



# *Intern Orientation*

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June 20, 2017

Danial Soleja  
Rachael Hosein

Co-chief residents 2017 - 2018



**Welcome to Presbyterian!!**

# Residency Website

- The residency website is updated regularly and contains the call schedule, conference schedule, Paid Time Off (PTO) forms, curriculum and additional helpful information. This information is easily available by searching through the links on the top and the left panel.
- Review this website often.
- Website URL is **phdres.caregate.net**

## Teaching Conferences for June 19 - 23, 2017

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

- June**
- [Teaching Conferences](#)
  - [William C. Harvey Case Conference.pdf](#)
  - [Int Med GR.pdf](#)
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**Quick Links:**

- [MyEvaluations](#)
- [Cross-Cover PowerPoint](#)
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- [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](#)

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# Duty Hours

- All duty hours should be updated on the [MyEvaluations.com](http://MyEvaluations.com) website weekly. (See next slide).
- 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"

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



## MEMBER LOG IN

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### CUSTOMER TESTIMONIALS



**Karen Ruwoldt, 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



# Duty Hours

## ACGME Common Program Requirements

Resident Duty Hours - Approved March 10th, 2017

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

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

# WARDS

- 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 until 5 pm.
- 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. This is the intern's responsibility. Likewise, the resident will be available during this time to assist interns with questions and patient care.



# Call Days on Wards

- Call days typically begin at 8:00am and end at 8:00am the following day. You may start receiving new patient admissions at 8:00am. 8am to 12pm on a post call day is for acute patients and transition of care.
- PGY-1 residents are allowed to take a maximum of 5 admissions per call day up to a total census of 10 patients. A PGY-1 must not carry more than 10 patients at one time.
- Taking a clinic patient from another team or bounce back from another team is allowed on the other team's post-call days (the second day after their call). This does NOT count as a new admission. You may take a maximum of 2 transfers on call days.
- PGY-2/3 residents on a 1 intern team may take a total of 5 new patients plus an additional 4 patients (typically these will be resident clinic patients). If the PGY-1 intern has not capped (they do not have a total of 10 patients on their post call day), they will take the additional new patients post-call unless they reach their cap of 10 patients.
- PGY 2/3 can carry no more than 14 patients at one time on a 1 intern team.

# Call Days on Wards

- 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.
- Upper level residents receive the admissions and supporting information from the attendings and will pass the information along to the intern.
- When getting a new admission:
  - See the patient in a timely manner.
  - If getting multiple patients at once, review their vital signs, interventions in the ED.
  - If they are going to the ICU, they most likely will take priority. Talk to your upper level resident if you have questions regarding which patient you should see first.
- Review the chart prior to seeing the patient. This includes labs, ECG, radiology etc.
- Introduce yourself as part of the teaching service, working with the admitting attending.
- After interviewing the patient, update the allergies, past medical, surgical, family and social histories. Update the current medication list.
- Develop your plan and discuss with your upper level resident.
- Check out to the attending in a timely manner.
- Complete the admission orders and your H&P/admission note before evaluating the

# 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.
- 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.
- Generally, if the attending is through MDOC, you will dial x8480 for the operator; for THPG, you can page through desktop icon. For private physicians, refer to your laminated reference card.
- 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.

# Discharging Patients

- Discharge orders need to be placed before 11:00am.
- 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
  - Discharge summaries must be on the chart within 24 hours after discharge.
  - Please ensure the note time is accurate. The discharge note should be the last note of the patient's hospital stay. Do not sign the discharge summary prior to the patient leaving the hospital.
  - Once the patient has left the hospital, remove the Teaching Flag and the Treatment Team.

# Facility Transfer Orders

- Please ask your upper level resident if you have any questions on how to submit transfer orders.
- Patients going to Jackson Rehab: click on the facility transfer on the top of the discharge orders. You will sign and hold these 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 from the patient's respective nursing station, check which orders will need to be continued, sign and date the transfer orders. Please place these in the patient's chart. Transport is arranged throughout the day, so please check what time transport is expected to have the orders completed in advance. No prescriptions will print (they are all marked as "facility transfer").

# Day Float

## Schedule

- 7am-11:30am – In the ED
- 11:30am-12pm – Getting handover from the post-call team
- 12-1pm – Conference
- 12-5pm – Cross cover for post-call team
- At 5pm – Hand over to on-call team

Is off every 5<sup>th</sup> day on Team E's post-call day AKA Team A's call day

On Team C's post call day they will not be required to cross cover

- Prelims – 7am to 5pm in the ED, 12-1pm Conference
- Categoricals – 7am-12pm ED, 12-1pm Conference, 1-5pm Clinic

On weekends the day float intern will now cover the post call team until 5pm, they will not be able to sign the patient's out early, ie. from 12pm like other teams currently do.

# 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

- Medical students may be assigned to your team. Please include them in discussions and decision-making (as appropriate).
- Please review medical student expectations prior to working with the medical students.
- Medical students should write at least 2 full History and Physicals in the EMR per call day.
- Medical students may follow up to 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.



# Medical Students

- Medical students should be prepared to give capsule summaries in SOAP format to their interns and upper levels 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.
- It is primarily the upper level's responsibility to teach and include the medical student in daily rounding, discussions and teaching opportunities as they present themselves. Interns are expected to do the same.
- Medical students are expected to go home by 9 pm on call day. They can start at 7 am on call day to allow a 10 hour rest period.

# 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 however.

# 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</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)

# Elective Rotations- Contacts

- Cardiology - Presbyterian Heart and Vascular Group - Peter Kunkel, PA
- Dermatology - North Dallas Dermatology Associates - Dr. Melissa Costner
- 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 - all physicians
- Pulmonology - Southwest Pulmonary Associates - all physicians
- Renal - Dallas Nephrology Associates - Dr. Bruce Wall or 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](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, Christina Martinez, Dr. Merrill 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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[Links to pictures](#)

# 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 consider having a back-up device with your presentation. Emailing the presentation in advance almost always is successful. You may also email it to Christina Martinez in advance.
- 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.
- Some residents may be asked to do extra conferences (i.e. CPC conference or Wednesday AM conference).
- If you are preparing a PowerPoint for another physician, please email them the PowerPoint well in advance for their review. CPC conference presentations will need to be emailed to the chief resident(s) for review and then to the program directors 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.
- 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
- C: William C. Harvey Case Conference: 7:30AM-8AM on Wed
- D: Internal Medicine Grand Rounds: Noon-1PM on Wed
- E: Coffee with Cardiology: 7:30AM-8AM on Friday
- Interns are encouraged to attend C and E during their ICU month, but it is not required.

- 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 Merrill 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

Format for presentations: it's a good idea to leave 5-10 minutes for discussion afterward

**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.

- You will more or less follow the format in which the article is written
- Give *brief* (not more than 1-2 slides) background on the condition or medication addressed in the study.
- Include the following sections:
  - Study design
  - End points
  - Inclusion/exclusion criteria
  - Show that baseline characteristics were even between groups
  - Statistics
  - Strengths & weaknesses
  - Pertinent graphs & charts
- Duration: 20-25 minutes with 5-10 minutes for discussion at the end.
- Length: 10 slides or less

You can find past articles that residents have presented at [http://phdres.caregate.net/curriculum/journal\\_club2k16-17.html](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.

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

- Pertinent history & physical (doesn't have to include every detail)
- Pertinent labs
- Pertinent imaging
- Discussion of the differential
- Discussion of the disease/condition
- Duration: 20-25 minutes with 5-10 minutes for discussion at the end.
- Length: No more than 35-40 slides depending on how content-dense your slides are

**Resident's conference** (1 per year): discussion of a topic of your choosing

- Can be a specific condition or group of disorders (eg: pancreatitis, rheumatologic joint diseases, breast cancer, macrocytic anemias, etc.)
- Discuss the pathophysiology, presentation, treatment, etc.
- You can use a vignette if you like.
- Feel free to be creative.
- Duration: 45-50 minutes with 5-10 minutes for discussion at the end.
- If you are unsure if someone's already done a topic, please contact your chief resident.

**Interns conference** (every Tuesday): present a full H&P of an interesting case from wards

- When: 11:00AM – 12:00PM in the morning report room.
- There is an assigned intern designated for the month who is in charge of presenting a case from wards to Dr. Feldman or Dr. Goodman.
- The designated intern may assign other interns to present interesting cases during the remaining Tuesdays as well as long as the designated intern presents at least TWICE during their assigned month.
- All interns are **REQUIRED** to attend no matter what the rotation. For on-call and post-call interns, attendance is still preferred.

# 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 (Resident's 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.
- Beginning 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 (Resident's 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 (Resident's 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 (Resident's 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:
  - Leave all laptops plugged in.
  - Log out completely from each workstation.
  - Check with the front staff and medical assistants for any last minute questions.

# Continuity Clinic (Resident's 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 or post call 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)

## 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](#): Medcal.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

- Danial Soleja; 915-240-0759; [DanialSoleja@texashealth.org](mailto:DanialSoleja@texashealth.org) or [dasoleja@gmail.com](mailto:dasoleja@gmail.com)
- Rachael Hosein; 469-418-6072; [RachaelHosein@texashealth.org](mailto:RachaelHosein@texashealth.org) or [rachaelbreehosein@gmail.com](mailto:rachaelbreehosein@gmail.com)

## GME Contacts

- Christina Martinez; 682-557-1714 (Cell); 214-345-6176 (Work); [ChristinaMartinez@texashealth.org](mailto:ChristinaMartinez@texashealth.org)
- Sherie Strang; 214-345-7881 (Work); [SherieStrang@texashealth.org](mailto:SherieStrang@texashealth.org)

## Program Directors

- Dr. Mark Feldman; [MarkFeldman@texashealth.org](mailto:MarkFeldman@texashealth.org)
- Dr. Sonya Merrill; [SonyaMerrill@texashealth.org](mailto:SonyaMerrill@texashealth.org)

# Door Codes

- 10<sup>th</sup> floor Resident Lounge: 82002
- Please leave the door closed 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

Again, welcome to Presbyterian!!

