Children’s National Medical Center
Hospitalist Team Top 10 INTERN Expectations

1. Protect patient safety
2. Learn
3. Pre-round effectively
4. Promote thorough & effective rounds
5. Document appropriately
6. Integrate medical student teaching
7. Work efficiently
8. Communicate
9. Admit & Discharge safely
10. Own the nights & weekends

Details on the Top 10’s:

1. Protect patient safety
   You are uniquely positioned to be the first to notice a number of patient safety issues including outdated orders, abnormal labs, IV infiltrates, device malfunctions, inadequate safety equipment at the bedside, insufficient family education, and inadequate communication with nursing & families.

2. Learn
   There are many ways to learn during this rotation. Scheduled learning events are intended to supplement the priceless educational value of providing patient care first hand. Make the most of your opportunities to learn through:
   • **Rounds:** Every patient is also a valuable learning experience. Feel free to perform literature searches (respectfully) & ask questions during rounds.
   • **Teaching the team:** Bring a brief clinical pearl or question to rounds for each patient. What did you have to learn in order to take care of this patient?
   • **Practicing Practice Based Learning (PBL):** When you’re not sure what the next step is for your patient, develop a clinical question and use your resources to answer it
   • **Set learning goals:** Each week select 2-3 learning objectives & share with your senior resident and attending.
   • **Didactics:** see morning report, grand rounds, attending rounds and noon conference schedules.

3. Pre-round effectively
   • Receive **sign out** on overnight events. Use good hand-off practices.
   • Check for **new developments** including: VS, I/O, labs, PEWS, attending revisions to yesterday’s note/ attending addendum, consults, nursing notes.
   • **Examine** your patients & prepare the patient/ family for family-centered rounds.
   • **Create your plan** for the day based on the data you’ve gathered.
   • Complete your **note** or review, correct, & sign all medical student notes.
   • If copied forward, **delete the attending addendum** & professional services at the bottom

4. Round thoroughly & efficiently
   The **goals** of rounds include:
   • Generating & reevaluating plans & contingency plans for each patient
   • Communicating with the patient, family, physicians, nurses, and other staff caring for the patient
   • Educating the team on how to take care this patient (& patients like them)
Rules to round by:
- Rounds must end before 10:30 am.
- Prior to rounds, prepare your patients/ families for rounds and determine whether they want the team to enter the room for rounds.
- Move quickly (WALK FAST) between patients. This is one of the greatest contributors to delayed rounds.
- Ensure interpreter is present if needed
- Identify patients requiring isolation so the team can gown/ mask quickly
- Include a snapshot of your patient (summary statement), assessment, and differential diagnosis.
- Be problem-centered: focus on subjective/ objective data pertinent to your patient’s problems, assess each problem, present your plan by problem.
- Ask questions
- Share a brief clinical pearl, physical exam finding, or clinical question at the end of the presentation.
- Coach medical students in the above prior to rounds
- Use the opportunity to do contingency planning with the team (i.e. what if the patient develops fever?)

5. Document appropriately
- Use the acute care progress note.
- Complete the discharge planning section daily
- Complete & sign your notes prior to rounds. Review, correct, & sign all medical student notes prior to rounds. Attendings can not sign your notes until you have signed them.
- Adjust your notes after/ during rounds if the plan has changed.
- Be sure that your H&P, hospital summary, discharge summaries are correct. Do not propagate erroneous information.
- Be mindful that parents and patients have access to the medical record. Ensure that all documentation is accurate. Take note of how you document sensitive information (i.e. adolescent sexual history)

6. Integrate medical student teaching into your day
- Remember that tasks that are routine to you (i.e. ordering IV fluids, calculating med doses, updating families, signing out) are skills that medical students need to practice. They are not necessarily scut work. You are uniquely positioned to teach them.
- Run the “to do list” with your patient’s medical student and share appropriate tasks.
- Look for opportunities for medical students to be involved in patient care.

7. Work efficiently
- Rounds: enter orders, pull up labs/ studies for your fellow intern during their presentations
- Consults: enter order during rounds, call before noon
- Calling for help: Alert your senior if you are overwhelmed. The team is willing to share the work as needed.
- Quickly prioritize your to-do list immediately after/ during rounds.

8. Communicate
- Use rounds as a communication tool.
- Senior members of your team: Contact them if you are concerned, there are unanticipated consultant recommendations or there are changes will impact the plan. See the Hospitalist Division’s supervision policy for details of when to escalate to an attending. When in doubt, escalate.
- Consider what information is important for bedside nurse, charge nurse, case manager, social worker to know.
• Ensure that your written and verbal communication is clear
• Excellent hand-offs are essential. Use IPASS (sender) and I-5 (receiver).

9. Admit & Discharge safely
• Review the transitions checklists to ensure safety around admission, transfer, and discharge.
• Review outside hospital (OSH) and ED documentation.
• If you obtained a suboptimal history, pass that along in your hand off.
• Admission orders should be written within 1 hour of patient’s arrival to floor. Enlist help if needed.
• Medication reconciliation is essential for safety and required by regulatory bodies upon admission & discharge.
• Senior or attending must review discharge summaries prior to discharge during the first 6 months of the year. Please notify your attending as soon as your summaries are complete.
• All patients should follow up with their PCP. You must include their name in the follow up module.
• Simplify the discharge process by adding the PCP and outpatient appointments to the discharge summary as soon as they are obtained.

10. Own the nights and weekends
• The weekends are very busy so learn to delegate work within your team (including medical students) to get tasks accomplished.
• Do not hesitate to call your senior resident or attending for help or advice.
# PEDIATRIC TRAINEE WEEKLY FEEDBACK & GOALS TOOL

<table>
<thead>
<tr>
<th>COMPETENCY</th>
<th>GOALS</th>
<th>COMMENTS</th>
<th>LEARNING PLAN</th>
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<tbody>
<tr>
<td></td>
<td>Check – consistently accomplished</td>
<td>Completed by intern and attending collaboratively</td>
<td>Select 3 learning goals for next week on service.</td>
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<td>Circle – 3 areas to target for improvement</td>
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<tr>
<td>PATIENT CARE</td>
<td>□ Identifies &amp; pursues patient’s problems</td>
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<td>□ Reported correctly &amp; appropriate for presenting complaint</td>
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<td>□ Assembles key features into summary statement</td>
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<td>□ Analyzes evidence &amp; assesses each problem</td>
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<td>□ Generates &amp; compares differential diagnoses</td>
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<td>□ Creates and commits to a reasonable plan</td>
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<td>□ Considers potential complications</td>
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<td></td>
<td>□ Synthesizes issues for medically complex patients</td>
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<td>MEDICAL KNOWLEDGE</td>
<td>□ Appropriate for level of training</td>
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<tr>
<td>PRACTICE-BASED</td>
<td>□ Uses academic resources</td>
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<td>LEARNING &amp;</td>
<td>□ Generates teaching points/ clinical questions for team</td>
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<td>IMPROVEMENT</td>
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<tr>
<td>COMMUNICATION</td>
<td>□ Communicates clearly and succinctly</td>
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<td></td>
<td>□ Well-organized/ Problem-focused/ Easy to follow</td>
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<td>□ Clearly represents clinical reasoning</td>
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<td>□ Accurately represents the team’s assessment/ plan</td>
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<td>□ Avoids inappropriate use of “copy-forward”</td>
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<td>□ Establishes relationship as primary inpatient provider</td>
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<td>□ Sensitive to family dynamics/ non-verbal cues</td>
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<td>□ Incorporates family concerns into rounds discussion</td>
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<td>PROFESSIONALISM</td>
<td>□ Motivated &amp; Responsible</td>
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<td>□ Recognizes limitations and seeks help appropriately</td>
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<td>SYSTEMS-BASED</td>
<td>□ Utilizes clinical pathways appropriately</td>
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<td>PRACTICE</td>
<td>□ Addresses and incorporates nurse and staff concerns</td>
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<td>□ Appropriately utilizes priority discharges</td>
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<td>□ Considers DC criteria daily</td>
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<td>□ Communicates with PCP</td>
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