Interns in between 5:30am and 6:00am daily
- Obtain sign out from night float upon arriving, complete handoff of care by 6:15 am
  - Must be face-to-face handoff using IPASS tool and format

Intern collection of interim information (or AI or resident on intern day off)
- Should be completed by 7:00-7:30 am daily (varies by team, volume, day)
- Pre-rounds include examination and interim history on each patient
- Interim data (daily labs, micro and other lab updates, radiology updates)
- Review of patient chart for consultant updates, check in with nursing staff

Work rounds daily - Between 7:30 to 8:00 am
- Includes intern presenting overnight events and plan for day to resident
- Intern should be developing assessment and plan for patient for day
- Resident and intern should see “sick” or emergent patients together as needed
- Expected discharges should be posted no later than 7:30 am in Cerner; discharge processes started

Notes/documentation
- SOAP note- Brief, focused
  - Includes interim hx, events overnight, only the key consult recs and tests
  - Includes pertinent physical examination
  - Includes review of labs – pertinent labs only – daily and update. Should not drag in all labs done
  - Should not include radiology or other testing reports verbatim – can refer to and highlight key points
  - Should not include full list of meds daily – highlight key changes, refer to electronic list, state reviewed, may include periodically or in ICUs
  - Focus should be on A/P – by problems (not systems) – should reflect ongoing assessment and plans not just cut and paste from day before
- Notes SHOULD be completed by 4pm; MUST be completed by 7pm of each day

8-10:30 am attending rounds (MUST finish by 10:30am). Should include ALL team members and should include bedside rounds.
10:30-11:00 am – Place urgent orders, call consults, and begin sign-out document

11am-12:00 – Morning report – Monday, Wednesday, Thursday, Friday
- Entire team is encouraged to attend as a team
- Resident attendance is required; Attending physician attendance is requested and strongly encouraged
- Interns are encouraged to attend at least 1-3 times per week

After rounds and after morning report
- Complete daily work (procedures, documentation, completion of discharges, discussion with consultants, communication with families, etc), prepare sign out in afternoon
- 5pm – update discharge postings in Cerner
Check out rounds with attendings – mandatory – 4-6pm
- At a minimum should include resident and attending physician
- Focus of attending check-out rounds
  - Update on interim events, list of stable, “watcher”, and unstable on sign-outs etc
  - Planning for next day
  - Discharge plans for next day

One team member MUST remain in hospital until sign-out to night team member at 7pm
- Other team members should go home when daily work is complete – remaining team member can follow up on consults, etc (this should generally not be before 5 pm for resident AND intern)
- If intern remains, they should phone the covering ward resident with updates or when needed

Sign out – 7pm with night team member. Must occur in person. A late resident should be present during sign out.

**REQUIREMENTS FOR CONTACTING ATTENDING PHYSICIANS (24 hours/day)**
- Change in clinical status, examples include, but are not limited to:
  - Includes change in vitals (new or persistent hypotension, increased respiratory rate, tachycardia)
  - Respiratory distress
  - Altered mental status without clear etiology
- Change in management plan or level of care, examples include:
  - Transfer to ICU or progressive care unit (step-down)
  - Procedures
  - Decision to go to surgery
- Medical decision-making issues, examples include:
  - Procedures
  - DNR status
  - Withdrawal of care
  - Discharge against medical advice
- Death and other “incidents” – medical errors, unable to obtain procedures needed, unable to contact consultants, patient or family dissatisfaction
- RRT calls, codes

Attending physicians are encouraged to perform face-to-face (or phone) check in with night team between 7-9pm (should page intern pagers to discuss)

**RESIDENT REQUIREMENTS 2014-2015**
- PCP must be documented in H+P correctly (this can be primary oncologist, GI physician etc., or PCP) AND contacted with 24 hours of admission and on day of discharge
- Patient must be contacted within 48 hours of discharge to ensure transition is going well
- Residents are responsible for ALL discharge summaries until the PGY1s have achieved competency
- Sister teams to cover each other during Tuesday conferences
- Resident must take non-admit day as day off
- Residents must addend all admission H+Ps they supervised (brief focused on A/P for reason of admission with key elements of presentation exam and labs)

Other requirements
- All interns and residents must have one day off each week (averaged over rotation)
- The schedule must be made and approved by attending physicians at beginning of 2 week sessions
- Residents should not take intern or attending switch days off (save for Team 3 on switch day as this is non-admit day)
- Interns and Residents MUST log work hours each week by Sunday midnight and must adhere to all ACGME work hour requirements – notify chief if problems
- Interns must attend interns conference weekly at noon – resident should cover pager during this time
- Residents must attend MR at 11am M/W/Th/F ; interns are encouraged to attend
- All housestaff must attend Grand Rounds at noon on Thursdays
- All housestaff must attend didactic lectures Tuesday 3-6pm –Sister team resident will take sign-out at 2:30 but is expected to attend unless clinical duties persist and red cap excuse should be entered
Summary of day:
6:00 am: Receive sign out from night team member (Intern or resident if intern off)
6:00-7:30 am: Pre-rounds (Intern or resident if intern off)
7:30-8:00 am: Work rounds (Interns, residents, students); Discharge postings to Cerner
8:00-10:30 am: Attending rounds with entire team, must include bedside rounds
11:00am-12:00 pm: Morning Report
11:00am-4:00 pm: Team completes work and signs out to team member staying until 7pm
3:00pm: Update discharge postings in Cerner
4:00 -6:00 pm: Attending check-out rounds
7:00 pm: Sign out to night team member
7:00-9:00 pm: Attending physician check in call to night team member