is a 'Send to' dropdown menu set to 'Intranet/Intranet Reader'. The right column features a grid of green buttons with white text, organized into two columns. The first column includes: 'Administration on Duty', 'Add the President', 'Additions Order', 'Current Events', 'Department History', 'Strong History - Dallas', 'Innovation Leadership', and 'Laboratory Test Coding'. The second column includes: 'Appraisal', 'Add Executive (CEO)', 'Corporate Goals', 'Department Equipment Goals', 'Dashboard', 'Diversity & Inclusion', 'Healthcare Quality', 'Leadership Test Structures', and 'Healthcare Quality'. At the bottom left, the text 'Learn More' is displayed in blue.

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SharePoint

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Laboratory Test Coding Leadership Test Structures  
Healthcare Quality


**Texas Health**  
 Resources

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[Today's Schedule](#)

Facility: THRDALLAS
 
 Member: Jan 12, 2023
 
 Email: William

Group	Time	Person	Instructions	Actions
<b>ED Call Schedules</b>				
CARDIOLOGY	12:00am - 7:00am	Brian Lee		
CARDIOLOGY	7:00am - 11:00pm	Travis Jiles		
Culinary/Hotel	12:00am - 7:00am	Lea Bae		
Culinary/Hotel	7:00am - 9:00am	Vijay Muralidhar		
Culinary/Hotel	9:00am - 11:00pm	Vijay Muralidhar		
Family Medicine Attending	12:00am - 7:00am	Victoria Ukab		
Family Medicine Attending	7:00am - 11:00pm	Victoria Ukab		
Family Medicine Resident	12:00am - 6:00am	Rupini Akka		
Family Medicine Resident	6:00am - 6:00pm	Mauricio Pineda		
Family Medicine Resident	6:00pm - 11:00pm	Theresa Tallman		
Geriatrics/Long - Advanced Care	12:00am - 7:00am	Theresa Tallman		
Geriatrics/Long - Advanced Care	9:00am - 11:00pm	Frank Bae		

# 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.
  - Once the patient has left the hospital, remove the Teaching Flag

# 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
- Often it will be preferred that dc orders are in before noon
- If you know patient will need to go with pain meds, make sure attending knows to send script (we cannot do this)
- Get in the habit of confirming pharmacy before doing the med rec on a discharge – can ask in AM rounds

# 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
- 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.
- Address queries within 24 hours. You will generally just have to short progress note since notes are otherwise attested
- **NEVER edit after note is attested as it will remove the attestation!**

# 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

- In this job we work closely with consultants and frequently need to communicate with them to obtain or clarify recommendations. Save their numbers in your phone and try to cultivate a good working relationship with them. Always be respectful of their time.
- Open ICU: we still follow ICU pts, but orders need to be cleared by ICU team (esp significant tests such as imaging and treatment orders, exceptions such as ex. Urine Na, Urine Cr are ok, generally things ordered as specimen in lab are okay)
- Chart check at home: <https://ws1.txhealth.org/SAAS/API/1.0/GET/apps/launch/app/342a2da5-1a85-3610-b2e6-b1b737dfa99a>
- In addition to PMD and Vocera, set up Haiku and MModal ASAP for huge quality of life upgrades (remote chart review/ordering and dictation)

# Important Locations

- Cath Lab: Ground Floor across from ER entrance, also across from Noon Conference Room/IM Office
- Endoscopy Lab: 1st floor on the way to Meadows
- 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 East: Obs patients
  - Main 5: OnPointe (Inpatient facility)
  - Main 6: GI/surgery patients
  - Main 7: Seasons (Accent) Hospice

# Important Locations

- Notable Floor Units:
  - Hamon 2 South: SICU
  - Hamon 3 South: MICU
  - Hamon 4 South: Neuro/Trauma 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

# Calling Inpatient Units

- Each Building has its own first digit
  - Main: 7\*\*\*
  - Hamon: 3\*\*\*
  - Jackson: 5\*\*\*
  - Perot: 2\*\*\*
- Key: XYZZ
  - X: Building
  - Y: Floor
  - ZZ: 00 is West or South; 90 is East or North
  - E.g.: Hamon 4 North (neuro intermediate) is 3490

# Continuity Clinic/ Resident's Clinic During Wards

- Make up clinic is designated as "MU:\_" for the categorical residents.
- You are expected to sign in every day you attend clinic, including makeup days
- 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

- Only on Teams A and D. More details will be provided at medical student orientation at the beginning of any wards month when you are on one of those two teams.

# Teaching Rounds

- Your assigned teaching attending will be listed on the call calendar on the website. Meeting location will be confirmed each session with the attending.
- Teaching Rounds are typically held Monday, Wednesday, and Friday between 10:30am to 12:00pm.

# Coffee with Cardiology

- In-depth review of a cardiology topic hosted by Dr. Harper
- Every other Wednesday 11 AM – 12 PM in lieu of teaching rounds in the internal medicine training room

# 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, or ask chiefs and/or other residents
- Ambulatory Clinic - Please let Sonya or Kathy 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

# 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

- o 1 month of Ambulatory Medicine
- o 1 month of Infectious Diseases
- o 1 month of Cardiology
- o 1 month of Nephrology
- o 1 month of Endocrinology
- o 1 month of Neurology
- o 1 month of Gastroenterology
- o 1 month of Pulmonary Medicine
- o 1 month of Geriatrics
- o 1 month of Rheumatology
- o 1 month of Hematology-Oncology
- o 1 month of Pain, Palliative, Addiction Care
- o 1 month of Emergency medicine

# Elective Rotations-Contacts

- o Ambulatory Clinic: Please let Sonya Thompson or Katherine Dodds know the exact dates you are on rotation so that she may start scheduling patients for you.
- o Cardiology: Presbyterian Heart and Vascular Group – Dr Carter King and Peter Kunkel, PA
- o Dermatology: Dr. J Foshee
- o Emergency Medicine: Dr. Romano Sprueil
- o Endocrinology: Endocrine Associates of Dallas – Dr. Jamie Wiebel
- o Gastroenterology: UTSW GI – Dr. Rekha Reddy
- o Hematology/Oncology: Texas Oncology – Dr. Kristi McIntyre
- o Neurology: Neurology Consultants of Dallas – Dr. Samir Shah
- o Infectious Disease: Infectious Care – Connie Alonzo ([conniealonzo2@texashealth.org](mailto:conniealonzo2@texashealth.org)), and Dr Allison Liddel
- o Pulmonology: Southwest Pulmonary Associates – Dr Gary Weinstein
- o Renal: Dallas Nephrology Associates – Dr. Jasmeet Gill
- o Rheumatology: Rheumatology Associates – Dr. Pooja Banerjee
- o Hospitalist: Sound Physicians – Dr. Rahul Gill
- o Radiology: Dr. Noah Appel



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

# Paid Time Off

- **You are allowed 20 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, Karen Washington, Dr. Gill** as soon as possible and **fill out a PTO form**. If on wards or ICU, please notify the chief residents immediately so that they can find a replacement for you.

## 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 Resident Sign Out Session - No Conference Scheduled	11:00am Interns' Conference - <b>CANCELLED</b> 12:00pm Orientation Conference: (Sleep Deprivation and Fatigue by S. Merrill, MD) <i>CS Menu ~ Artichoke &amp; Tomato Chicken, Roasted Potatoes, Grilled Vegetable Medley, Whole Fruit and Presby Cookies</i> <b>ORIENTATION</b>	7:30am William C. Harvey Case Conference: (Herbal Supplements and Kidney Disease by T. Patel, MD) 12:00pm Internal Medicine Grand Rounds- Nephrology: (SPRINTing to New Blood Pressure Goals by Michel Chouh, MD) <i>CS Menu ~ Beef Lasagna, Steamed Broccoli, Garden Salad and Whole Fruit</i>	12:00pm Teaching Conference: Orientation Conference: (How to Cross Cover by R. Hosein, MBBS and Daniel Soleja, MD) <i>CS Menu ~ Assortment of Boxed Lunches</i> <b>ORIENTATION</b>	7:30am Coffee with Cardiology - <b>CANCELLED</b> 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 Battista, MD) 12:00pm Teaching Conference: Orientation Conference: (How to be a Good Intern by S. Rinner, MD) <i>Lunch by Pharm. Rep.</i> <b>ORIENTATION</b>

### Quick Links:

[MyEvaluations](#)  
[Cross-Cover PowerPoint](#)  
[FAQs page](#)  
[Helpful Tips for SW Orders](#)  
[PTQ Request Form](#)  
[PTQ Policy](#)  
[Email for sending presentation files for Teaching Conferences](#)  
[Links to literature](#)

## Teaching Conferences for June 26 - 30, 2017

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

# Conferences

- You have already received your conference dates via email
- 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.
- If you are scheduled a conference (hopefully avoided) on a call day or on vacation you must find someone to cover your conference within a reasonable time frame.

# 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.
- 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: Wednesday, Noon - 1 PM

# 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.
- Interns on elective are required to attend Morning Report 1-2x per month on Tuesday or Thursday

# 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

# 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 or 2 if PGY2): 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
- Must begin with a "Safety Story", which can be unrelated

**Intern's Conference** (every Tuesday, 1<sup>st</sup> 6 months of year only): 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 for PGY3s)**

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. Patel.

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

# Conference Format Guidelines

## **M&M: Patient Quality Improvement (1 per year starting PGY2)**

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

Check folder of requirement for list of recently presented conferences

# Continuity Clinic (Resident's Clinic)

Location:

- Professional Building 1, 7<sup>th</sup> 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.
- There is no clinic if you are on a post-call day
- 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

# 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 [4011111183]**". 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

- Scrubs are acceptable on wards, continuity clinic, and inpatient electives.
- Expect to wear professional dress and whitecoat for outpatient electives (aside from Geri/Ambu)

# Procedures

- Categoricals have 3 procedure requirements in order to graduate:
- 5 Pelvic Exams +/- pap smear (Ambulatory Clinic, ER)
- 5 Code Blues (Wards and/or ICU)
- 5 Peripheral IV Insertions (ER rotation, clinic, ICU)
- 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 New Innovations

# Library-[THDMedicalLibrary@TexasHealth.Org](http://THDMedicalLibrary@TexasHealth.Org)



Internal Medicine Residency Program

[Home](#)

[Calendars](#)

[Curriculum](#)

[Faculty](#)

## 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 \(DDI\)](#)

# Important Contact Information

## Chief Residents

Subhan Tabba, 714-306-5830, [SubhanTabba@texashealth.org](mailto:SubhanTabba@texashealth.org)

William Estes, 832-767-9405, [WilliamEstes@texashealth.org](mailto:WilliamEstes@texashealth.org)

## GME Contacts

Karen Washington; 214-345-6176 (Work); [KarenWashington@texashealth.org](mailto:KarenWashington@texashealth.org)

Sherie Strang; 214-345-7881 (Work); [SherieStrang@texashealth.org](mailto:SherieStrang@texashealth.org)

## Program Directors:

Dr. Tapan Patel; [TapanPatel@texashealth.org](mailto:TapanPatel@texashealth.org)

Dr. Rahul Gill; [RahulGill@texashealth.org](mailto:RahulGill@texashealth.org)

# Door Codes

- ~~10<sup>th</sup> floor Resident Lounge: 82002~~
  - Please close the door behind you if you are the last one to leave
- 
- 10<sup>th</sup> 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:
  - NPI #:
  - DEA #:
  - PIT license #:
  - Badge #:
  - Heart and Vascular Conference Room: 7688
  - H3 MICU bathrooms: 6015
  - H2N Bathrooms: 7717
  - Vocera: x8338
  - IT: x4357
  - French Garden x2620
  - Interpreter:
    - In person: vocera "Spanish interpreter"
    - Phone: 1500
      - Client ID 204936
      - Cost center #: 06700



Again, Welcome to  
Presbyterian!