VA Inpatient PGY1 Expectations

Please read *Department of Medicine Expectations for Floor/ACS/ICU faculty* for comprehensive overview. Below is to highlight VA expectations.

Patient Care

1. Daily rounds
    - Pre-round: prioritize seeing sickest patient first and any patient with overnight event. Escalate any issue/concern/question to your senior resident/attending.
    - Prioritize and plan your morning so that you're done seeing patients before Multidisciplinary Discharge Rounds begins (Team 1 8:30; Team 2 8:40; Team 3 8:50; Team 4 9:00 am).
    - If unsure of plan for your patient, discuss with your senior resident prior to rounds.
    - When seeing patients, pay attention to devices on a patient such as Indwelling catheter/SPT/nephrostomy, ostomy, telemetry, O2 supplementation, IV/central lines.
2. Presentation
    - Use SOAP format for follow-up presentations. Full H&P for new overnight admissions.
    - You are expected to have an assessment and a working plan and not just report subjective and objective findings.
3. Notes
    - Daily progress notes should **NOT** be copy pasted from prior notes. You can paraphrase and update each assessment entry. It's not necessarily to list all information in the assessment section. Notes should include:
        - Tobacco/substance/ETOH
        - Family update (every other day)
        - DVT PPX
        - Life Sustaining Treatment
        - Disposition plan

      Progress note is not needed on the day of discharge as long as physical exam on the day of discharge is included in DC Summary.
    - H&P needs to be completed and signed before leaving for the day. Include all components of H&P such as family and social history. If wound/ulcer is present, it should be included in your physical exam. All neurological/spine/back pain symptomatology need full neurological exam.
    - Discharge Summary
        - Don't copy paste the HPI, paraphrase the HPI.
        - For Secondary discharge diagnosis, remove auto-populated problem list, only include actively managed medical conditions.
    - Do not auto-populate images from previous hospitalization or outpatient unless relevant to why patient is currently admitted. If image is auto-populated, condense to remove unnecessary information to only include pertinent finding.
    - Reformat auto-populate labs so that it's not one long list. You can group as CBC, BMP, LFTs, Cultures, Images, etc.
4. Discharges
    - Accurate and appropriate discharge is critical to patient care.
    - Utilize ***Anticipate Discharge*** a day prior (if discharge is known in advance).
        - Medication Reconciliation (including WOUND care supplies, Nutrition supplements)
        - Anticipatory discharge (under administrative order)
        - Discharge instruction (Care Transition Portal)

1. This is for the patient, avoid medical jargon.
2. Include medication changes and instruction for the patient.
3. Include CPAP/BIPAP/Oxygen if prescribed for patient.
4. Wound care instruction must be included.
5. Include f/u laboratory or image testing if recommended for patient.
6. Tobacco/Substance/Alcohol use– must be accurately selected that matches admission nursing documentation (*Vaaes Acute Inpatient Nsg Admission Screen*). If agreed for cessation, order cessation medication and Quit Smart or STS consult must be placed.

- D/C summary must be completed prior to discharge for patients going to SNF/assisted living.
- For patient discharged to home, D/C summary must be completed within 24 hours.
- Review Discharge Timeout for each patient that's anticipated or on the day of discharge w/ resident/attending.

Communication

1. Pages/Pager
    a. Pages should be answered within 5 minutes.
    b. On-call intern should carry Code-pager starting at 7AM.
    c. Cross-cover intern should pick up cross-cover pager at 7AM.
2. Handoff
    a. Proper handoff to another resident is critical.
    b. Handoff sheet should be updated daily, succinctly, and accurately.
    c. Include anticipatory guidance for cross-cover/NF team in "if" and "then" format.
3. Keep nursing staff informed of plan for patient. Urgent labs, tests, medication should be verbally communicated.

Professionalism

- Be on time for multi-disciplinary discharge rounds and rounds with attending.
- Be on time for educational conferences.
- Work as a team with your co-intern; ex. when one presents, one can place orders.

Didactics/Teaching

- Noon conference is mandatory 12:00 -1:00 pm.
    - This is a protected hour from patient care and you are expected to be on time
        - Exception is if you're on call and there is a *code* or *rapid response*
- Independent reading on topics is an essential aspect of your education during your rotation.
- You are expected to teach and guide 3rd year medical students who will mutually follow 1-2 patients.

Evaluations

- Attendings and Residents will provide verbal and written feedback using MedHub.
- You are evaluated by medical residents using MedHub.
- You are encourage to seek for feedback as well as direct observation to complete MiniCEX.
- Your evaluation is based on 6 Core Competencies: Patient care, Medical knowledge, Professionalism, Interpersonal communication skill, Practice based learning, & Systems based practice.