

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](#)








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

Quick Links:
[MyEvaluations](#)
[Cross-Cover PowerPoint](#)
[FAQs page](#)
[Helpful Tips for SWY 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](#)

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 Jun (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: CANCELLED - Due to July 4th Holiday</i> 12:00pm Teaching Conferences: Patient Safety & Quality Improvement- <i>M & M: (TBA)</i> <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 [MyEvaluations.com](https://www.myevaluations.com) website weekly.
- It is important to follow all ACGME rules regarding duty hours

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

ACGME Common Program Requirements

Resident Duty Hours

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

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

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

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

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



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CUSTOMER TESTIMONIALS



Karen 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



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.
 - Each month one weekend is to be covered by one of the interns on wards but may be covered by an intern on elective

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 checks 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. Preference will be given to those who are not off or on elective. However, 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.
- 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
- Maximum of 2 transfers per call day
 - These are progress notes instead of H&P.

Admitting Patients

- When you get a new admission:
 - Add 'Teaching Service', Upper Level, and Yourself to the "Treatment Team". This is done so that the patient will automatically be added to the "Teaching Service" list, which can be accessed by all of your peers for cross cover purposes.
 - Add "Teaching Flags" by selecting tab "THR FYI" then selecting "new flag", and 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 ½ 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 panic results), as well as pertinent labs that have been run by ED.
- Look at “Chart Review” Tab to look at prior ED visits, admissions, etc.
- Look at “Care Everywhere” to look for recent activity at other facilities as well as PMHx. “Request Outside Records” if available (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, page the attending that you will sign out to. Page them to your desk extension or your cell phone if you need to leave the work area. ("Can I checkout with you at x4710")
- Once the patient is discussed you can sign your note, and place all admission orders

Admission Checklist

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

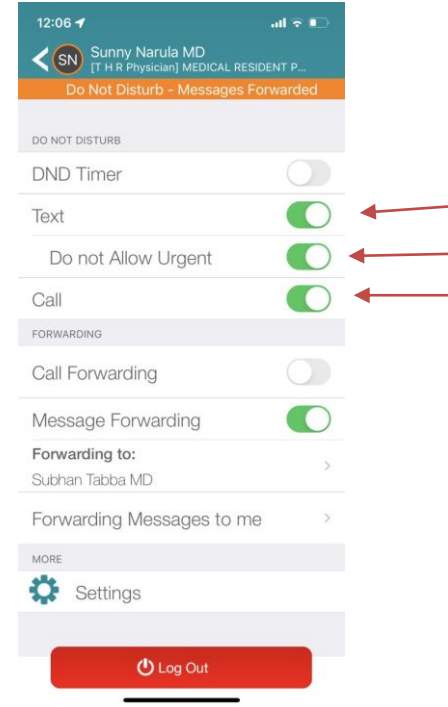
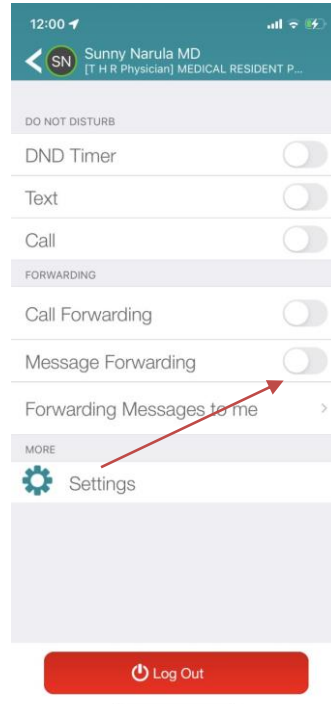
- When ordering daily orders, sometimes they will start daily from the time you order (ex. Orders placed at 7pm will order daily CBC at 7pm every day); check they are set for 5AM
- Try to put holding parameters on BP meds, sedating meds, etc; can make a dot phrase for this (Hold for SBP<90 or DBP<50,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

Cross Cover

- On weekday call, the **on-call intern/resident** will get sign outs from other interns at 5pm (Who then give to NF at 9-9:30PM), and on weekends the on-call team can get sign outs at 12 noon. You will be responsible for returning pages from the corresponding teams' patients until the next morning at 7am (or 8am if it is the next day's call team).
- If you get any pages overnight and are at all unsure, please notify upper level.
- For 2-intern teams on weekend call, only 1 intern will stay overnight (alternate), and the intern that goes home will come in the next morning at 7am. The overnight intern will leave by 12 noon on the post-call day and sign out patients to the opposite intern, to be covered until 5pm (and follow up on loose ends.).

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

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

Check-Outs and Notes

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

Tips for Daily Work

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

Tips for Daily Work

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

Discharging Patients

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

Discharge Tips

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

Discharge Tips

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

Discharge Tips

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

Facility Transfer Orders

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

Other Tips

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

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

Calling Patient Rooms

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

Continuity Clinic/ Resident's Clinic During Wards

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

Medical Students

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

Teaching Rounds

- Teaching attending and meeting rooms can be found using the residency website; go to Conferences and Calendars -> Attending Physicians.
- Teaching Rounds are typically held Monday, Wednesday, and Friday between 10:30am to 12:00pm.

Cardiology Conference

- 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.
- 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
Emergency Medicine	(1)	Vacation Permitted
Endocrinology	(1)	Vacation Permitted
Gastroenterology	(1)	Vacation Permitted
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. Jeri Foshee
- Emergency Medicine - Dr. Romano Sprueil
- Endocrinology - Endocrine Associates of Dallas - Dr. Richard Sachson
- Gastroenterology - Texas Digestive Disease Consultants - Dr. Reddy
- Primary Care - Texas Health Adult & Senior Care - Dr. Mitch Carroll and Dr. Shounak Das
- Hematology/Oncology - Texas Oncology - Dr. Kristi McIntyre
- Neurology - Neurology Consultants of Dallas - Dr. Samir Shah, or Dr. Puneet Gupta
- Infectious Disease - Infectious Care - Connie Alonzo
- Pulmonology - Southwest Pulmonary Associates - all physicians
- Renal - Dallas Nephrology Associates - Dr. Jasmeet Gill
- Rheumatology - Rheumatology Associates - Dr. Stanley Cohen

Vacation

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

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

Paid Time Off

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

Conferences

- PGY-1s are assigned conference dates. PGY-2/3 will pick their conference dates prior to the start of the next academic year.
- If you have questions regarding the requirements/recommendations for your conference, please contact an upper level resident for an example of past presentations.
- It is the individual's responsibility to review the conference schedule and be prepared for the presentation.
- Please check the website for your conference dates. Please check your emails regularly for Skype meeting requests from either Sherie or Christina.
- If you are scheduled a conference (hopefully avoided) on-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: 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. Drs. Patel and Gill will send commendations to interns and residents with consistently high attendance and will also review suboptimal attendance with interns and residents on a case by case basis.

Conference Format Guidelines

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

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

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

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

Conference Format Guidelines

CPC/ Clinical Pathological Conference (1 per year 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

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

Please also click on “YTD” and “2021-2022” to see what other articles have been presented in the remote past.

Continuity Clinic (Resident's Clinic)

Location:

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

CareConnect domain:

- THPADS

Continuity Clinic

- **Categorical residents** are assigned a clinic day. This will be your clinic day for all three years in residency.
- When on wards, you may be assigned a "Make Up Clinic" depending on your schedule. It is denoted on the call calendar as "MU".
- Clinic hours are 1:00pm - 5:00pm.
- 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. Put “PCP – Dr. ***” under “snapshot”, “specialty comments.”

Continuity Clinic

Orders:

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

Continuity Clinic

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

Continuity Clinic

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

Continuity Clinic

Out of Office Function:

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

Dress Code

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

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 [MyEvaluations.com](https://myevaluations.com)

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

[National Academies Press](#)

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

Practice Guidelines:

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

[PubMed](#)

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

Important Contact Information

Chief Residents

Sunny Narula; 405-471-3479; SunnyNarula@texashealth.org

Pouria Hosseini; 404-661-3488 ; PouriaHosseini@texashealth.org

GME Contacts

Karen Washington; 214-345-6176 (Work); KarenWashington@texashealth.org

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

Program Directors:

Dr. Tapan Patel; TapanPatel@texashealth.org

Dr. Rahul Gill; RahulGill@texashealth.org

Door Codes

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

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

Important Numbers

- Keep a list of important numbers
 - Login ID:
 - ReadySet ID:
 - Employee ID:
 - Physician ID:
 - 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!