VA Inpatient PGY II & PGY III Resident 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: evaluate sick patient from overnight with intern. Escalate any issue/concern/question to your attending.
    - Review patients, address and acute issues (electrolyte derangement, consults) and run patient list with each intern before Multidisciplinary Discharge Rounds begins (Team 1 8:30; Team 2 8:40; Team 3 8:50; Team 4 9:00 am).
    - You must see all patients seen by MS4 during their AI rotation and write a progress note.
    - As a senior resident, have awareness of patients with devices on a patient such as Indwelling cath/SPT/nephrostomy, ostomy, telemetry, O2 supplementation, IV/central lines. Awareness of this will aid in appropriate removal of device as necessarily to expedite discharge planning.
2. Presentation
    - During intern & medical student presentation provide your undivided attention and minimize interruption until presentation is finished unless urgent matter arises.
    - Make note of presentation to provide feedback.
3. Notes
    - You should assess and provide feedback on intern and medical student notes (progress notes, H&P, Discharge instruction and Discharge summary)
      Daily progress notes should NOT be copy pasted from prior notes.
      Notes should include:
        - Tobacco/substance/ETOH
        - Family update (every other day)
        - DVT PPX
        - Life Sustaining Treatment
        - Disposition plan

      Of note, 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 should include family and social history. If wound/ulcer is present, it should be included in the physical exam. All neurological symptomatology, back pain, visual changes, dizziness need full neurological exam.
    - Discharge Summary
        - Should not be a “copy & paste” of the HPI
        - For Secondary Discharge Diagnosis, only actively managed medical conditions should be included
    - Images should not be auto-populate from previous hospitalization or outpatient unless relevant to this admission.
4. Discharges
    - Accurate and appropriate discharge is critical to patient care.
    - MUST supervise intern in reviewing MEDICATION RECONSILLATION, follow-up lab/image orders, and outpatient appointments.
    - Utilize *Anticipate Discharge* a day prior (if discharge is known in advance).

If intern is busy with other work, senior resident should assist with anticipated discharges.

- Medication Reconciliation (including WOUND care supplies, Foley bag supplies, Nutrition supplements)
- Anticipatory discharge (under administrative order)
- Discharge instruction
    1. This is for the patient, medical jargon should be avoided.
    2. Medication changes should be included.
    3. CPAP/BIPAP/Oxygen should be included if prescribed for patient.
    4. Wound care instruction must be included.
    5. F/u labs or image testing should be stated 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 or assisted living.
- For patient discharged to home, D/C summary must be completed within 24 hours of discharge.
- Review Discharge Timeout for each patient that's anticipated or on the day of discharge.

Supervision and Teaching

- Be approachable and accessible to your team members.
- Help interns with workflow and time management.
- Set expectations for interns and medical students.
- You are expected to teach and guide interns and medical students.
- You should assign topics for interns & medical students to read & present as it relates to their patients or from clinical questions that arise.
- Routinely pull up EKGs & Images to review during rounds as it relates to patient discussion.
- Provide regular feedback, highlight achievements, and guide toward areas of improvement.
- Take as much leadership role in running rounds including talking to patient and doing bedside teaching, particularly during PGY 3 year. You can discuss expectations for rounds with your team attending.
- 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*
        - ensure all members are attending their respective conferences on time

Suggested Reading for becoming a good leader as a senior resident on the team

a. "The Art of Leading with the Right Balance as a Senior Resident". NEJM article.
b. Six Precepts for Becoming a Good Senior Resident. SGIM.

Communication

1. Pages/Pager
    a. Pages should be answered within 5 minute.
    b. On-call resident should carry Code-pager starting at 7AM.
    c. Ensure cross-cover intern and admitting intern on the team carry their respective pagers.
2. Handoff
    a. Supervise patient handoff content and sign-out.
    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. This can be accomplished by senior resident or intern depending on workload.

Professionalism

- Be on time for multi-disciplinary discharge rounds and rounds with attending.
- Be on time for educational conferences.
- Work as a leader on the team to ensure each member feels respected and supported.
- Escalate any issue to attending physician.

Evaluations

- Attendings will provide verbal feedback and written evaluation via MedHub.
- You are evaluated by medical students and interns using MedHub.
- You are encouraged 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.