WARDS – UNMC

Contact: Supervising Resident (888-1859)
When to contact: One month prior
Preceptors: Ward attendings from each service
Where to meet: TBA

Purpose:

Inpatient service at Children’s Hospital and NMC University Hospital gives residents the opportunity to be exposed to diverse disease processes meriting hospitalization of pediatric patients. Interns will be exposed to these disease processes and they should attempt to become comfortable with the diagnosis and management of these illnesses. Supervising residents will learn to manage the inpatient team and should function as an educator of both students and interns, problem solver, consultant for the interns, and liaison between attendings and the interns.

Objectives:

Interns:

1. By the end of the month, the intern should be able to recognize a sick child and initiate appropriate therapy.
2. The intern should be able to admit an ill child, obtain the appropriate history, and do a complete physical examination. With that information, the intern should develop a differential diagnosis and reasonable plan based on that diagnosis. Finally, the intern should effectively communicate that plan with the attending physician.
3. The intern should learn how to manage the day-to-day problems of a sick child in the hospital setting, including advancing or withdrawing treatment as appropriate, daily notes, and preparation for discharge.
4. The intern will spend time each day teaching peers and medical students.

Supervisors:

1. Supervising residents have the responsibility to make sure all patients admitted to the wards are seen in a timely and appropriate manner.
2. Supervisors will spend time teaching daily. Topics should be based on areas germane to patients being treated on the floors. These sessions will include the interns as well as medical students.
3. Supervisors will see and write brief notes on all patients admitted to the floor resident teams.
4. Supervisors will coordinate attending rounds with all services.

Methods:

Being hospitalized is a stressful and anxious experience for both children and their parents. Always have each member of the medical team introduce yourself and identify their specific role as in the care of the patient before taking a history or examining the patient. Please explain to the families how the admission process works and how there are many members of the medical team that may be involved in the patients care. In addition, always explain to the patient (if developmentally appropriate) and the parent
what you are going to be doing (e.g., performing a history and physical). Finally, remember to thank the children and their families for allowing you to care of them during your education.

When interacting with patients and their families try to work as a team in order to reduce repetitive questions. Whenever time permits, the residents, students, and nurses should participate together in the initial assessment of each patient. If the different disciplines are unable to participate together, then try to utilize any data already gathered. The nursing forms have information regarding diet, medicine, and allergies that, if reviewed prior to the history and physical, can reduce the number of questions asked of the families and patients. Ultimately, this teamwork will improve patient satisfaction and lead to more efficient utilization of time and resources.

Please wear clothing and shoes that are professional in nature. Residents may only wear scrubs during call after 4:30 P.M. and when post-call. Medical students and resident must wear their identification badges at all times while in contact with patients and their families.

WARD TEAM: 1 supervisor and 1-2 intern(s)

INTERN DAILY DUTIES:
1. Attend Teaching Rounds on Monday, Wednesday and Thursday mornings at 8:00 a.m. Check-out from the night and morning notes before should be done prior to this.
2. Attend all conferences, which have priorities over rounds. The supervisor should answer intern pages during conferences.
3. Admissions will be assigned by the supervisor. After notification by the nurse that the patient is on the floor, perform the H&P and discuss with the pediatric supervisor. Then, contact the attending and present the patient, your differential diagnosis, and treatment plan. Written orders take priority over the written H&P. The attending must be contacted within one hour of admission. If you do not feel that you will be able to do this within one hour, contact your supervisor when you are notified that the patient is on the floor.
4. H&P’s must be dictated within 24 hours of admission. If the patient is going to the OR, the H&P must be dictated Stat before they are taken down.
5. The resident is to write all orders (or co-sign student orders) as soon as possible after discussion with the attending. All chemotherapy orders must be co-signed by attending.
6. When consults are ordered, call the resident on service or the attending with pertinent history, physical, and the questions that you want answered. All recommendations MUST be reviewed with the primary attending before orders are written.
7. DATED AND TIMED daily progress notes must be written on all patients and consults. Residents must also review M3 notes and sign.
8. Round with attendings daily.
9. Follow-up on all studies ordered.
10. Respond to all pediatric codes. The on call floor intern is to have beeper 1863 at all times.
11. Residents should leave for continuity clinic (if at a different site) at 11:45 a.m. Written check-out must be given to the resident who will cover during their absence and check out to the on-call person.
12. Check-out begins between 16:30 and 17:00. Written check-out is to be given to the on-call resident.
13. Off service notes are to be written on all patients in house longer than three days. These should not be more than three days old at the start of service. IF A PATIENT IS DISCHARGED WITHIN
24 HOURS OF CHANGE OF SERVICE, THE RESIDENT FROM THE PREVIOUS MONTH IS TO DO THE DISCHARGE SUMMARY.

14. Dictate discharge summary within 48 hours. Medical Records will call after 24 hours as a reminder.

WARD INTERN CROSS-COVER ON-CALL DUTIES:
1. Call is from 17:00 to 08:00 M-F and 06:00 until rounds are complete the following day. Clinic interns must leave clinic by 16:30 to take call. The post-call intern should check-out to the ward intern prior to morning report.
2. Work-up all admissions as above.
3. Respond to all pages regarding patients on the floors or bone marrow unit that are being followed primarily by a pediatric intern or BMU PA. When a patient is seen, a brief DATED AND TIMED NOTE should be written describing the reason for the call, physical findings and action taken. If the attending or supervisor was contacted, please document this. Follow-up on call studies ordered.
4. Carry pager 1863 and respond to all pediatric codes.
5. Call supervisor for any problems or assistance.

WARD SUPERVISOR DAILY DUTIES:
1. The Supervisor is present from Sunday through Friday from 6:30 AM until 5:30 PM except when in Continuity Clinic, during which time the Chief Resident will cover the supervising duties. The supervisor does not take call during the month.
2. Attend Teaching Rounds every Monday, Wednesday and Thursday and answer intern pages during this time.
3. Attend all conferences.
4. Assign admissions and PICU transfers to the interns and assist in the work-up as needed. The supervisor should see each admit on the day of admission and write a brief admit note. If the census is high, the supervisor should admit and follow primary patients (if >10 per intern).
5. Assist the intern with admissions/procedures/problems.
6. Round daily with the intern.
7. Round and assist as needed in the bone marrow transplant unit.
8. Conduct teaching rounds with the interns and the students 1-2 afternoons a week.
9. Cover the intern service while they are at continuity clinic.
10. Carry the 1859 code pager during the day and respond to all pediatric codes.
11. Check-out with the Chief Resident to cover during continuity clinic. If the clinic is at another hospital, check-out by 11:45 am.
12. Check-out with the UNMC Night Supervisor any potential problem patients or known admissions.
13. If any problems arise, the supervisor should handle them or contact the assistant program director or the chief residents.
14. Meet with the assistant program director on a weekly basis to discuss the rotation.
WARDS – UNMC NIGHT SUPERVISOR

Contact: Chief Resident (888-1616)
When to contact: One month prior
Preceptors: Ward attendings from each service
Where to meet: UNMC Resident Library for checkout from Day Supervisor

Purpose:

Residents spend three years of in training in order to become independent practitioners. There should be progressive responsibility for patient care during each year. This rotation will give third year residents increased responsibility for diagnosis and treatment of patients in the PICU, Wards, and ED settings. The resident should function as an educator of both students and interns, problem solver, consultant for the interns, and liaison between attendings and the interns.

Objectives:

1. Carry pager 1859 and lead the Pediatric Rapid Response team as well as all Pediatric Codes
2. Will receive checkout and provide coverage for patients on whom the PICU team is consulted or is primary provider under supervision of the PICU attending available by phone
3. Will answer consult requests from the UNMC ED and, along with the intern, evaluate patients in the ED and decide on the appropriate disposition of the patients
4. Will supervise the intern on call for the Wards and make sure all patients admitted to the wards are seen in a timely and appropriate manner.
5. Will make contact with the intern in the NICU to answer questions as needed.
6. Will see and write brief notes on all patients admitted to the floor resident teams.

Methods:

The Night Supervisor will cover the UNMC Wards and PICU on Sunday through Thursday from 5:00 PM until 7:00 AM. When interacting with patients and their families try to work as a team in order to reduce repetitive questions. Whenever time permits, the residents, students, and nurses should participate together in the initial assessment of each patient. If the different disciplines are unable to participate together, then try to utilize any data already gathered. The nursing forms have information regarding diet, medicine, and allergies that, if reviewed prior to the history and physical, can reduce the number of questions asked of the families and patients. Ultimately, this teamwork will improve patient satisfaction and lead to more efficient utilization of time and resources.

Evaluation:
The resident will be evaluated by the Attending faculty and interns.