

**INTERN**  
**BOOT**  
**CAMP**

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SATURDAY JUNE 23, 2018

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# Introduction

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# So... what is our job exactly?

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Chain of command:

- Interns/Residents → **Chiefs** → Associate PD (Dr. Tennant, Dr. Ta, Dr. Rotblatt) → Program Director (Dr. Suthar)

Attending/Supervisor (Wards/Clinic)

Scheduler

Career Advisor

Advocate

# Don't be a stranger

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Chief's office: 5D103 (Next to NP office)

Ext: x74411

Our door is always\* open (Come get candy/coffee)

We want to hear your concerns!

[Chiefs.ovmc@gmail.com](mailto:Chiefs.ovmc@gmail.com)

\*usually

# Before you start a new rotation...

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## - **Housestaff website: [www. oliveviewim.org](http://www.oliveviewim.org)**

- Orientation materials for each rotation
- Links to educational resources
  - Previous morning report cases, lectures, journal club articles
  - Orchid Templates/Tools

## - **MedHub: <https://oliveview.medhub.com>**

- Evaluations
- Procedures
- Duty Hours (Fill out weekly otherwise you will be locked out and need to unlock account with Gus)

## - **Amion:** Check your daily schedules, who's on call

- Reference welcome email for schedule requests/switches

Who's on -- call -- Fri, July 1, 2016 (as of 3:38pm)

Service	Name	Training	Contact
MEDICINE ON-CALL	<b>MEDICINE ON-CALL</b>	Attending	<a href="tel:818-372-6803">818-372-6803</a>
STEMI Emergency (see note)	<b>STEMI Code Pager (see note)</b>	Attending	<a href="tel:818-226-4502">818-226-4502</a>
Stroke Emergency (see note)	<b>Stroke Code Pager (see note)</b>	Attending	<a href="tel:818-226-4797">818-226-4797</a>
DAY Hospitalist Attg (7a-3p)	<b>Tennant, Rick</b>	Attending	<a href="tel:818-313-0510">818-313-0510</a>
NIGHT Hospitalist Attg (3p-12a)	<b>Huddleston, George</b>	Attending	<a href="tel:818-313-0507">818-313-0507</a>
<b>NIGHT FLOAT</b>			
BLUE Resident NF 4p-8a	<b>So, Kenneth</b>	OV R2	<a href="tel:818-313-1193">818-313-1193</a>
RED Resident NF 8p-8a	<b>Duncan, Noah</b>	OV R2	<a href="tel:818-313-1720">818-313-1720</a>
BLUE Intern NF: 4p-8a	<b>Marian, Maria</b>	OV R1 (C)	
RED Intern NF: 4p-8a	<b>Cerk, Brendan</b>	OV R1 (C)	
<b>Medicine Ward LONG CALL TEAM</b>			

# Before you start a new rotation...

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For ICU/wards, you should get an email regarding who to receive signout from on Monday during switch week

For consults, look at Amion and page resident/fellow on the day before for sign-out on old patients, if any

## **Where to meet:**

- ID, Rheum, Renal: Resident Lounge on 1<sup>st</sup> day
- Heme/onc: STC (2<sup>nd</sup> floor across Clinic C)
- Heart Station/Cards: Cardiology department (2<sup>nd</sup> floor)
- Pulm: Pulm fellow room (5BN)
- GI: GI lab (2<sup>nd</sup> floor)



# Scrubs

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Go to Cashier in 2<sup>nd</sup> floor lobby

- \$20 per pair of scrubs max 2 pairs of scrubs

Go to Room 1B111A with receipt

- Sign a form
- Get your scrubs
- Can exchange your scrubs whenever

Save receipt, at end of residency can return scrubs for your money back



# STEP 3

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Step 3 – need it to progress to R2 year-  
<http://www.fsmb.org/step-3>

- Prelims AND Categoricals
- 2 day test, does not need to be sequential days
- \$850

Apply within the next few months

Plan to take it during the winter/spring during consult or ambulatory blocks

You **MUST** clear the dates you plan to take the test with the chiefs **PRIOR** to booking the test.

# Nuts and Bolts



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INPATIENT WARDS

# Hospital Layout

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- 5C: Telemetry
- 5A: Heme/Onc floor
- 5D: Observation Unit
- 4BN/4BS: Step-Down Unit
- 4A/4D: Med Surg floors
- 5BS/5BN: ICU
- Laboratory: 1<sup>st</sup> floor
- Call rooms:
  - ICU intern: 5B117
  - Night float/ICU resident/Long call: 5B106



# Wards Structure

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- **8 Wards teams (A-H)**
  - 1 attending, 1 resident, 2 (or 3) interns
  - 3<sup>rd</sup>/4<sup>th</sup> yr Med students, Pharmacy students, IMG
- **Rounding Workrooms:** 2 teams per workroom (preference for on-call team)
  - Team A +B: 4D107
  - Team C+D: 4D127
  - Team E+F: 5C106
  - Team G+H: 5D107
  - Can also use 5A workroom or resident lounge if need additional space

# Wards Workflow

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Wards Orientation : Come to chiefs office 8 am on 1<sup>st</sup> day of wards (1<sup>st</sup> time only)

Pick up sign out 6:30 -7 AM in Resident Lounge 2C-160

Unforward your pager

Pre-round on your patients, Touch base with resident to run through your list

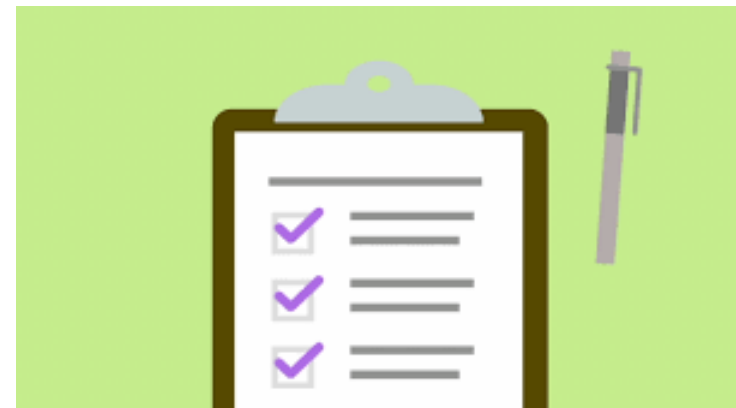
Round with attending/team

UR Multi-disciplinary rounds ~ 10-11 AM

# Sign-out

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- Evening sign out as early as 4pm (in respective Night Float call rooms 5B106)
- Weekends/Holiday sign out as early as 12 pm, but stay on pager until verbal sign-out given
- After signout, forward your pager to night float intern



# Teaching on the Wards

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8:15-9 AM Morning Report (Conference Dining Room)

- Mon/Tues/Fri
- Please make sure to attend!
- Variety of interesting patient presentations, Journal Club, psychiatry

Noon Conference (Auditorium)

Monthly Landmark Journal Articles

- 2 landmark articles for subspecialty of month posted in workroom
- For team to assign/decide how/when to discuss article





# Your roles/responsibilities

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**You are responsible for MS3 and IMGs, they will look up to you for guidance!!!**

- Touch base on plan for patients prior to discussing with resident
- Teach them, it's ok to not know something → Look it up together

**Know your patients well**

- You are expected to know everything about your patients
- Patients will consider you their primary doctor (communication with patients/families is key)

# Your roles/responsibilities

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## **Be a good team player**

- Be respectful to nurses, case manager, social worker, unit clerks, etc. They are essential for taking care of patients well.
- Have a positive attitude

## **Remember, you are a learner/trainee**

- Be humble
- Know what you do not know
- Residency is meant to be a learning experience, it is expected you will make mistakes

# Tips on the Wards

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## **PRIORITIZE!**

- It is overwhelming to know which task to do first
- Put in urgent orders/labs/meds, call consults, and prioritize discharges first
- Then write notes, discharge summaries

## **Review your orders/medications daily**

- It is easy for orders/labs/medications to fall off.
- Need to daily reassess if patients need to continue certain meds

## **Do not be afraid to ask for help.**

- Do not try to do things on your own if you are unsure, call your resident!
- Call an RRT if your patient is unstable or altered.

# BREAKOUT SESSION

# How to Call Consult

Block Call UCC Clinic Automated Scheduling

Page ...

Attending	OV R1 (P)	OV R1 (C)
OV R2	OV R3	UCLA R1
UCLA R2	UCLA R3	UCLA R4
EM R1	EM R2	EM R3
UCLA FM1	UCLA FM2-3	Ob/Gyn
Psych R1 Rotator	Kaiser R1	Pediatrics
MS 3	MS 4	IMG
Resident Rotator	NP	Ward Team
Fellow	Pharmacy	Surgery
Neurology Consult	Psychiatry	Dermatology
Social Work	UR/Home Health	RNs, Others
PT/OT/SLP	Avon Cares	PFU-TL
Registered Dietitian		

All staff on...

To

From

Message

Send Clear Space remaining: 240



# Death & Dying

# Pronouncement – Exam

- ▶ For the first time pronouncing a death, have a resident help you
- ▶ Nurse will notify you when the patient has passed. Keep note of what time so you can write it in the death note
- ▶ If family is at bedside, let them know that you need to perform the exam to confirm time of death
  - ▶ Ok to give them some time if they are grieving
  - ▶ Give the family the option of staying if they want

# Pronouncement – Exam

- ▶ Check ID bracelet
- ▶ Four Ps
  - ▶ Check for **pupillary** reflex
  - ▶ Look and listen for spontaneous **(p)breathing**
  - ▶ Listen for heart sounds
  - ▶ Feel for **pulse**
  - ▶ Assess for response to **pain** stimuli (nail bed pressure vs sternal rub)
- ▶ Record time of death (the time you finish the exam)
- ▶ Offer family members an autopsy



# Notifications - Family

- ▶ If family is not at bedside, need to notify them
  - ▶ In-person is best
  - ▶ Telephone notification is acceptable if needed

# Documentation of Death Note

- ▶ Document date/time
- ▶ Document name of provider pronouncing death
- ▶ Provide brief statement of cause of death
- ▶ Note absence of pulse, respiration, pupil response
- ▶ Note if family present or informed
- ▶ Note notification of attending, others

# Example of Death Note

I was notified by nursing at 8:30pm that the patient was becoming more apneic. I notified family members at bedside that patient may pass away soon. At 9:45pm, nurse notified me that patient had stopped breathing. I came to bedside at 9:50pm. I offered my condolences to family members and examined the patient in their presence. There was no pupillary response to light. I did not observe spontaneous breathing or appreciate heart sounds on auscultation. There was no palpable radial pulse. Patient did not respond to nail bed stimuli. Patient was pronounced deceased at 9:55pm on 7/15/17. Patient had been on comfort care. Family was offered autopsy, but they declined. Attending Dr. Nguyen was notified.

# Death Packet

- ▶ Important to include:
  - ▶ If a coroner's case
  - ▶ If family wanted an autopsy
  - ▶ Death certificate
    - ▶ 1. Cause of death (cardiac arrest, respiratory arrest, etc)
    - ▶ 2. Secondary to (cancer, pneumonia, etc)
    - ▶ This will be revised by the primary attending before they actually sign it

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# What are your concerns?



An extremely general practitioner

# THANK YOU!

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GOOD LUCK!