

Intern Responsibilities on the Wards

Welcome to your first Jewish hospital ward rotation! Below is a brief outline of the minimum responsibilities for your daily work. Other details are at the discretion of your resident, the chiefs and attending.

Monday to Friday:

7:00am: be on the wards no later than this time.

By 7:30am: *All* pre-rounding should be completed by this time. Pre-rounds include checking overnight vitals and taking note of any major overnight events *at a minimum*. Depending on the number of patients you carry, you may want to start even earlier in order to examine your patients and start your progress notes prior to morning report.

7:30am –8:15am: Morning report. Overnight patients will be presented first by the overnight team.

8:15-9:45am: Teaching rounds with your attending. Be prepared to discuss patient care issues.

9:45 – 11:45am: Work rounds to complete notes, follow-up, etc.

12:00 – 1:00pm: Noon conference. Daily, timely attendance is mandatory. Exceptions include urgent patient care, codes or admissions.

1:00 -2:45pm: Finish your work. If you finish early, you and your resident should be involved in teaching activities or helping other interns. Complete and update sign-out. If your work takes you into the afternoon post-call day (which it usually won't) make sure you sign out by 1PM (to comply with duty-work hour rules). It's you and your resident's responsibility to make sure you leave by 1PM.

3:00pm: Check-out rounds start promptly, verbally sign out *all* the patients. Importantly, summarize your patients briefly, why they are admitted, and communicate any issues that may arise and what to do about them.
(NOTE: *leaving sign-out sheets in the lounge or resident work areas for the night intern to pick up is not acceptable.*)

3:30-4:00pm: (Thursdays) Intern report at Internal Medicine Conference room.

6:00pm: When on-call, present sign-out to the AON. Sign out *all* day admissions and ward patients. Importantly, summarize the patients briefly, why they are admitted, and communicate any issues that may arise and what to do about them. For problems at night, start with the AON/ward on-call resident. If for whatever reason they don't respond to your page, call the Night Senior/ICU on-call resident. Next level, call the attending, and if further help is needed call the house physician or the chiefs for help. Never hesitate to call for help!

Weekends/Holidays:

Arrive no later than 8am. Check in with the overnight intern for any updates on your patients. There are no formal bedside rounds with attending on the weekends, but your resident will be rounding with you in the AM. Check in with your resident: when your work is done so you can sign out and leave for the day unless you are on-call. If you are post-call on the weekend, sign out before 1pm.

Extra Advice:

- * You will be expected to give at least one brief, informal talk on an internal medicine topic during the rotation. Ask your resident, chiefs or attending for topic ideas.
- * Read up on your patients. You are expected to have reviewed the ACP weekly curriculum, and assigned clinic topics for the week, so be prepared.
- * The on-call intern and resident respond to all codes, day and night.
- * Off-service notes should be completed on all your patients with admissions >48 hours prior to the change of service date. Plan ahead and discuss your assigned patients with your residents.
- * Starting January 1st, dictate H&P s and discharge summaries for all your patients admitted under the Teaching Service. The Teaching Service is defined as those patients whom internal medicine residents routinely provide care with one of the teaching attending assigned for the month. Its *highly* recommended you start dictating H&P s and discharge summaries sooner.
- * Written discharge summaries need to be completed on all your patients regardless of the attending.

Intern Responsibilities in the ICU

Welcome to your first Jewish hospital ICU rotation! Below is a brief outline of the minimum responsibilities for your daily work. Other details are at the discretion of your resident, the chiefs and attending.

Monday to Friday:

7:00am: be in the unit no later than this time.

By 7:30am: *All* prerounding should be completed by this time. Pre-rounds include checking overnight vitals and taking note of any major overnight events *at a minimum*. Depending on the number of patients you carry, you may want to start even earlier in order to examine your patients and start your progress notes prior to rounding. Overnight patients will be presented first by the overnight team. The NS/on-call resident must leave by 8AM.

10:00 - 11:45am: Bedside teaching/work rounds.

12:00 – 1:00pm: Noon conference. Daily, timely attendance is mandatory. Exceptions include urgent patient care, codes or admissions.

1:00 -2:45pm: Finish your work. If you finish early, you and your resident should be involved in teaching activities or helping other interns. Complete and update sign-out. If your work takes you into the afternoon post-call day (which it usually won't) make sure you sign out by 1PM (to comply with duty-work hour rules). It's you and your resident's responsibility to make sure you leave by 1PM.

3:00pm: Check-out rounds start promptly to be done at bedside, verbally sign out *all* the patients. Importantly, summarize your patients briefly, why they are admitted, and communicate any issues that may arise and what to do about them. For problems at night, start with the Night Senior/ICU on-call resident. If for whatever reason they don't respond to your page, call the AON/ward on-call resident. Next level, call the attending, and if further help is needed call the house physician or the chiefs for help. Never hesitate to call for help!

(NOTE: *leaving sign-out sheets in the lounge or resident work areas for the night intern to pick up is not acceptable.*)

3:30-4:00pm: (Thursdays) Intern report at Internal Medicine Conference room.

Weekends/Holidays:

Arrive no later than 8am. Check in with the overnight intern for any updates on your patients. There are no formal bedside rounds with attending on the weekends, but your resident will be rounding with you in the AM. Check in with your resident: when your work is done so you can sign out and leave for the day unless you are on-call. If you are post-call on the weekend, sign out before 1pm.

Extra Advice:

- *You will be expected to give at least one brief, informal talk on a critical care topic during the rotation. Ask your resident, the chief or attending for topic ideas.
- * Read up on your patients. You are expected to have reviewed the ACP weekly curriculum, and assigned clinic topics for the week, so be prepared.
- *The on-call intern and resident respond to all codes, day and night.
- * Off-service notes should be completed on all your patients with admissions >48 hours prior to the change of service date. Plan ahead and discuss your assigned patients with your residents.
- *Maximize this opportunity for getting signed off on procedures while in the unit. If there is no one to proctor you, call the chief. If you are too busy to do a procedure, contact your colleagues in the unit or on the floor so that they can get the experience. Patients should be sent to IR (interventional radiology) for procedures or have PICC lines placed only under very specific circumstances.
- * Starting January 1st, dictate H&P s on all your patients, regardless of the admitting attending. Its *highly* recommended you start dictating H&P s sooner.