

ADULT INPATIENT MEDICINE (Phalen Village Clinic is one half day per week)

On this rotation it is important to keep an organized list of your patients because turnover can be rapid.

Teaching rounds

- Sign-outs start at 8am in the Resident's Lounge (R1& R2 from last night present admits/house calls)
- The medicine team will usually spend an hour (8am to 9am) discussing patients, running through the list, asking questions and teaching
- You are expected to give one talk/month. About 15 minutes in length- case based with assoc lit search

Work Rounds

- Each week you will round with faculty, usually Dr. Cermak or Dr. Ronneberg. Great opportunity for teaching and coming up with a good game plan for your patient.
- See the ICU patients first, then new admits and finally floor patients.
- Use SOAP note format for progress notes
- Finish rounding on your patients by noon because you will be admitting in the afternoon.
- After rounds, attend the noon conference and the rest of the day you will be busy with patient care, progress notes, and new admissions.
- Often at 3:30pm Dr. Cermak will conduct teaching rounds. Great opportunity to see physical findings, murmurs, read EKG;s, or discuss a topic of your choice.

Admissions

- You are responsible for new admissions between 12:30 and 5pm. To speed things up, best to go down to the ER and see the patient, come up with a plan and then page Dr. Cermak or Dr. Ronneberg and present to him.

Sign outs

- Sign-out to the R2 on call at 5:00 p.m. You may need them to follow up on a lab result etc. for you. Also they then know you are no longer available to take admissions.
- If you are post-call, sign out to afternoon house officer. Even though you may have a lot to do you cannot stay past 30 hours. Get as much done and then sign out the rest to the house officer.

Weekend rounds

- None, the R2 Phalen Rounder and Moonlighter will round with faculty.
- You will round on your patients when you are on Sat or Sun call when you are on the medicine rotation and on holidays.

Discharge summaries

- Must be done within 24 hours of discharge, and don't let them pile up!! Send a copy to the primary MD.
- If the patient is following up at PVC call Joe at 651-793-5612 with name, address, phone # etc and they will set up the appt.
- If the patient is being transferred to a nursing home, you must dictate the summary on the stat line (#1) before transfer, so that it can accompany the patient. Send copy to floor.

CARDIOLOGY (Phalen Village Clinic two half days per week)

The Cardiologists are from St. Paul Heart (779-9449): Drs. Garr, Hedberg (651-532-1479), Cliffe, Reisdorf (651-532-1523), et. al.

Check in at the cardiopulmonary office on 4th floor to find out who will be the a.m. and p.m. rounders for the week. Days generally start at 8 a.m..

The cardiologists will delegate new consults, patients to round on, etc... There is often a medical student on rotation also. You are expected to dictate the consults and write notes on patients which have been delegated to you. Wait until you've spoken to the cardiologist and have generated a plan together before doing the dictations. You will have the opportunity to observe cardiac testing, read echocardiograms and plenty of EKGs. Make sure to ask questions! This is a very good rotation and you have the opportunity to learn and observe a lot.

There's usually time for teaching in the afternoon: It can help make things more high yield if you make a short list of topics as you go through your days so you can seem extra stellar when the inevitable question comes "What do you want to talk about today?"

INTENSIVE CARE UNIT (Phalen Village Clinic one half day per week)

The intensivists are from St. Paul Lung Clinic (formerly Pulmonary Critical Care Associates): Drs. Funk #680-5408, Gryzan #680-5405, Lasnier #612-680-9001, Amdahl #612-680-5410, Miller etc. The Pulmonologists are also board certified intensivists who see all patients in the ICU that are non-cardiac admissions.

Rounds generally begin at 8:30 am on ICU East.

- The rounding intensivist changes each week (sometimes more often).
- It's best to meet them up in the ICU on Monday morning at rounds.
- Remind them of your clinic day so they don't think you're a slacker.

Days consist of rounding on the ICU patients:

- SOAP notes for established patients and H&Ps for new admits to the unit during the morning, and new admits or pulmonology consults with the floor rounder in the afternoon.
- Discuss with the staff which patients you should see, they try to maximize your learning.

Ask questions; and be assertive about doing procedures if interested.

Also this month, you will have the opportunity to get pulmonary function testing done on yourself, read many PFTs, and observe bronchoscopies if you wish.

Many interns take a week of vacation this month; however, it is a high-yield, low stress month.

You also have the opportunity to get comfortable with managing a few easy things with vents, i.e. checking plateau pressures, changing settings, which can be helpful with house calls. Ask the RT's for help also, they are great teachers.

DERMATOLOGY/RADIOLOGY/LAB (Phalen Village Clinic two half days per week).

Dermatology

With Dr. O.J. Rustad about 4-5 ½ days per week.

Good opportunity to see lots of skin pathology ranging from acne to skin cancer.

High volume, mostly shadowing/observational experience.

Directions: Hwy 35E north to Hwy 96 West. Turn Left on Centerville Rd., Advanced Skin Care Institute is on the left. Address: 4480 Centerville Rd. 651-490-3284.

There are specific days we are with Dr. Rustad, and he has other residents working with him at other times (Wednesday and Thursday mornings; Monday, Tuesday, and Thursday afternoons).

Radiology

Tues AM's: Go to Radiology Tues 7-8A.M. to read ICU and ER Xrays from overnight. Great chance to see high volume and get some learning for those overnight house calls!

2nd and 4th Friday: may review films, observe Interventional Rad. Procedures, etc.

Lab

1st and 3rd Friday PM's: tour the lab, hang out, look at smears with pathologists

EMERGENCY MEDICINE (Phalen Village Clinic one full day)

Schedule

- Our shifts are 8am-4pm, 4pm-12am, and 11am-7pm. You may choose to work overnight (talk to Dr. Sterrett/Henry).
- Dr. Sterrett or Dr. Henry will make your schedule. Turn in requests in writing at least 2 weeks before rotation.
- You are in the RI call schedule the second month only. The first month allows for ER night shifts if you desire. You will set up the RI call schedule for the first month of emergency medicine (when you are not included in the schedule).
- You are required to work half of the weekends.
- During the day shifts you should plan go to noon conference.

The Routine

- Generally, the nurses put the patient into one of the beds, get a brief history and vitals, and place the chart in the "to be seen" rack. Go for it! See the patient then staff the case with one of the ER docs (not the P.A.'s). Put your initials in the comments on the tracking board (computer).
- They encourage 10 minutes before presentation, so get what you can and present.
- If the patient appears to be in critical condition (e.g. chest pain or MVA) go with the nurse and EMT's to quickly evaluate the patient, then staff it. (During the first week, an ER MD may be with you).
- Staff the case, write down your orders, and put chart in the "orders" rack. Let the patient's nurse know about the orders.
- There is a wide variety of ways the docs do things. Just go with the flow.
- You are encouraged to see the pts you are most interested in. You don't have to see every abd pain!
- Present the data to the staff. Review the x-rays, even if they have been seen by a radiologist.
- After "normal working hours" x-rays will come back from radiology without a "wet read" from a radiologist. X-rays are reviewed by the radiologist the next morning. The ER is notified of any discrepancies in readings.
- Write the diagnosis at the bottom of the chart. ER Docs will dictate.

EMERGENCY MEDICINE (continued)

Admissions

- If the patient is going to be admitted, ask the charge nurse to reserve a bed for you – give the type of bed needed (e.g. ICU, tele, med/surg) and the patient's diagnosis.
- You will usually write the admission orders. Often the primary will tell you what orders they want, but sometimes you just write routine orders and let the primary finish the orders after admission.

Discharges

- Document in the chart any treatments given, prescribed meds (include # if controlled substance), and follow up plans. Fill out the discharge instruction sheet and sign it.
- Fill out worker's compensation form for work related injuries.
- Put the finished chart in the "Discharges" rack. Only the nurses can sign the patients out.

Friendly advice: The ER can be a busy place, and the attendings are known for developing a slightly jaded attitude during times of stress. It is important to make a good impression - just dive in and grab a chart that is ready. They appreciate it when you don't need a lot of hand-holding; also, they will feel more confident with you and you will get to do more eventually. Be proactive. If you want to do procedures, let them know.

NEWBORN INTENSIVE CARE/PEDS (one half-day of clinic)

Dr. Pokora 613-5997 is the main preceptor for NICU, but a new neonatologist rotates each week. The neonatal nurse practitioners are an integral part of this rotation on a day to day basis. They will teach you most of the procedures and help you in the delivery room with resuscitations.

NICU Rounds

- Arrive at the NICU around 8:00 a.m.
- Collect and calculate your numbers.
- Examine your patients then, or wait to do at the same time as the attending.
- NICU MD's round randomly – sometimes 7:45ish, sometimes 10:30ish
- Write progress notes before or after rounds (there is a standardized chart note/form to fill out)
- The preceptor will usually (or not) discuss some general topic with you (often after rounds).

Resuscitations/procedures

- Communicate with the NNP's regarding resuscitations- you should attend these during the morning
- Opportunities to do UVC/UAC's, LP's etc.

PEDS Rounds

- Check in with morning rounds for new pediatric admissions at 8:00.
- Figure out which patients need circumcisions and coordinate with attending (they must be present)
- Round on babies, peds patients, and undoctored postpartum moms on the service.
- Often residents will round on their own moms & babies.
- Call the attending/faculty to discuss the patient. Attending must write a note in addition to yours.

Peds General/Specialty Clinics

- Mon pm's will be at Johnson HS training room w/Dr. Roberts. Meet him at Phalen Clinic after noon conference and you can likely ride over together. Starts at 2pm. May see 0-10 athletes/day
- Tue/Thr afternoons will be spent at Woodwinds Children's Clinic, 347 North Smith Ave, Woodbury, ph# 232-6800 (call before going). To get there: Take 694 east/south to Valley Creek Rd exit. Take right onto Valley Creek, then left towards hospital. Specialty clinic is before you get to hospital.
- Peds Endocrine/Diabetes clinic with Dr. Kylo or McEvoy on Tues/Wed/Thurs at 1:30pm
- Wednesday afternoon will be spent at Peds for Health- always call before arriving--Terri Milton 651-326-7969

PEDIATRICS (Phalen Village Clinic is one half day per week; Call is q4)

This rotation is one month at Children's Healthcare - St. Paul. St. John's Residency is unique in that only one month is spent at Children's inpatient service, so pay attention! It is well structured and you will have orientation on the first day. Rotation is organized into teams and call is every fourth. You will have an active role in admitting patients to the PICU and presenting them in morning rounds (use system approach). The senior ped resident on your team will help you. If you have a co-intern, try to divide the cross-cover by floors. Try to leave early on pre- and post-call days. Meal cards and parking are provided by the hospital. Don't forget commitment to Phalen Village Clinic. You must be excused from your rotation for your half day clinic! Make sure you are scheduled for clinic post-call and talk to Shari or Faith about scheduling clinic make up days when you must be out post-call. You will set up the R1 call schedule for this month, as you will not be included in St. John's call.

OBSTETRICS (Phalen Village Clinic is one half day per week usually your post-call day)

Sign-ins

- Pick-up the 509 beeper from the post-call RI at 8:00 or after your 7:30 c-section.
- Check the OB board and go through signout rounds with the charge nurse at 8:15am. Make a game plan for the morning i.e. prioritize order of who should be seen.
- Follow **all** patients of Partners OB and Metro OB (required). Other patients are at your discretion- but the more the better. This is a great opportunity to get to know the FM docs and network!!!(not CNM or Phalen patients).
- Use the Resident Admission Note (in file) for your H & P on each pt.
- See patients throughout the day-a good rule of thumb is a visit every two hours while laboring. You are expected to do the cervical checks and procedures on pts you are following with the assistance of the L & D nurse.
- You will be called to assess and triage new pts with the nurse as they arrive to the unit for R/O ROM, PTL, bleeding etc.
- C-sections are often scheduled for 7:30 --- check surgery schedule at nurses station daily so you will be there on time! Make sure you know when these are otherwise the R1 on call all night the night before will be called to assist.
- Place a “pink sticker” in schedule book on days you will be unavailable (Clinic AM’s and Post-Call) Write “No RI in AM” or “No R1 Today”)

Lectures/Teaching

- Arrange weekly with Dr. Ronneberg
- Bring questions, interesting cases, and monitor strips etc.
- A book of classic fetal monitor strips is available in the med room and at the front desk.
- Use the ALSO book as a reference and be prepared to discuss various clinical scenarios with Dr. Ronneberg
- Dr. Grande (OB) may have articles to discuss Tuesdays at 7:00. Ask him in advance.

Procedures

- Develop rapport with the nursing staff – They will be the primary teachers for antepartum procedures (e.g. scalp electrodes, IUPC's, sterile spec exam to r/o ROM).
- Scrub-in and assist in c-sections.

Delivery

- After you have admitted a patient in labor, follow the labor. When the patient is in the 2nd stage, try to be nearby.
- As you get to know the various attendings, your role in the delivery room will become much more active. Delivery methods and techniques vary greatly, but eventually you will develop your own style.
- After the delivery, try to discuss it with the attending. You may be expected to write a brief delivery note in the chart and/or dictate a delivery summary (see example). Ask the supervising physician. Document in the note that you dictated the summary.
- Respond to precipitous deliveries. The R2 on call will also be paged to stand by as your attending until the attending arrives (R2 is licensed and nursing is required to call).
- You must be responsible for requesting that the R2 is called if it looks like the attending is not going to make it on time! Do not expect the nurses to think of this themselves, but they usually do.
- You may want to observe some midwife deliveries (OK it with the midwife first) Usually OK with Rebecca Baroso CNM.

SURGERY (Phalen Village Clinic two half days per week)

Very flexible rotation. Some people spend all their time in the clinic while others like to be in the OR. Dr. Kelly is the primary preceptor, but you will work with all of the surgeons. Pick up "The Grid" at the MMB office (1st floor professional building). This weekly schedule is updated about twice a week. It lists daily activities for each surgeon (OR, clinic, MSC, etc...) Remember to check the OR schedule (doctor's lounge, OR) the day before to see the next day's cases as "the grid" is only tentative. A copy of the OR schedule will be placed in your box each day. Talk with the preceptors regarding your individual interests (OR vs. clinic vs. post-op care).

Wound care clinic at the Gallery Building is a great experience, as is outpatient surgery clinic at Maplewood Professional Building—get involved!

Your responsibilities are minimal on this rotation; however it is important that you get involved with surgeries that interest you. Same-day surgeries in the Maplewood Surgical Center are often a good opportunity to do office-type procedures, and practice your suturing. More than any other, this rotation is what you make of it.

<u>Surgeons:</u>	<u>Number on OR Schedule</u>
Peter Kelly	43
Diane Ogren	45
William Rupp	42
Kyle Wahlstrom	53
Peter Wilton	44

<u>Grid Abbreviation</u>	<u>Phone Numbers</u>
MMB (Maplewood)	770-2205
RMP (Downtown St. Paul)	227-6351
WCC (Wound Care Clinic - Bethesda)	2550
MSC (Maplewood Surgical Center)	7780

UDSC, Uffl (United), St Joe's—you do not need to follow surgeons when they are scheduled at these locations. You can but it's best to check with the surgeon first.