

Teaching Team Expectations – Wards 2017

No “blame” culture. OK to make mistakes and ask questions.

Senior Resident = Team Manager

- Remind team of daily schedule and organize daily mini-lecture

Rounding priority (8:00am)

1. Unstable patients
2. Discharges
 - Identified the day before
 - Discharge order written BEFORE rounds
3. All remaining patients as determined by senior resident

Rounding style

- All team members present during rounds- do NOT split the interns
- Uncomplicated patients- discussed in front of patient and family in patient`s room
- Uncomplicated patients NOT going home- discussed in team, attending will see alone (pending placement)
- All other patients- discussed outside room followed by bedside rounding
- Involve nursing staff daily (intern and students) involve PT/OT, speech and pharmacy as needed

Feedback

- Feedback given to entire team as a group
- Attending will give feedback (on the fly and sit down)
- Team members will to give feedback to one another. Be prepared to do so.

Oral case presentations are not a regurgitation of the written note

- Keep it short (5-10 minutes)

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Everybody!

Teaching

- Daily mini-lecture by interns and students (up to 10 minutes)
- Attending lectures on the fly (sit down if time allows)

Interruptions

- Do **NOT** answer page during presentations, at bedside or during mini-lecture
- Keep your cell phone in your pocket
- Attending will allow time to return pages during rounds

Interns, Senior, Attending

Documentation

- Completed in timely fashion
 - Discharge summary within 24 hours
 - Progress notes H&P before leaving hospital
- Copy & paste is ok but change note as needed
- **Read attending addendum** (may give you valuable information)
- ALWAYS
 - Carry on important diagnosis (eg, sepsis)
 - Mention malnutrition/obesity (including severity)
 - Be as specific as you can