

Tips for Success on the Wards

Sarah Pang, Chief Resident in Internal Medicine

Third Year Medicine Clerkship Orientation

7/6/2020

Objectives

- **Become familiar with common terms used on the wards**
- **Understand the role of a third year medical student on the wards**
- **Learn how to “look good” on the wards**
- **Learn how to get the most out of wards**
- **Learn how to stay grounded/sane while on the wards**
- **Be introduced to the concept of using the chief residents as an additional resource**

Common Terms

- Wards
- The unit
- IMC
- Step down
- Med surg
- The floor
- Admission
- Observation
- Discharge
- Transfer
- Upgrade
- Downgrade
- SWAT
- ERT
- Code (Blue, Red)
- Inpatient
- Outpatient
- Ambulatory
- Hospital medicine
- Rounds
- Grand rounds
- Prerounds
- SNF
- SAR
- LTAC

The Hospital System

Inpatient

Outpatient (Ambulatory)

Admissions

From home, from the ED, from the clinic, from another hospital ("H-H" or hospital to hospital transfer)

Clinics

Ambulatory Procedures/Surgeries

The ED

"Observation"

ICU/"the Unit"

IMC/Step-Down

Med Surg/"the Floor"

These can be to any service, including general medicine and medical subspecialties

Increasing level of care ↑

- Medicine subspecialties that have their own service:
- Hem/onc (8E) – oncology ward
 - MCT – inpatient cardiology teaching team
 - MGI – inpatient GI and hepatology teaching team





UF Health
(where things are)

- North Tower = SUF = Big Shands = Main Building = Shands Children’s Hospital (all Shands gen med teaching teams and MGI here)
- South Tower = UA = Cancer Building = Shands Cancer Hospital (hem/onc and adult ED here)
- East Tower = UB = HVN = UF Health Heart and Vascular Hospital = that really long name on the sign (MCT here)
- VA = VA
 - Bed Tower = the “new building” nearest Archer Road, where the beds are
 - Old VA Building = the connected building in the back, has the MICU, clinics, the VA Sim Lab, and VA Medicine Office

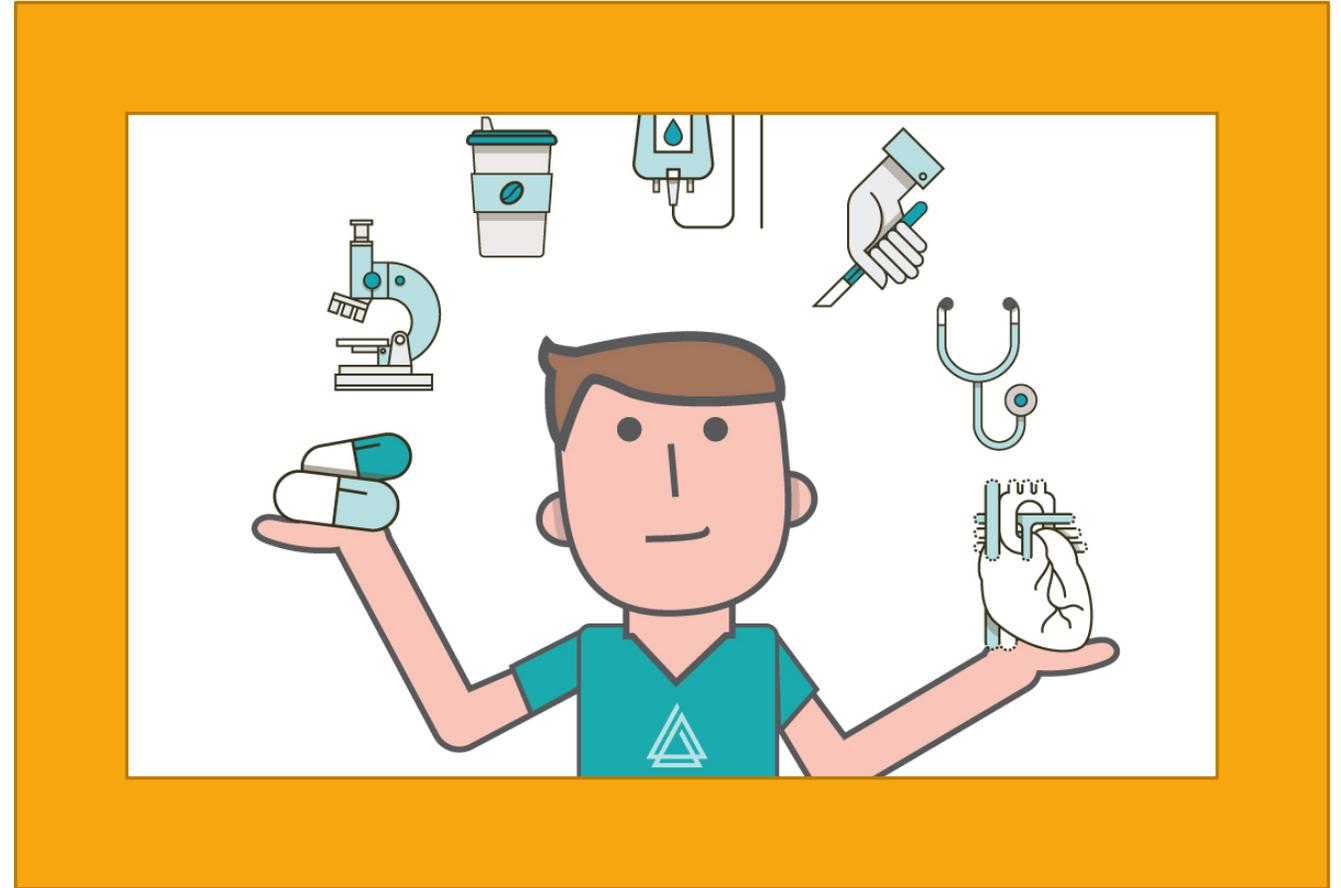
Work Flow Terms

- **Admission-** the most comprehensive first attempt to triage, diagnose, and treat the patient
 - Documentation of this = H&P
 - Observation
- **Daily progress note-** documentation of your daily progress
- **SWAT/ERT, Codes**
- **Transfer**
 - To another service, to another level of care
 - Upgrade/Downgrade
- **Discharge**
 - Leaving what's considered "the hospital"
 - Home, group home, SAR, LTAC, SNF
- **Handoff/Signout-** so the person caring for the patient knows what you know and what to do (days to night, one team to another, one person to another, hospital to home, hospital to rehab)

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A Day in the Life



A Day in the Life

- **6:50am** (or per your resident): **pick up signout** with your team from the night team
- **7am-8am: preround** on your patients (find out from the nurses, the patient, and the EMR what happened to the patient since you last looked) and prepare for rounds
- **8am-8:30am:** attend **Morning Report** (currently via Zoom)
- **8:30am-9am:** MR may run long, this is a **flex time**, talk to your resident/ intern about your plan, go back and ask your patient questions if need be, prep for rounds
- **9am-9:15am: Case Management Rounds**
- **9:15-11am: Rounds** (can be table-rounds, bedside rounds, etc)
- **11am-noon: seeing if your intern can use you** to place orders, call consults, prepare discharge instructions, ask the patient questions etc. **GET FOOD**. Otherwise work on notes, get a didactic session from your resident or attending etc)
- **Noon-1pm: Noon Conference** (currently via Zoom)
- **1pm-end of the day: PLEASE MAKE SURE YOU HAVE EATEN LUNCH.** Get notes done, see what you can help with, **go back and see your patients again**. If admission day, take new patient(s) and work on them with your team. If not admission day, spend some time chatting with your patients, and/or have an educational session
- Before you go: ask what you can help with, and remind your intern of things for signout for your patients
- At home: look up questions and/or diseases you saw during the day, consider preparing a brief 2min presentation

How to “Look Good” on the Wards

- Ask for expectations
- Ask for feedback
- How to present yourself - professionalism
 - Attitude/behavior - enthusiasm
 - Dress – this isn't about us! Masking
 - Honesty
- How to be helpful
 - Find things to do and ask if you can do them. “Can I help with anything?” often leads to “No.”
 - Practice your situation awareness- is this a good time for my presentation? Can I come with you to this SWAT?
 - Writing patient discharge instructions (NOT the discharge summary, although you can practice this), talking with the patient and finding out their story, calling consults, making appointments, obtaining records, going thru records, placing orders (less helpful and more for your own learning)
 - Teaching the team (and in the process teaching yourself) a topic being seen on the wards
 - Helping each other
- **KNOW EVERYTHING ABOUT YOUR PATIENT**



How to Get the Most out of Wards

- **Medical knowledge**
 - Reading about your patient's disease
 - Reading about diseases or problems you see
 - Make a 2min presentation on something your team was uncertain about
- **Healthcare system**
 - Access to care, inequities in various aspects, high value care, insurance etc
 - How to improve the healthcare system?
- **Team work**
 - How to be an effective member of your team
 - How to be effective partners with your co-med student

How to Get the Most out of Wards (cont)

- **How to use your time effectively**
 - Looking for specific things to help with
 - Shelf studying
 - Reading about your patient, proactively picking up new patients
 - Educational session
 - Chatting with the patients – only you truly have time for this!
- **How to leave for the day**
 - Sometimes residents forget to let you go 😊
 - Let them know about med school activities beforehand
 - Tuck in the details, then help your intern/resident with signout on your patients
 - Do not disappear without a word, and do not sit and stare for hours waiting for someone to let you go!
 - “Is there anything else I can help with today?” is the universal code 😊

How to Stay Grounded/Sane on the Wards

- **Emotional**
 - Reflections – thinking, sharing, journaling?
 - Debriefings – ask for this if it's not done, especially after a traumatic event!
 - Reach out and talk with your friends and mentors – do not isolate yourself
 - Develop healthy coping mechanisms and stress relief methods
 - Inoculating against burnout - cultivating a sense of gratitude and purpose
- **Physical**
 - Eat and sleep well (there is no excuse not to), exercise, do your laundry
 - COVID precautions! - in and out of the hospital
- Help each other, lean on each other

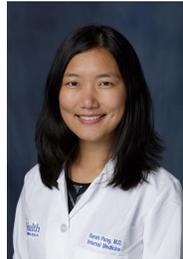
The chief residents
are here for you

Reach out to us in real time!



Deep Banerjee – Shands chief

Debdeep.Banerjee@medicine.ufl.edu



Sarah Pang – Ambulatory chief

Shiyi.Pang@medicine.ufl.edu



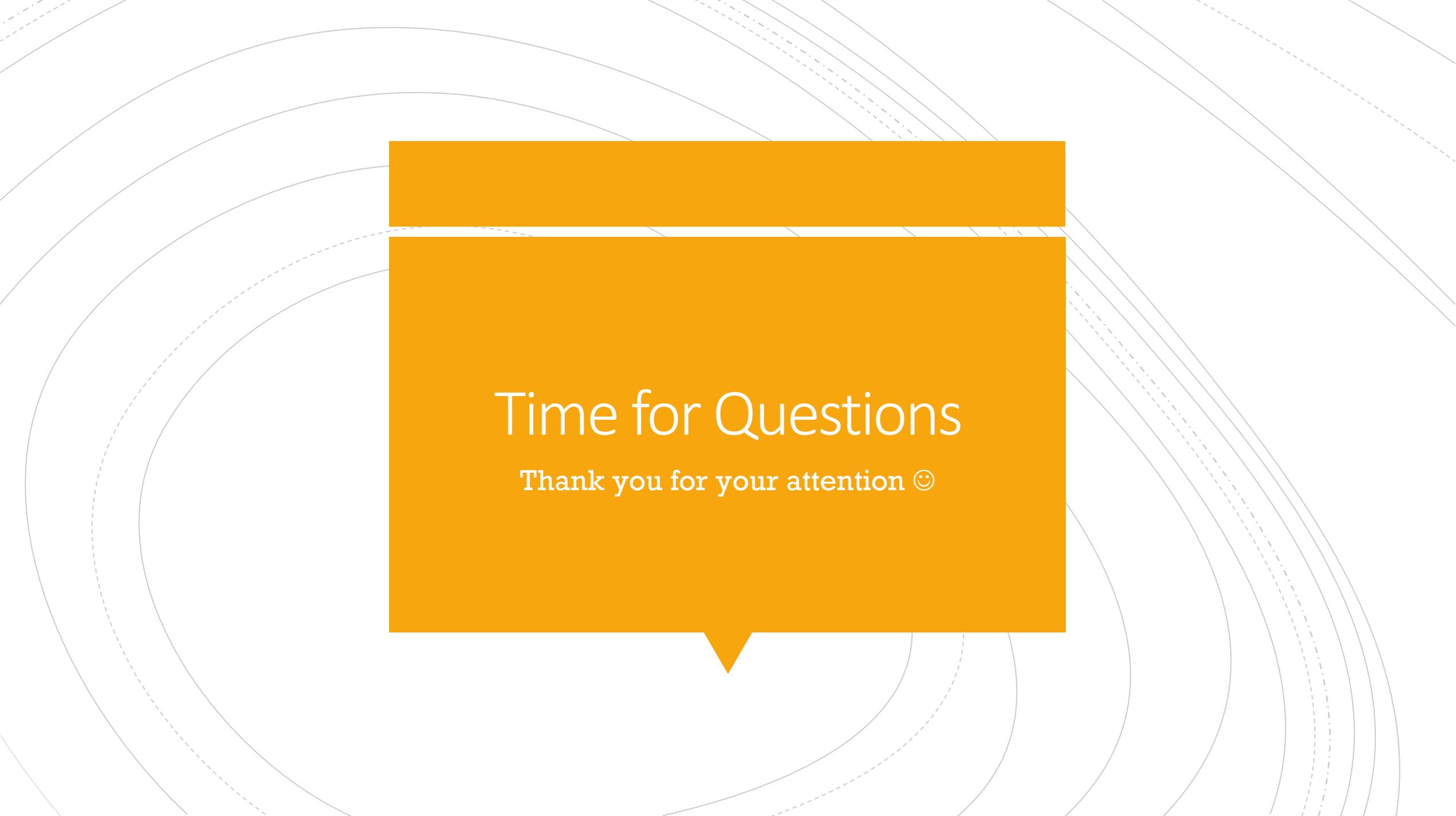
Jerin George – VA chief

Jerin.George@medicine.ufl.edu



Robert Case – Quality improvement chief

Robert.Case@medicine.ufl.edu

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Time for Questions

Thank you for your attention 😊