

CHIEF NOTES: **MED/PEDS** (6/09)

- Be present at Medicine and Pediatrics rounds
- Peds rounds are mandatory for 1st and 2nd years even if they do not have pediatric patients.
- Keep updated log of all residents' patients on your teams
- Chief A: Teams A and D
- Chief B: Teams B and C
- "Cross" cover chief: For cross-covers your cap is 8, if there are more, then delegate to rounding team, on-call team, attending or FCC attending. Assign them on Friday, so that they are no surprises or if you choose to come in later.
- Intake rounds 7AM: Past chiefs have provided breakfast for post-call teams. It's up to your discretion. Delegate tasks to HELP resident but be present to help them and teach them on your inpatient time.
- Post-call sign out, 11AM: team to sign out old and new pts to help resident and chief. Sign out to ICU and on call team needed for continuity of care by HELP or chief. When the 3rd year is on inpatient in the pm they are there to supervise procedures for HELP resident, teach, review cases and help the intern leave at a reasonable time. This inpatient time is not scheduled in so the third year can leave early.
- Post-call note writing: NO post call notes on medicine or pediatric admissions needed during the weekday. On weekends, though, old patients will need maintenance notes since attendings are usually different and not writing notes on them. Please help in this effort. Need for notes on FCC, Satellite Clinic, Clinicas and Heme-Onc admissions should be discussed with individual attendings.
- 3rd years are responsible for covering your team's patients when they are OFF (R1/R2): writing note for the day and discussing plan with appropriate attending(s).
- Facilitate MP intake rounds, consider researching a topic on cases admitted during the day (pre 5pm).
- Inpt/FCC days: Attend rounds as much as possible.
- Write a list on the board at rounds for peds admits on Tuesday that residents Wednesday will pick up and follow.
- Run EKG rounds.
- Weekend HELP: get post-call team home & serve as HELP resident, f/u on studies and sign-out to call team.
- Medical students: orient/teach flow of service so that they are not just there. Give them some form of expectations, where to be what to do and what is expected of them for their 12 hour day call.
- TUMOR CHEST: you are responsible for preparing the list. Consult w/ Dr. Slater, Surgery chief, and SLOB by Wednesday of each week for Med Ed to gather charts & inform Radiologists & Pathologists. If a resident is off, post-call, or

unavailable and a case needs to be presented then the 3rd year should present the patient.

- PEDIATRIC ROUNDS: choose a topic from the list or choose something relevant to your service. Ensure they take place.

Possible topics: asthma, UTI, arrhythmias, rashes, seizures, immunizations, development milestones, diabetes type 1, ENT, abdominal pain, diarrhea, constipation, failure to thrive, child abuse, burns, SIDS, allergies.

Dr. Flosi has been presenting puzzling cases from one of his Peds journals if we do not have a case or topic. (9AM Rounds everyday, including weekends) Every resident on MED/PEDS should attend unless OFF.

- MEDICAL ROUNDS: discuss between the two chiefs what case to present for Thursday rounds. Ensure they take place.