

Orientation to General Internal Medicine and Consultation Rotations at Lyndon B. Johnson Hospital

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I. Internal Medicine Office

The **Internal Medicine office** is located on the 4th floor, west hall, near ward 4B. The main phone number is (713) 566-4550. Fax number is (713) 566-5025. **Kimberley Concepcion** is the Residency Training Coordinator. Drs. Patel, Smythe, Gardiner, Bhattacharjee, Fred, Cid, and Mehta have offices here.

There is a copier, which the residents may use. (use your assigned UT copy code). There is a computer with internet access for your use. Attending and Resident mailboxes are here.

The **ACS Office** is also in the Medicine office. The number is **(713) 566-6199**. You should contact the administrative ACS at this number for issues relating to LBJ rotations during business hours.

After hours or if you are sick or have an emergency and cannot report for work, please notify the Float Chief Resident, who can be reached at pager number 22001. This pager is active twenty-four hours a day, seven days a week.

II. Conferences

All required conferences for those rotating at LBJ Hospital are held in the UT Annex Building. Weekdays (Monday through Friday) there will be a Morning Report 8:00-9:00 am and a Noon Conference 12:00-1:00 pm daily. Attendance is required for all house staff and students. Please sign in before the conference begins in order to receive credit for attendance. Required conferences for ward teams include morning report and all noon conferences. Required conferences for the MICU rotation include all noon lectures, but not Morning Report. Post-call residents are excused from Noon Conference and Morning Report, with the exception of the Post call Ward Resident presenting at Post Call Morning Report with Dr. Fred on Monday, Tuesday and Thursday mornings. Consultation residents are required to attend Morning Report and Noon Conference, but may substitute subspecialty conferences that are sponsored by other divisions; please notify the Chief Resident by email so that you will receive credit.

If you have continuity clinic in the morning, you are excused from Morning Report that day. You are excused from noon conference if you have a morning continuity clinic and it runs long; however, you will get extra credit if you make it in time to noon conference. If you have continuity clinic at a location other than the hospital that you are currently rotating through, then you are excused from noon conference to account for travel time. Please notify the Chief Resident so that your conference attendance can be adjusted accordingly.

Please be on time and set your pagers and cell phones to silent before each conference begins. If you must answer pages, please slip out of the back of the room quietly and return promptly if the issue does not require your immediate attention. Monthly conference attendance must be > 70%. For each month that your attendance >90%, you will have a letter of commendation placed in your file. Should your attendance be less

than 70% for the month, you will be required to do an eight-hour shift in the LBJ Emergency Room and you will receive a letter reflecting this fact in your file. If you do not schedule this ER shift within 30 days of the end of the month, you will be assigned to an ER shift.

Description of Conferences:

Morning Reports

- **General Morning Report** will be held Mondays, Wednesdays, Thursdays and Fridays in the Annex Auditorium from 8:00-9:00 am and all House Staff and Students assigned to LBJ Hospital are required to attend. The on call Interns will present one case each for which they have prepared a complete discussion and one PowerPoint teaching slide. Interns and Students will attend each day and the PGY-2 and PGY-3 Residents will attend on Wednesdays when there is no Dr. Fred Morning Report.
- **Dr. Fred Morning Report** will be held in the Annex room 210 on Monday, Tuesday and Thursday Mornings 8:00-9:00 am with Dr. Herbert Fred. Only PGY-2 and PGY-3 Residents on Ward or Consultation services attend these conferences and the Post call Ward Residents will present cases based on the Dr. Fred Morning Report Card system. (Please refer to the Chief's Corner for a document explaining this system). **DO NOT BE LATE.** Residents are expected to read and familiarize themselves with Dr. Fred's articles prior to their first Fred MR. Copies of the **3 articles** that are required reading are available online in the section "Chiefs Corner," as well as in the Internal Medicine office at LBJ. The articles are entitled: "Morning Report Card," "Tenets for Physicians in the New Millennium," and "These are the Days." If your continuity clinic (LBJ) is on a morning when we have Dr. Fred morning report, notify your clinic a month in advance to schedule your first patient at 9:30am so that you can attend Dr Fred's morning report. If you have clinic at Hermann Hospital, you will be excused from that morning report so that you will have adequate travel time. Your cooperation is greatly appreciated. **Please check the schedule for conference locations. Let one of the ACS's know when your day off or clinic day is ahead of time.** You will be expected to be prompt, well prepared, and eager to learn. Enthusiastic participation is encouraged for all residents. Residents will also be expected to provide follow-up on patients presented at morning report. Dr. Fred will evaluate each resident at the end of the month, and this evaluation will be included in the final monthly evaluation to go in each resident's permanent file.
- **Dr. Mehta will hold Intern Morning Report** on Tuesday mornings in unit 3C from 8:45 am- 9:45 am. **Dr. Mehta's** morning report is for **interns only.** **One of the on call** interns needs to prepare a case you would like to discuss with Dr. Mehta. The patient must be present in the hospital because you will examine the patient together as a group. You

will meet in 3C at 8:45 am. Usually the on-call team presents unless the team on call happens to be Dr. Mehta's team. In that case, the pre-call team should prepare a case. This should be discussed ahead of time to give the intern or student time to prepare the case. Please have the radiographic images pulled up on computer and all pertinent records available (e.g. old EKGs, laboratory information, etc.) Post call interns do not attend these rounds.

Noon Conferences

- **Didactic lectures** on core curriculum topics will be presented by faculty members in the Department of Internal Medicine on Mondays, Wednesdays, Thursdays and Fridays in the Annex Auditorium.
- **Grand Rounds** will be given by guest lecturers for the Department of Internal Medicine each Tuesday in MSB 2.103 and televised to LBJ in the Annex Auditorium.
- **Medicine-Pathology Conference** will occur monthly on the last Wednesday of the month in the Annex Auditorium. Each of the Ward teams will be asked to give cases with interesting pathologic findings by the start of the 3rd week of the month to the Administrative CMR. Every resident is responsible for submitting to Dr. Fred for approval. Once approved by Dr Fred, the resident will communicate the cases to the administrative chief with the final diagnosis and finding that would be beneficial for learning. These must be submitted at least one week prior to the conference. The **resident** is required to be at the conference to give a history and answer any questions. A maximum of 4 cases will be discussed, complete with differential diagnosis and then the pathologic findings will be discussed by the Pathology Department.
- **Medicine-Radiology Conference** will occur monthly on the last Thursday of the month in the Annex Auditorium. Each of the Ward teams will be asked to give cases with interesting radiologic findings by the start of the 3rd week of the month to the Administrative CMR. Every resident is responsible for submitting to Dr. Fred for approval. Once approved by Dr Fred, the resident will communicate the cases to the administrative chief with the final diagnosis and finding that would be beneficial for learning. These must be submitted at least one week prior to the conference. The **resident** is required to be at the conference to give a history and answer any questions. A maximum of 6 cases will be discussed. Dr. Fred will assign the resident a learning topic and the resident will give a 2 minute oral presentation on that day. If the resident has continuity clinic in the afternoon that day, they will present first. Another alternative would be to move the clinic day for that week—with permission the clinic coordinator, at least two weeks in advance. Dr. Fred will facilitate discussion along with Dr. Guthrie.

Professor Rounds

- Dr. Fred will hold **Fred Rounds** at 1:30 P.M. on Mondays, Tuesdays and Thursdays for the pre call team (as designated on the monthly conference calendar. Only the resident presents, unless pre-arranged with Dr. Fred. All team members should help in preparing the cases. **All residents, interns, and students directly involved in the care of the patient presented are required to attend** – you cannot have your day off on this day. Residents are required to have **one case each**, ready to present. Dr Fred will choose which case he will discuss and will likely discuss both cases. If only one resident is present, then he or she need not prepare two cases. However, every resident should have a back-up case ready, in the event the patient that they intend to present dies, leaves AMA, gets discharged without the resident knowing, etc.
 - Case presentation: Use “The Card” as a starting point.
 - Consult the conference calendar for the official location.
 - **ALL RECORDS** from **ALL** past admissions from whatever hospital (call long distance, if needed, through the page operator) should be obtained and prepared for review.
 - All x-rays/imaging must be available.
 - Chest x-rays on the computer screen.
 - Yu may try to “stump” Dr. Fred if you wish.
 - Patient preparation: Pupils dilated, please. You may use neosynephrine or Midriacyl ophthalmic drops.
 - Bring functioning and fully charged ophthalmoscope, please!
 - Patient in one gown only, open to the back.
 - Bed elevated to its highest level (this is done when you enter the room to examine the patient).
 - Please explain to the patients that Dr. Fred will be coming to examine them.
 - Make sure the patients will be in their room, and not sent for a diagnostic study or procedure.
 - Please pull at least 3 article on the subject and have them with you.
 - Don’t be afraid to ask questions.
- Dr. Mehta will also hold **Mehta Student Rounds** for the ward medical students on Friday afternoons from 1:10pm-2:10pm on unit 3C. One medical student from the on call team will present a case. These rounds are for medical students only. Usually the on call team presents unless the team on call happens to be Dr. Mehta’s team. In that case, the pre call team should prepare a case. This should be discussed ahead of time to give the intern or student time to prepare the case. Please have the radiographic images pulled up on computer and all pertinent records available (e.g. old EKGs, laboratory information, etc.) Post call interns do not attend these rounds.
- **Obtaining Radiographic Images for Conference:**

The hospital no longer prints copies of X-Rays as all the current imaging studies are now available online via the PACS system. Every computer on the wards is equipped with the ability to pull up the image on the screen as well as the PowerPoint program.

1. Open PowerPoint (usually under the Start menu) and open a new slide presentation
2. pull up the radiographic image you desire to copy from the Epic system.
3. Right-click “copy”
4. “paste” onto the PowerPoint slide (one image per slide views best)
5. When you are finished copying the images into the file – click “Save As” and title your file as you wish and save it to a memory stick or CD. If you do not have a memory stick to plug into the USB connection, ask one of the chiefs, and they may loan you one for the conference.

III. General Orientation to Lyndon B. Johnson Hospital

LBJ Hospital is housed in a single building with a UT Annex building connected:

- **First Floor:** Emergency Center, Observation, Radiology, Cafeteria, Chief of Staff’s Office, Clinics are located at the front of the hospital behind the Emergency Center
- **Second Floor:** Pediatric Clinic, Nursery, Pediatric and OB/Gyn wards
- **Third Floor:** Hospitalist Unit (3A), Medicine Telemetry (3B), Medicine IMU (3C), MICU/SICU (3D), Blood Bank, Pathology, Nuclear Medicine
- **Fourth Floor:** Medicine Office, CMR Office, Medicine floor beds (4A and 4C), Hemodialysis (4B), Oncology Clinic (4B), Library (back hallway), House Staff Call Rooms
- **Annex:** The UT Annex houses Medical Records (2nd Floor) and has conference rooms (210 and 212) and the Annex Auditorium on the 2nd floor where conferences are held on weekdays.
- An ATM machine is located by the front entrance and gift shop of the hospital

First Day

Call room key: Next, go to the Physician Services Administration office, located across from the Pediatric EC to obtain provider number if you don’t already have one and a call room key (\$15.00 deposit).

ID Badge: Then go to the HCHD Security Office at the Kelley Street Entrance to get an ID Badge if you don’t already have one.

Parking Sticker: Parking is free at LBJ but you must have a parking decal to park in the physician and staff parking lots behind the hospital building. Obtain your parking decal

in the HCHD Security Office on the first floor by the main entrance to the hospital. The first decal is free. If you lose it, a 2nd decal will be supplied at no cost. However, if you lose it again, there is a \$15 replacement fee for the 3rd decal.

IV. Internal Medicine Ward Services

General Information

All Residents and Interns on the Ward services are required to be in the hospital at 6:45am on each day during the month that is not their day off. Each Resident and Intern is granted 4 days off for the month, which is averaged at 1 day off per week.

The general internal medicine in-patient service at LBJ consists of four teams A-D, each with 2 subteams (i.e. D1 and D2) that admit and care for patients in the hospital until discharge. Each subteam consists of one resident and two interns and 3-5 third-year medical students, with the possible addition of fourth-year medical students that are Acting Interns. Both subteams can be grouped under a common attending or may each have a separate attending, depending upon the month.

Each team will take overnight call in the hospital every 4th night. Medical students will take overnight call with the team. Each new patient will be seen by medical students, interns and the upper level resident. Medical students and Interns will be required to each write a full admission history and physical exam on each new patient that they admit. Additionally, Interns are required to dictate their admission H&P in the MHH system within 24 hours of admission. Supervising Residents must write an admission note on every new admission, which may be a brief addendum that focuses on the assessment and plan, provided that a full intern history & physical is on the chart.

Due to call room space constraints, only 2 students are able to stay overnight on call with the team. The remainder of the students should be released to leave the hospital by dark. Those students that leave should utilize a security escort to their vehicle (when appropriate). All students are expected to be present and prepared the post call morning for post call rounds at 6:00 am.

You are expected to let the students evaluate patients before the interns and residents see them and formulate a plan (when possible). You are expected to involve them in patient care and return education for clinical service. They will have the opportunity to evaluate you at the end of each month. A few ground rules:

- Students must take overnight call on a rotating basis
- No more than 3 new admissions per student per night
- No more than 5 “active” patients per student
- Their month ends on Saturday, not the last Friday of the month
- They are excused from all duties Thursday prior to their exam and have no call on the Wednesday before their exam

- They must have on average 1 day off per week and are excused on Labor Day, Memorial Day, Thanksgiving (Thurs and Fri) and July 4th.

All student notes must be co-signed by a resident on service. A full resident note should accompany every student note each day. Acting interns should follow patients with the upper level resident on that service. A full resident note should accompany every acting intern note.

On Call Responsibilities

The on call Resident begins to receive new admissions at 6:45 am and ends at 2:00 am the following morning or when the cap is reached. All Internal Medicine admissions should be handled exclusively through the Internal Medicine admission pager (713- 687-0124). In order to avoid confusion over which resident is on call at any given time, the person who carries the admission pager must collect information about all admissions when paged. Do not ask the caller to page another resident. If for any reason you are paged directly on your personal pager for an admission, please accept the admission and politely direct the caller to the admission pager for subsequent admissions.

The emergency room will call you for an admission and is allowed to admit up to 12 patients without a bed assignment. Once you have reached 12, you are said to be “bed-capped” and after this point, you will only take admissions that have been assigned a bed. **In your professional judgment, if you believe the patient would receive more appropriate care on a different service, promptly notify your attending. Please do not argue with the emergency room.**

You may begin seeing a patient in the ER while they are waiting for transport to their assigned bed. In the event the ER "retracts" a patient after you have already written an H&P and admit orders on the patient, you still count that patient toward your total cap. If you feel that an admission is inappropriate for your service or for the assigned level of care, discuss the matter immediately with your attending, who can discuss the matter directly with the emergency room attending. In the event that patient care is compromised from inappropriate triage and/or assignment to your service, promptly notify the Chief Resident.

Each morning at 2:00 am, ideally, the resident on call should pass off the admission pager to the Float Resident. Each morning at 6:45 am, the Float Resident, in turn, should pass off the admission pager to the next resident on call.

***Note:** Your attending physician must approve direct admissions from an outside hospital. Patients younger than 18 years are admitted to the Pediatrics service. Generally, a pregnant patient that is less than 20 gestational weeks will be admitted to the Internal Medicine service if she has a primary medicine problem. Patients 20 weeks and beyond with a primary medicine problem will go to the Maternal Fetal Medicine service and they may obtain a Medicine Consultation if assistance is needed. There may*

be exceptions to this general policy, which may require a discussion between the respective Attendings to determine the best service for the patient.

The “cap”

The team “cap” for the on call day includes new admissions from the emergency room, direct admissions from a LBJ Clinic or outside hospital, MICU transfers and patients admitted by the Float Resident overnight. The cap is defined as a total of 10 patients, which can be new patients from the Emergency Room or In-house transfers from the MICU. This cap applies to the Resident on the team.

When referring to the bed-cap, you must consider the total admission cap as 20, which includes 10 for each sub team. Therefore, each sub team will take the first 5 admits (10 total) without a bed, then they will be bed-capped.

The cap for each Intern is 5 patients (total of new patients from ER and in-house transfers).

The cap for Medical Students is 3 new patients per call night.

In-House Transfers

The MICU is allowed to transfer patients twenty-four hours a day. If the MICU notifies you of a transfer before 2 am, you must accept the patient. If your team is capped, or after 2 am, the Float Resident will accept the patient as long as they have a bed assignment and assume care until the next day’s on call team is officially on duty at 7 am.

Post Call Rounds

On the morning following the night on call, post call teaching rounds will be conducted by the Attending physician on the service with the entire team, starting at 6:00 am. All patients will be seen by the team and the Attending. By 1:00 pm, the Post call team will check out to either the Post Call Cover Resident (if the post call day is Monday-Friday) or the Float Intern if it is Saturday, Sunday or a Holiday and then the post call team will be required to leave the hospital.

Bounce backs

A patient, who is under the care of an Internal Medicine Ward team from the 3rd of the month until the 2nd of the following month and requires readmission to a medicine service during that time, will be assigned to that same Internal Medicine Ward team that originally discharged the patient. Patients bounce back according to the Resident schedule. All patients from the Emergency Room, LBJ clinic, In-House transfers from the MICU or CCU, or transfers from outside hospitals will be admitted to the on call medicine team. If the patient was discharged by one of the Ward Residents (Medicine

Team A-D, Cardiology, Renal or Geriatrics) and the patient needs readmission to the hospital, the on call Medicine team will write a full admission H&P on the patient and after staffing the patient with their Attending, the patient may be transferred back to the team that previously cared for the patient. Residents should be notified at 7:00 am of bounce backs, but care of the patient cannot be transferred until the admitting team has staffed the patient with their Attending.

Example: Resident A admitted and discharged Ms. Smith on December 5th. Ms. Smith comes back to the hospital December 12th and is admitted to Resident B on a different Ward team. Resident B is responsible for writing a full H&P and then staffing with their Attending and then may call Resident A at 7am on Resident B's post call morning and transfer care of the patient back to Resident A.

Daily Rounds

Daily Teaching Rounds are conducted by the Attending physician, seven days a week throughout the month. Residents, Interns and Medical Students are expected to be present (unless it is their day off), on time and prepared to participate in rounds. Interns are required to write daily progress notes on each of their patients, unless it is their day off. If the Intern is off, it is expected that the Resident will write the progress notes on their patients.

Daily "pre-rounds" are required, regardless of the size of the service. Pre-rounds are conducted by the Resident and it is an opportunity for the Resident, Interns and Medical Students to review the patients and ensure the plan of care of each patient is clear. The upper level resident must see and examine every patient on the service daily prior to attending rounds. Although the upper level resident is not required to write a daily progress note, he/she must examine the patient and supervise the interns and students. Ultimately, the upper level resident is accountable for all patients on the service.

V. Social Work, Counseling and Psychiatric Services

Useful numbers:

Social Worker	Tanya Lattimore	6-5555 281-952-4634
Social Worker	Deveeta Porter	6-5579 281-952-4495
Social Worker	Paul Lyons	6-5556 281-952-4633
Social Worker, Affairs of the Kidney	Brenda Watkins	6-5559 281-952-4639
Clinics	Margaret Tanyingu	6-5557 281-952-4635
Diabetic Educators	Karen LaCour (call in request 6-5314)	6-5177, 281-952-3898
Discharge Planning	Perrie Wilson	6-5953 281-952-5360
Discharge Planning	Sandra Henry	6-5020 281-952-7122
Physical Therapy Occupational Therapy		6-5570
Psychiatrist	Dr David	6-5964
Psychiatric Commitment, (also adoption, CPS)	Juana Amaya (Operations Mgr for Business Services)	6-5400
Pts with HIV	Ruben Ceron	6-5562 281-952-4034
Pts with TB	TB Control Houston	713-278-6600
Substance Abuse	Kim Jackson	6-5763 281-952-4632

Discharge Planning Meeting

You should arrange a daily time to meet with your case manager/social worker to discuss patients and discharge needs.

Home IV therapy is arranged by Ms. Henry, discharge planner, at 281-963-7126.

VI. Renal Service

The team is composed a Resident, two or three Interns, A Renal Fellow and an Attending Nephrologist. The Renal Service functions 7 days per week, primarily as a consult service, but may also have inpatients. Criteria for admission to the Renal Service is dependent upon the Fellow's discretion. The service still conducts daily pre-rounds (which also include the Renal Fellow) and daily teaching rounds with the Attending. At the end of each day, the Resident or Interns are responsible for checking out the Renal Inpatients (if any) to the Float Intern.

VIII. Post-call Cover Resident

The post-call cover (PCC) resident is an upper-level resident who fulfills the duties of the resident & intern after rounds are completed on the post-call day. The PCC is expected to round with the team to become familiar with the patients. When the team members are prepared to go home for the day, the team resident and/or interns will check-out their patients to the PCC, who will care for the patients until 4:00 pm, at which time the PCC will check-out the patients to the Float Intern.

At LBJ, the Post-call Cover Resident will also serve as the Pulmonary Consult Resident. All consults should be discussed with the Pulmonary Fellow.

The designated PCC should touch base with the team resident the day before to determine when and where the team will round. The post-call cover is excused from all other clinical duties that day. It is every resident's responsibility to check on Amion.com (specifically, your block schedule) to determine which months and which days you will assume this assignment. In a given month, if a resident wants to switch post-call cover days with another resident, he/she must notify the Chief Resident. *Note to the ward team: if the PCC fails to do an acceptable job, promptly notify the Chief Resident so that this situation can be addressed.*

VIII. Medical Intensive Care Unit

Note: When you are on this rotation, you do NOT attend your continuity clinic. Please make sure that the clinic schedulers know before the start of the month that you will be in the MICU and not in continuity clinic for the month.

The Medical Intensive Care Unit (MICU) rotation is the primary critical care experience for all residents. The MICU usually has 3-4 Residents and 4-5 Interns. Call for the Residents varies by the number of residents on the service. For questions, refer to the MICU Attending and Fellow on the first day of the month. This rotation has 4th year Medical Students as well, but they do not take call with the residents. There is a Pulmonary Fellow assigned to the MICU for the month and the Fellows take home call nightly. Any overnight issues should be discussed with the on call Fellow.

All of the Resident-Intern pairs work as one contiguous team and the on call team will take care of all the patients in the unit. The post-call team is expected to see all the unit patients each morning and write progress notes on all patients. Rounds typically start at 8:00 am, except on Fridays for Pulmonary Grand Rounds. All members of the team are expected to attend rounds daily, unless you are off. Each resident is to have 4 days off during the month. Noon conference attendance is required everyday, and the same rules apply in regards to receiving an ER shift if conference attendance is less than 70%. Excuse yourself from rounds at 11:45 am if you are not post-call. If a patient is acutely decompensating, and the fellow needs your assistance, you are excused but you need to let the chief residents know so you aren't marked absent.

The "short call" team includes everyone not on call, and this team should stay in the unit until at least **2:00 pm**. Their role is to assist the on-call team in any way, primarily with old patients, including procedures, transfer notes and orders during rounds. When all of the work is completed, this team can check out to the on call team and the ICU fellow prior to leaving.

Please take time to write detailed transfer notes, and gather the chart and other data prior to calling report on a patient. Make sure you know who to transfer the patient to, whether it is a particular medicine team, a private physician, or other service.

IX. Consultation Residents

At LBJ each month, residents are assigned to the following consultation services: Cardiology, Gastroenterology, Geriatrics, Pulmonary and Renal. There is a single pager for each consult service. The resident must leave the hospital no later than 7:00 pm. If the attending or consult fellow does not abide by this rule, promptly notify the Chief Residents. You are responsible for taking new consults from 7:00 am through 4:00 pm during the week and from 7:00 am through 12:00 pm on weekends. The Float Resident will notify you in the morning of any consults that were seen overnight.

X. Geriatrics Inpatient, Geriatrics Consultation and Palliative Care Consult Service

Three residents per month (on average) will be assigned to the Geriatrics Service. Usually, two residents will be apportioned to MHH and one to LBJ.

The resident assigned to LBJ will cover the Geriatrics and Palliative Medicine services with be responsibility for consultations as well as inpatients. They also see patients in clinic and on house calls depending upon their schedule.

Consult service:

The geriatrics and palliative medicine consult team will provide consultative services on patients with dementia, delirium, dizziness, falls, failure to thrive, a need for palliative care, or abuse/neglect. Dr. Halphen or Dr. Delgado will serve as the attending on this service.

The LBJ Consult Pager is 281-952-3674.

Inpatient service:

The geriatrics and palliative medicine inpatient team will include the attending (Dr. Halphen or Dr. Delgado) and the resident. Patients appropriate for this service will be determined by the attending on the consult or inpatient service. There is no age cut-off as some younger patients may be appropriate depending on their functional states.

Patients may be transferred from one of the Medicine Ward teams to the Geriatrics team at the discretion of the Geriatrics and Palliative Medicine attending. The faculty respectfully request transfer of our patients followed in clinic and/or on the house call program to be transferred to the service or to be consulted by the primary team.

Outpatient services:

Ambulatory services are available at LBJ Hospital for geriatric patients – Thursday mornings and for palliative care patients Wednesdays starting in August. There is also a geriatric surgical clearance clinic on Thursday mornings. Drs. Dyer, Halphen and Delgado along with nurse practitioner Susan Gorman staff these clinics which are served by an interdisciplinary team which includes a nurse case manager and a social worker.

Dr. Halphen is a certified wound specialist and runs a medical wound clinic every Monday and Thursday morning on the 4th floor at LBJ. Residents may participate in this clinic as well.

House Calls:

House calls are made by Susan Gorman, MSN, RNC. If you have a patient in need of a house call, please contact the geriatric nurse case manager, Perrie Wilson at Perrie_wilson@hchd.tmc.edu or 713-566-5953.

XI. Routine Patient Care

Please keep your pager on at all times, except when you are post call or on vacation. The post-call cover resident must address all questions concerning the post-call team's patients after noon.

All orders written and progress notes must be signed legibly with a physician's name with the physician's pager number and HCHD ID number. Please co-sign your medical students' orders and notes as well as your verbal orders within 24 hours of giving the order. If you need to make corrections on your handwritten notes, use a single line to cross through the error, then initial and date the correction.

For billing purposes, please specify an admitting attending physician on your admission orders, diagnostic imaging tests, and consultations. Please confirm with the unit clerk that the attending of record on the Electronic Medical Records (EMR) is correct.

We utilize a sticker system to specify the team, Attending and the Residents on the teams to facilitate easier paging for the nursing and other hospital staff. Please utilize stickers both on admission orders and on the front of the chart. The stickers will be available in the Medicine Office.

In general, the Internal Medicine patients occupy the 3rd and 4th floors of the hospital on wards 3A, 3B, 3C, 4A and 4C.

XII. Direct Admissions

A patient may be directly admitted to the hospital without having to enter through the Emergency Room. If a patient's admission is predictable for a procedure or treatment, the admitting team may submit full admission orders and a completed admission sheet (called the half-sheet) to the Admissions Office in the first floor lobby of the hospital and the patient need only to check in at the prescribed date and time to receive a bed. It is useful to make sure that the admitting medicine team for that day is anticipating the patient and the appropriate pager numbers are noted on the admission orders.

There are times when patients are seen in the Ambulatory clinics, General Medicine clinics or Subspecialty clinics at LBJ and require admission to the hospital. When this occurs, it is the responsibility of the physicians in the clinic to contact Admissions and receive a bed assignment for the patient. If one cannot be found or it is end of the working day for the clinic, or both, then the patient must be sent to the Emergency Room and care of the patient must be transferred to the Emergency Room staff. In this situation, the ER will call for a bed and once they have a bed assigned to the patient, they will contact the appropriate admitting team.

XIII. Evaluations

At the beginning of each month, the Attending physicians are encouraged to sit down with their Residents and Students and discuss goals and objectives for the month, particulars of the rotation and delineate expectations.

At mid month, the Residents and Students should get brief feedback about their performance from the Attending. We would also encourage you (interns in particular) to request a mid-month evaluation if not mentioned by the Attending in order to address any concerns about your performance and rectify any deficiency before the rotation concludes.

Near the end of the month, residents and interns must meet with their attending to discuss their performance evaluation. At the end of the rotation, you must complete the GMEIS on-line evaluation of both the rotation and the attending physician. The GMEIS system will send you email reminders at the end of each month to complete your evaluations as well as online Duty Hours forms.

XIV. Educational Materials and Resources

At LBJ, there is a library on the 4th floor back hallway that has computers, printers desks and limited journals. There are also textbooks in the House Staff lounge on 3C. Additionally, you may find some resources in the CMR office. You can utilize Up To Date on the computers in the hospital free of charge. We encourage you to register for

remote online access to the Jesse Jones Library so that you may have instant access to online journals and databases. You can locate the Library Website at <http://www.library.tmc.edu/>.

XV. Meal Tickets

Kim Concepcion in the Medicine Office (4th floor) distributes meal tickets for your call days. Please note that in order to receive meal tickets, you must be up to date on your dictations.

XVI. Parking

Parking at LBJ Hospital is in the Staff Lot and Physician's Lot at the rear of the building. You are required to have a current parking decal to park in the lot and you must use your HCHD badge to get through the card reader to access the lot.

XVII. Dictations

The hospital requires that you must dictate all Discharge Summaries. Dictations should be done on the day of discharge. Your dictations must be complete when you leave the service at the end of the month.

Here are a few suggestions that have helped achieve this goal:

The house staff that actually discharges the patient is responsible for completing the discharge summary dictation. Upper level residents, if you discharge patients on your intern's day off then you must personally complete the discharge dictations.

A useful outline to follow for Discharge summaries is:

- Admitting date
- Discharge date
- Admitting diagnosis
- Discharge diagnosis
- Attending physician
- Service name
- Consulting Services
- Diagnostic tests/Dates/Results
- Hospital course (only pertinent findings, not a full H&P)
- Condition
- Activity level
- Diet instructions
- Discharge medications (in detail)—must match Medication Reconciliation List
- Follow up arrangements
- Additionally, since LBJ only allows you to dictate Discharge Summaries, it may be useful for you to dictate an HPI, Past Medical History, Past Surgical History,

Allergies, Family History, Home Medications and Social History so that it is documented in the record and can be retrieved on the EMR if the patient is readmitted.

XVIII. Call Rooms

You must obtain call room keys from the Chief of Staff's office on the first floor when you sign in on your first rotation at the hospital. You will be required to pay a \$15 cash deposit that is refundable.

- 4th floor back hallway #4SP70002 – Float Intern & Resident (2 beds)
- 4th floor back hallway #4SP90002 – Ward Team (2 beds)
- 4th floor back hallway #4SP90004 – Ward Students (2 beds only)
- 4th floor front hallway #4SP30005 – Ward Team (2 beds)
- 4th floor front hallway #4SP30014 – Ward Team (2 beds)
- 3rd floor MICU #3IC61003 – MICU Resident
- 3rd floor MICU back of unit – MICU Intern

XIX. Float Intern

Two interns are assigned to the Float Intern position each month and they should decide on their schedule before the beginning of the month. Each intern will have at least 15 shifts, depending on the number of days in the month. Let the chiefs know if you are leaving town during the month.

The Float Intern provides cross coverage for the Ward teams. Each day, a member of all inpatient teams (including the post-call cover resident on weekdays) will provide both a written and verbal checkout of their respective patients. Checkout must consist of providing the Float Intern with a list of your patients, preferably using the Online Checkout Sheet <https://secure1.mhhs.org/checkout/>. Checkout that is given over the phone or by simply pushing a checkout sheet under the door to the Float's call room is **unacceptable** and will **not be tolerated**.

Hours are now 4:45pm until 6:30am weekdays & Noon-6:30am on weekends and holidays. This means that when the medicine team checks out at least one intern must stay until 4:45pm to check out. Similarly, one intern must be there in the morning at 6:30 to receive face-to-face checkout from the float.

The official UT holidays can be found at <http://publicaffairs.uth.tmc.edu/calendar/> .

We are NOW REQUIRING that the Float Intern Check-out their patients with the Float Resident twice during the night (we suggest 10pm and 4am) – you must also use the attached form to document checkouts on all patients called about. This form MUST be turned into the CMRs the morning post-call (i.e. slip under the door). Compliance with filling out this form and turning it in will be considered when you are being evaluating for the month.

IMPORTANT: Your schedule calendar must look like the following regardless if you are an intern or a resident. I.e. you cannot work more than 5 days in a row and must alternate Friday-Saturday-Sunday days

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	1	1	1	1	1	2
1	2	2	2	2	2	1
2	1	1	1	1	1	2
1	2	2	2	2	2	1
2	1	1	1	1	1	

HOW TO TRANSFER A PATIENT TO THE MICU

1. Inform the MICU Resident that a patient on the floor needs to go to the MICU and he / she will help you with the transfer. The MICU Resident will inform the MICU Charge Nurse that they need to prepare a bed for your patient. Once they officially accept the patient, give them check out on the patient.
2. Inform the Charge Nurse on your floor that the patient needs to go to the MICU.
3. Write Transfer Orders and a Transfer Note while waiting for the bed.
4. Accompany the patient to the MICU if you have time and follow up with the MICU team later regarding the patient's status.
5. Inform the Primary Team that their patient went to the MICU the next morning.

ADDITIONAL TIPS:

- **The MICU Resident is your first backup.** The **on-call UT General Medicine Attending** is your official backup attending.
- Don't forget that the Float Chief Resident pager is 22001 and can also be paged through amion.com under the "Ward Attending" tab.
- You are welcome to call the primary team if you need help with management of their patient, especially if they have instructed you to page them with questions or if it's early in the evening. However, keep this to a minimum so as to give them a break (remember what it's like when you are on wards!)
- Get here on time – There will be lots of people watching the clock and waiting on you at **your call room**.
- **Sign all your verbal orders** before you leave the hospital!
- If a patient dies, you need to call the team, and write a death note and fill out paperwork the nurses give you. The team can dictate the death summary the next day. You should also call the team if a patient unexpectedly deteriorates and needs to be transferred to the unit.
- Figure out the cafeteria hours so you don't get stuck without food! Don't forget your meal cards.

- Don't settle for bad checkout! House Staff are required to checkout in person, no exceptions. Notify the Chiefs if there are any repeat offenders that are giving back checkout!
- If you implement a new management plan for a patient (other than the usual Ambien, Tylenol, etc.) **write a short note so the team knows what you are thinking.** If you are called to evaluate an unstable patient, **write a note.** Go see patients with new fever, pain, chest pain, shortness of breath, or hypotension and **write a short note.** Page the team the next morning for any significant events. When in doubt, go see the patient and **write a note.** If a patient is unstable, notify the ICU resident early on. If you cannot quickly stabilize the patient, then initiate transfer to the ICU under the supervision of your backup resident.
- Don't give patients big boluses of insulin when the nurses call you at 9pm with a high blood sugar!
- Watch out for renal and hepatic function when writing meds!
- Get an idea what the team wants you to do if an event happens. For example, if a patient is here for an infection, what do they want you to do if they spike a fever?
- If the team wants you to follow up on labs (i.e. q 8 H/H's) ask what time they expect the next lab to be done and what they want you to do if the Hemoglobin drops! If the answer is to transfuse, make sure they have consented their patient.
- Politely defer family discussions until the primary team is available the next day, unless it is an emergency. In that case, call your backup for help.
- Good resources: The Washington Manual Internship Survival Guide and Survival Guide for Interns by Hammond.
- If something fishy is going on, like a nurse can't figure out what team a patient belongs to, and they've been calling around, go to the chart and help figure it out. There have been lots of patients sent to the floor without a doctor or checkout. You can help avoid having a patient on the floor several days without ever being seen by a doctor – it happens!
- Remember to coordinate your clinic days this month with the clinic coordinators at LBJ or Hermann, and adjust your float schedule accordingly.
- Keep the Chiefs in the loop for any issues we can help you with, or instructions we need to clarify, so we can resolve it quickly.
- The code team for the hospital is made up of the CCU fellow, resident, and intern on call. If you are called that a patient you are covering is coding, assist the code team by calling the primary team and the family of the patient. Ask the code team resident if there is anything else you can do to help out.
- You are required to do all 4 continuity clinics this month. If you need to, you can contact your clinic coordinator to reschedule some of your clinic days but they must all be in 4 separate weeks (for example, you can't have 2 clinics in the same week).

XX. Float Resident

Similar to the Float Intern, the Float Resident rotation consist of two upper-level residents that share night shifts for the month.

Hours are now from 5:30pm until 6:45 am on weekdays. Noon-6:30am on weekends and Holidays. One on-call resident must be in-house by 6:45 am to receive checkout from the Float

The Float Resident serves two functions:

1. Taking admissions for:
 - a. Internal Medicine Ward Teams: When the Ward team that is on-call has capped, you may accept patients for the next day’s on-call team. These patients must be assigned a bed for the float to admit them.
 - b. Renal Service: Any patient that the renal fellow accepts to the service after 5:30 pm is to be admitted by the float resident.
2. Emergent/Urgent Medicine consults will be handled by the Float Resident and passed off to the respective consult services the following morning at 6:45 am. All consultations should to be discussed at the time of the consultation with the respective fellows of each consulting service.
3. To provide primary backup for the Float Intern on duty. This is especially important when the Float Intern is called to see an unstable patient and needs help. Please help the Float Intern with all transfers of unstable patients to the MICU.

If urgent/emergent consults in other internal medicine subspecialty services (*e.g.*, endocrinology, rheumatology) are required, the Float should contact the fellow on call for that service. Non-emergent consults can be referred to the appropriate consult service the next day.

Cap: The Float Resident’s cap is 10 total patients. This can be any combination of medicine admits, renal admits and medicine consults.

You are required to do all 4 continuity clinics this month. If you need to, you can contact your clinic coordinator to reschedule some of your clinic days but they must all be in 4 separate weeks (for example, you can’t have 2 clinics in the same week).

IMPORTANT: Your schedule calendar must look like the following regardless if you are an intern or a resident. I.e. you cannot work more than 5 days in a row and must alternate Friday-Saturday-Sunday days

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	1	1	1	1	1	2
1	2	2	2	2	2	1

2	1	1	1	1	1	2
1	2	2	2	2	2	1
2	1	1	1	1	1	

Backup Attending: Your backup attending is the On-Call Medicine Ward Team Attending.

XXI. Ready Reserve

Ready Reserve exists to provide coverage in the event that a resident has to miss a day or work for personal reasons (*e.g.*, illness, death in family). Please contact the Float Chief Resident promptly so that ready reserve coverage can be arranged. This coverage will have to be given back to the resident providing it on 1:1 basis. The Residency Program will not provide coverage for voluntary absences (*e.g.*, weddings, birthdays, interviews, USMLE); instead, you should plan ahead and utilize your days off or arrange your own coverage with other house staff. Please promptly notify the Float Chief Resident as well as the page operator if you have modified the call schedule.

Everyone on Ambulatory will be on Ready Reserve. This system is designed as a backup plan to cover clinical assignments due to illness or family emergencies. During this month, you are subject to being pulled to temporarily cover other clinical assignments. You should not leave town without permission from the Chief Residents. Ready reserve house staff must keep their pagers on at all times. If you fail to return a page from the Float Chief Resident, you risk being penalized by accruing an additional ready reserve duty. Your ready reserve month will be listed in your schedule on Amion.com. If you foresee a problem with your designated month, notify in advance the Chief Resident in charge of the schedules.

XXII. Paging

When using the paging system (713) 605-8989, we strongly recommend specifying a full ten-digit phone number. You may also add an asterisk (*) followed by your five-digit pager number in case the person is not able to promptly return your page. Please, do not assume that the person who you page is at the same facility as you are and will recognize a four or five digit call back extension. If you are certain that the other party is also at LBJ, for example, you may page to an extension that begins with 6 x x x x. In the Medicine office, you may obtain replacement batteries. The phone number for the page operator is (713) 566-5566, or if you are inside LBJ Hospital, 66566.

XXIII. Continuity Clinic

The UT General Medicine Clinic is located on the sixth floor of the UT Professional Building (UTPB). Some house staff will have their continuity clinics here. The general number for the clinic is 832-325-7100. Others will have continuity clinic at LBJ Hospital in the General Medicine Clinic on the first floor with Dr. Gardiner, Dr. Mehta or Dr. Bhattacharjee. The main number to the LBJ Medicine clinic is 713-566-4921.

Please verify your clinic day assignments prior to each month. You are responsible for contacting your clinic scheduler Sheri Janowski at 832-325-7462 for UTPB clinics or Donna McKee at 713-566-5079 or 713-566-4921 at LBJ to inform of clinic cancellations for post-call days and MICU/CCU/ER/vacation months. Clinics missed post call need to be rescheduled for some other time that week. Please note that you are the clinic patients' primary care physician, and the clinic must be notified in advance if you will be absent. There is no scheduled clinic for the following rotations: MICU, CCU and ER.

XXIV. Days Off

House staff can take 4 days off per month, free from educational, administrative, and clinical responsibilities, averaged over a 4 week period to 1 day per week. Please arrange for days off early in the month, and coordinate with your fellow teammates. **Upper level residents on call months CANNOT take the 1st or the 2nd of the month as a day off.** You CANNOT take these last two days of the month off because there are brand new interns on service, new attending, and a new fellow when applicable. The overlap of interns and residents from month to month is intended to facilitate a smooth handoff and taking these days off would defeat this purpose.

XXV. Medical Students

Students will be assigned to each ward team and they will take overnight call with the team and this will be your primary opportunity to perform bedside teaching. Due to call room space constraints, only 2 students are able to stay overnight on call with the team. The remainder of the students should be released to leave the hospital by dark. Those students that leave should utilize a security escort to their vehicle (when appropriate). All students are expected to be present and prepared the post call morning for post call rounds at 6:00 am.

You are expected to let the students evaluate patients before the interns and residents see them and formulate a plan (when possible). You are expected to involve them in patient care and return education for clinical service. They will have the opportunity to evaluate you at the end of each month. A few ground rules:

- Students must take overnight call on a rotating basis
- No more than 3 new admissions per student per night
- No more than 5 "active" patients per student
- Their month ends on Saturday, not the last Friday of the month
- They are excused from all duties Thursday prior to their exam and have no call on the Wednesday before their exam
- They must have on average 1 day off per week and are excused on Labor Day, Memorial Day, Thanksgiving (Thurs and Fri) and July 4th.

All student notes must be co-signed by a resident on service. A full resident note should accompany every student note each day. Acting interns should follow patients with the

upper level resident on that service. A full resident note should accompany every acting intern note.

XXVI. Moonlighting

Moonlighting is a privilege, not a right. Your primary responsibility lies with the rotation to which you have been assigned. Moonlighting is not permitted on call months. Moonlighting privileges are granted solely at the discretion of the Program Director, Dr. Farnie. You are only able to moonlight after you have obtained your individual Texas Medical License and completed paperwork with the GME office. Moonlighting shifts will count towards your 80 work week total.

XXVII. Death Pronouncements

When you are called to see a patient who has died, you must first make sure that this is not a code situation. Once the patient has died, you must contact the patient's family and the Attending physician on the primary team. Additionally, you must write a note in the chart with the following information:

1. Called to see patient regarding (cyanotic: no respiration, pulse, etc.)
2. Physical exam: pulse 0 and BP 0
HEENT: Pupils fixed and dilated
Chest: No spontaneous respirations
CV: No heart sounds
Neuro: Unresponsive to deep pain
3. Patient pronounced dead at: (give time, date).
 - (Specific family member) notified via (phone or in person).
 - Dr. (Attending) notified.
 - (Family refused or agreed to) (full or limited) autopsy.
 - Patient (is or is not) candidate for organ donation.

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