Medical Resident
“How-To” & Policy Manual 2009
# James J. Peters VA Medical Resident

## “How-To” and Policy Manual 2009

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The Medical Program provides this manual. We would welcome any suggestions for inclusion or deletion from future editions.

Please provide your comments, suggestions to: Dr. Mark Korsten, Extension 6753 or Beeper: **026, mark.korsten@med.va.gov
Welcome to the James J. Peters VA Medical Center

Like other hospitals, the James J. Peters VA Medical Center is in a state of flux. For this reason, it is unlikely that this manual will be completely accurate by the time it reaches your hands. Despite this, we hope that this little booklet is useful during the initial phase of your experience at this institution.

If nothing else, you must sign in by introducing yourself to Ms. Anitra Collins, Secretary to the Program Director in room 7A-11. Ms. Collins will smile (usually) and present you with a number of memos that will enable you to acquire room keys, a fashionable white coat, a nifty beeper and computer access. Getting finger printed is mandatory, remember that you have 10 days from the time of your initial computer access to get finger printed.

With regard to computer access, facility with the VA’s Computer Patient Record System (CPRS) is absolutely essential if you are to function effectively during your stay. Although it may seem imposing, it is actually quite friendly and very advanced. However, for those of you who are computer phobic, we have a solution. Your friendly, Computer Application Coordinator or better known as a CAC (beeper **262) will ease you into this high-tech component of the hospital. Please don’t hesitate to call them—they won’t make fun of you.

Finally, to remain useful, this guide will require continuous revision. If you have suggestions in the interim, please contact Dr. Korsten (beeper **026). Your anonymous evaluations at the end of your rotation are carefully reviewed.
General Organization of the Medical Program

Medical House staff (PG-1’s, 2’s and 3’s) are assigned to two general medical wards as well as the CCU and MICU. In addition to coverage of these units, the medical house staff provides consultative services to the rest of the hospital and provides ambulatory care to large veteran population through primary care and subspecialty medical clinics. Two rotating Ward Attendings and a hospitalist provide clinical oversight and evaluate the House staff on each of the two medical wards.

Ward Rounds

Two staff physicians (at times, one of these physicians is the Chief Resident) are assigned to each of the medical wards on a monthly basis. Remember that attending rounds are for you. Dr. Korsten would like prompt feedback if they are unsatisfactory.

Recommendations:

1. Residents/Attendings are encouraged to discuss patient care issues. If there is an interesting patient care issue, then it is desirable to go back to the literature and discuss it the next day which makes the issue(s) more interesting and updated.

2. All cases do not need to be discussed in detail (especially when there are ≥ 4 new admissions), brief and pertinent issues can be discussed about all patients.

3. Present cases in this general order:
   a. “Sick” new cases
   b. “Stable” new interesting/teaching cases
   c. “Sick” or interesting patients already on the service (i.e., patients admitted at any time in the past still without diagnoses or without an adequate plan for assessment/management)
   d. Brief follow-up of previous recent admissions

4. All new cases not seen during rounds should be seen after rounds by the attending and admitting intern (and/or resident) on a one-on-one basis with “bullet” presentations and the attending going to the bedside of the new admission with the house officer.

5. Attending rounds should generally be limited to one-and-a-half hours. The above guidelines should help accomplish the latter, while increasing education and decreasing boredom (ideally).

   The housestaff must be free to attend noon conference!

6. Attendings must be informed when a patient will undergo an invasive procedure, has taken a turn for the worse and will be transferred. Under these circumstances, the attending must write a note in CPRS.

24 Hour Coverage: The attendings must provide telephone and/or beeper access for 24 hour availability.

Weekend Attending Rounds: Ward attendings are responsible for rounding on weekends. At the end of Friday morning rounds, the attendings should know who will be rounding on both Saturday and Sunday morning. A time should be specifically arranged.

Please note:

1. Rounds will take place with the attending and the two ward interns (coming on and off-call).
2. Presentations may be brief, but the attending must see all new admissions.
3. This is also a time for follow-up on recent admissions as well as discussion of “sick” patients and management problems.
Paperwork

"Paperwork" is rapidly becoming a misnomer at the VA. Much of what was previously accomplished using paper is now done in the computer. The system in use here is highly advanced and has resulted in many happy residents. However, this is a "good news - bad news" situation. With improvements in information retrieval has come a significant problem – copying & pasting of notes between residents and from one day to another. This is a very poor practice! Plagiarism must be avoided at all costs and will have very adverse consequences if identified.

Admission Caps

a. A first year resident will not be required to admit more than 5 new admissions per admitting day; an additional two patients may be assigned if they are in-house transfers from medical services.
b. A first year resident must not be assigned more than eight new patients in a 48 hour period.
c. A first year resident must not be responsible for the ongoing care of more than 10 patients.
d. When supervising more than one first year resident, the supervising resident must not be responsible for the admission of more than 10 new patients and four transfer patients per admitting day or more than 16 new patients in a 48 hour period.
e. When supervising one first year resident, the supervising resident must not be responsible for the ongoing care of more than 14 patients.
f. When supervising more than one first year resident, the supervising resident must not be responsible for the ongoing care of more than 20 patients

Moonlighting

Moonlighting by residents is permitted after approval by the Program Director and provided that it does not interfere with their house staff duties. If, as judged by the Program Director and/or other attendings, moonlighting interferes with the resident’s clinical performance, it must be modified or terminated. (PM 11-197 "Resident Duty Hours")
Evaluation process

Resident clinical competence is evaluated on a regular and on going basis.

a) The ACGME defined six competences that physicians should demonstrate throughout their professional carriers, and that are used to evaluate trainees. These are: patient care, medical knowledge, practice-based learning, interpersonal and communication skills, professionalism and systems-based practice.

a) At the end of each rotation, the supervising attending evaluates either in written or online at www.myevaluations.com or www.new-innov.com. In addition a resident can verbally discuss evaluations with the supervising attending at the end of the rotation.

b) In the out patient / primary care setting, residents are evaluated on a Mini CEX module and Six Competencies after each PCP block.

c) A resident is evaluated by the program director during PGY-1 and PY-2 with a case presentation.

d) A resident is evaluated on a yearly basis by other members of the health care team i.e. nurses, social workers and clerk.

e) A resident meets the assistant training director on a yearly basis to discuss future goals, training satisfaction, procedure log and review of evaluations during an academic year.

f) Residents are encouraged to take in training examinations each year. These are conducted under guidelines of the NBME to identify weakness. (this evaluation is only for resident self improvement).

g) A resident is evaluated by the program director during PGY-1 and PY-2 with a case presentation.

h) A resident is evaluated on a yearly basis by other members of the health care team i.e. nurses, social workers and clerks.

i) A resident meets the assistant training director on a yearly basis to discuss future goals, training satisfaction, procedure log and review of evaluations during an academic year.

j) Residents are encouraged to take in training examinations each year. These are conducted under guidelines of the NBME to identify weakness. (this evaluation is only for resident self improvement).

- It is the policy of the GME that a resident has to complete each rotation with at least satisfactory evaluation. Failure to do so will result in evaluation review by the GME Committee. The GME will make appropriate recommendations to improve the resident training and performance; these will include but is not limited to a) discussion with program director in person and placing the resident on academic observation b) repetition of rotation c) academic probation etc. Failure to improve and follow recommendation will result in suspension and finally expulsion from the training program.

- The resident may appeal the findings of the GME committee with in two weeks of receiving its recommendations. The resident may appeal in person or in writing to the V.A GME committee. If the resident disagrees with the outcome of the appeal, a second appeal can be made to the Mount Sinai School of Medicine GME committee.

k) Promotion/reappointment to the next year of residency training is contingent upon satisfactory progress in achieving the ACGME’s six competencies: Interpersonal and Communications Skills, Medical Knowledge, Practice-Based Learning and Improvement, System-Based Practices, Clinical Judgment, Clinical skills and Humanistic Qualities. These competencies will be assessed after each clinical rotation.

l) Leaves of absence are sometimes a necessity and will be considered on an individual basis by the Program Director. However, such Leaves of absence may require that a resident remain in the program pass the typical June 30 termination date. Leaves of absence may also delay the recommendation for ABIM specialty board eligibility.
Roles and Responsibilities of Attending Physicians on the Inpatient Medical Service

**Patient Care:**
- Attending physicians are responsible for the care provided to each patient
- New admissions must be seen and evaluated within 24 hours of admission
- Attendings must be personally involved and familiar with the ongoing care of each patient
- Attendings or covering faculty must be available to the residents involved at all times
- The attending physician for each patient must be apparent to all members of the patient care team, and must enter an “assumption of responsibility” note on each patient on the first day of the rotation

**Teaching:**
- Teaching of residents and medical students is an integral part of the inpatient medical service
- Teaching and learning must be patient based, and focused on the underlying pathophysiology, evaluation and management of the patients on the unit, not on prepared lectures on unrelated topics
- Principles of evidence-based practice should guide the teaching of clinical decision making
- Attendings must review expectations with residents at outset of rotation
- Residents (including the post-call team) are expected to attend all teaching conferences, including morning report, noon conference and medical grand rounds
- New admissions must be seen with the residents to review pertinent elements of the history and physical examination
- Whenever practical, initial presentations should take place at the bedside
- New admissions and follow-up information should be presented by the PGY-1 resident
- New admissions should be presented with minimal or no reference to written notes

**Resident Evaluation:**
- It is an ACGME requirement and a professional obligation to provide feedback to residents on their performance
- PGY-2s and PGY-3s should be assessed on their team management and organizational skills in addition to ACGME mandated competencies
- PGY-1s should be assessed on their ability to gather and present relevant data in addition to ACGME mandated competencies
- Formal, written evaluations should be done via www.new-innov.com and should include specific comments in addition to numerical ratings

Direct, verbal feedback should be provided to each resident at the mid-point and end of your service month

**Documentation:**
Documentation of all clinical care and appropriate supervision of trainees is required
Residents are to be reminded that “cutting and pasting” notes is unacceptable, and will be reported to the program director

**Didactic Exercises of the Medical Program**

Attending Rounds are held on each of the medical wards Monday through Friday. They include rounds in the X-ray Reading Room with a review of pertinent films with the help of a radiologist. X-ray requests must be received by 8:00am to give the file room adequate time to track down the films (retrieval rates
average about 75% but seem to be improving). — see Radiology

Other conferences and meetings include morning report every Thursday 8:15AM to 8:45AM in 7B conference room, noon conferences and Grand Rounds (everyone). A monthly schedule of events is posted outside of the Medical Program Office (Rm. 7A-11). **Attendance at these conferences is mandatory and attendance rosters will be maintained. Light Lunch will be provided at noon conferences courtesy of the James J. Peters VA attendings. This is a small token of appreciation for the hard work of the medical residents.**

Many other conferences are organized by Subspecialty Sections. Consult the Medical Program weekly schedule or check with the Section Secretary for times and locations. Attendance at such meetings is encouraged but obviously optional.

**Typical Weekday at the Medical Program**

<table>
<thead>
<tr>
<th>Time</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:00 am</td>
<td>PRE-ROUNDS (interns)</td>
<td>PRE-ROUNDS (interns)</td>
<td>PRE-ROUNDS (interns)</td>
<td>PRE-ROUNDS (interns)</td>
<td>PRE-ROUNDS (interns)</td>
</tr>
<tr>
<td>8:00</td>
<td>RESIDENT ROUNDS</td>
<td>RESIDENT ROUNDS</td>
<td>RESIDENT ROUNDS</td>
<td>RESIDENT ROUNDS</td>
<td>RESIDENT ROUNDS</td>
</tr>
<tr>
<td>8:30</td>
<td>Morning report 7B-66</td>
<td>MSSM Grand Rounds</td>
<td>Morning report 7B-66</td>
<td>RESIDENT ROUNDS W INTERNs</td>
<td>Morning report 7B-66</td>
</tr>
<tr>
<td>9:00</td>
<td>Attending rounds</td>
<td>Attending rounds</td>
<td>Attending rounds</td>
<td>Attending rounds</td>
<td>Attending rounds</td>
</tr>
<tr>
<td>10:15</td>
<td>Teaching Rounds</td>
<td>Teaching Rounds</td>
<td>Teaching Rounds</td>
<td>Teaching Rounds</td>
<td>Teaching Rounds</td>
</tr>
<tr>
<td>11:00</td>
<td>Radiology Rounds</td>
<td>Radiology Rounds</td>
<td>Radiology Rounds</td>
<td>Radiology Rounds</td>
<td>Radiology Rounds</td>
</tr>
<tr>
<td>11:15</td>
<td>Work Rounds</td>
<td>Work Rounds</td>
<td>Work Rounds</td>
<td>Work Rounds</td>
<td>Work Rounds</td>
</tr>
<tr>
<td>1:00 pm</td>
<td>Inter-disciplinary rounds 7B @12:45</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Work completion/documentati on</td>
<td>Work completion/documentati on</td>
<td>Work completion/documentati on</td>
<td>Work completion/documentati on</td>
<td>Work completion/documentati on</td>
</tr>
<tr>
<td>4:00 pm</td>
<td>Sign Out Rounds</td>
<td>Sign Out Rounds</td>
<td>Sign Out Rounds</td>
<td>Sign Out Rounds</td>
<td>Sign Out Rounds</td>
</tr>
</tbody>
</table>

7-8 am:  **Pre-rounds:** interns to pre-round on all patients; vitals, physical exam, make sure blood work is IN LAB, start all notes; Float to round with post call team.
8-8:30 am: **Res-rounds:** residents to run the list with both interns and advise regarding plan, discharge orders, meds; post call resident (MSSM) or floor resident (VA) rounds with orphan intern.
8:30-9:00 am: Morning report: residents only. * On Thursdays resident report will start on 8:15 am. Post call PGY2 presents one case with the discussant.

9:00-10:15 am: Attending rounds: save one case for the group if admitted over night and present at bedside. Attending notified the night before on presenting case.

10:15 -11:00am: Teaching Rounds: attendings to run all overnight cases with post call team. Non-post call team works on discharges

Mount Sinai/James J. Peters VA Shuttle

A bus provides transportation between Mount Sinai and the James J. Peters VA. The early (6:30am) shuttle should be popular among PGY-1’s who want to complete their "scut" work prior to work rounds. The late (7:15pm) shuttle has been instituted, in part, to allow the housestaff time to evaluate laboratory results before leaving for the day.

Mount Sinai Shuttle makes trips during weekdays between the James J. Peters VA at 130 West Kingsbridge Road and The Mount Sinai Medical Center at the front of the parking lot at 99th Street & Madison Avenue. Valid VA or Mount Sinai ID required for use of this shuttle.

NOTE: There is no service to or from the James J. Peters VA & Mount Sinai on weekends or holidays.

Weekday Departures

<table>
<thead>
<tr>
<th>Mount Sinai Shuttle</th>
<th>99th &amp; Madison to James J. Peters VA</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:00am</td>
<td>6:30am</td>
</tr>
<tr>
<td>8:15am</td>
<td>7:30am</td>
</tr>
<tr>
<td>10:00am</td>
<td>9:15am</td>
</tr>
<tr>
<td>11:30am</td>
<td>10:45am</td>
</tr>
<tr>
<td>12:30pm</td>
<td>12:00pm</td>
</tr>
<tr>
<td>2:45pm</td>
<td>1:15pm</td>
</tr>
<tr>
<td>4:35pm</td>
<td>3:30pm</td>
</tr>
<tr>
<td>5:50pm</td>
<td>5:15pm</td>
</tr>
<tr>
<td>7:15pm</td>
<td>6:30pm</td>
</tr>
</tbody>
</table>
# Key Telephone Extensions

## Programs

<table>
<thead>
<tr>
<th>Program</th>
<th>Ext</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Program</td>
<td>6753 or 6754</td>
</tr>
<tr>
<td>Surgical Program</td>
<td>5053</td>
</tr>
<tr>
<td>Pharmacy Program (Outpatient)</td>
<td>5490</td>
</tr>
<tr>
<td>Pharmacy Program (Inpatient)</td>
<td>5489</td>
</tr>
</tbody>
</table>

## Radiology:

- Routine x-rays: 6533
- CT scans: 6557 or 6556
- Nuclear/Ultrasound: 6349 or 6351
- RTAS* (wet readings): 5813

* You must have your security code and last 4 digits of pts. Social security number

## Laboratory Program:

- Chemistry: 6268, 6263 or 6264
- Hematology: 6263
- Microbiology & Serology: 6320 or 6321
- Blood Bank: 6250

*Lab results are in computer as soon as available. Alerts are sent on critical values

## Wards

<table>
<thead>
<tr>
<th>Ward</th>
<th>Ext</th>
</tr>
</thead>
<tbody>
<tr>
<td>1D</td>
<td>5392</td>
</tr>
<tr>
<td>1E</td>
<td>5433</td>
</tr>
<tr>
<td>NH1A</td>
<td>3446</td>
</tr>
<tr>
<td>NH2A</td>
<td>3426</td>
</tr>
<tr>
<td>6B</td>
<td>5429 or 5250</td>
</tr>
<tr>
<td>7B</td>
<td>6828 or 6829</td>
</tr>
<tr>
<td>7C</td>
<td>6742 or 6743</td>
</tr>
<tr>
<td>8B-MICU</td>
<td>5026</td>
</tr>
<tr>
<td>8C</td>
<td>6715 or 5068</td>
</tr>
<tr>
<td>Kidney Dialysis 4th floor</td>
<td>6633/34</td>
</tr>
</tbody>
</table>

## Alarms & Codes

<table>
<thead>
<tr>
<th>Alarm</th>
<th>Ext</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fire</td>
<td>1111</td>
</tr>
<tr>
<td>Police</td>
<td>2222</td>
</tr>
<tr>
<td>Cardiac Arrest</td>
<td>1484</td>
</tr>
<tr>
<td>Psychiatric Crisis Team</td>
<td>1777</td>
</tr>
<tr>
<td>Seizure</td>
<td>1234</td>
</tr>
</tbody>
</table>
How to Use the Pager System

Unlike some other institutions, the James J. Peters VA permits you to do your own paging provided you know the 3-digit beeper number of the person you want to contact. You can look up page numbers in any of the directories in VISTA and on the Intranet (home page). Pagers will be listed with either a “7” or a “**” prefix.

To access the system, touch “7” or “**” on any medical center phone and then the 3 digit number of the beeper to which you wish to transmit a message. Next, you will hear a synthesized voice that tells you to start your message.

If given a choice: "1 to speak, 2 to display", it is to your advantage to choose display and enter the beeper number into the telephone.

To receive outside calls while at the VA
Tell your party to ask for extension 6753 after dialing 584-9000. This is the extension of the Medical Program; one of the secretaries will page you until 4:30pm.

After 4:30pm, the hospital operator can page you via the beeper system or using the overhead loudspeaker system.

In addition, it is possible to receive a direct message from the outside by dialing (718) 579-3350 and following the automated instructions.
Radiology Program

The file room supervisor must have a list of requested films by 2PM the day before the conference to insure that they are available when attending rounds begin. Films can only be requested via e-mail the day before the conference.

Use this procedure:
1. Log-in to the VISTA and select Mailman from the Main Menu.
2. Select SML from the Mailman Menu.
3. Type in X-RAYS as the subject. Use the following as a guide for the message:
   - 7B Radiology Conferenceie. 10:00am 7/25/2009
   - Rodriguez 1234
   - Burgos 4321
4. Send mail to: G.RADCLERK – Films should be requested before 6am on the day of the conference of preferably the night before.

Viewing films at any time is possible via PACs which allows viewing of the images and reports on any hospital PC.

The file room supervisor must have a list of requested films by 8:00am each morning to insure that they are available when attending rounds begin. Films can only be requested via e-mail before 8:00am on the day of the conference.

After Hours Microbiology Lab Work
8:00am - 5:00pm (7 days/week): bring all specimens to the micro lab (2nd floor) for gram staining, culture.

For CSF specimens, the 2nd floor hematology/chemistry lab will prepare and interpret gram stain and India ink slides for the house officer (24 hours/day). The intern/resident can use the hematology microscope to further interpret the slide.

For Non-CSF specimens (i.e. urine, sputum, pleural fluid), housestaff may use the gram stain supplies, slides, centrifuge, and microscopes provided in the general second floor hematology/chemistry lab - and are responsible for both preparation and interpretation. Assistance is available from the lab staff. In addition, all specimens must be logged into a book at the lab, and specimens (labeled with a grease pen) must be left in a specified tray. The microbiology staff will formally read these samples in the morning.

Pharmacy
The Pharmacy Program will provide you with a checklist when orders need to be renewed. TPN, PPN, and heparin orders are renewed daily. Large volume I.V.’s and narcotics: every 3 days. Antibiotics: once a week. Other meds renewed every 2 weeks.

Due to budgetary restraints, the pharmacy closes down after 12 Midnight. However, there is a mechanism in place for obtaining medications in the middle of the night.

The floor nurse should contact the nursing supervisor that is on-call. The latter individual has access to a wide variety of medications that are stored on the fifth floor. Initiation of therapy can begin immediately at any time during the night by utilizing this system.

Nursing
We urge you to include the nursing staff, whenever possible, in your work rounds. Lack of this cooperation has been a major shortcoming in the past. It is shortsighted to underestimate the potential contribution of nurses in overall patient management. Try to be empathetic. Due to cutbacks these remaining nurses are often overworked. Cooperation and mutual respect is essential for preventing conflict.
Infection Control
Infection Control looks at every procedure that is going on in this Medical Center. One of their main concerns is that you practice Universal Precautions rather than Blood/Body Fluids Precautions. All diagnosed /suspected TB patients are to be placed in AFB isolation (grey card) & not respiratory isolation (blue card).

Put on your appropriate (PPE) Personal Protective Equipment if you anticipate any splashing with Blood/Body Fluids. If in doubt, review the Infection Control Manual (red binder) at the nurses' station.

Please feel free to call ext. 6676, 5681, 5680 or 6668 if you still have any problems after notifying the Patient Care Coordinator (PCC) or the charge nurse.

As of this edition of the manual, all rooms should have latex gloves in addition to vinyl gloves - use them!

Blood Drawing
Floor nurses are trained to draw blood and start IVs. However, occasionally you may be called upon to supplement their skills. Your understanding in this matter is greatly appreciated.
Medical Library
The library is open until 4:00pm to accommodate your academic needs. A CD-ROM reader is available and the library staff is eager to instruct you in its use for performing literature searches. You can also perform MedLine searches through any terminal, if you have access.

Although more modest than the library at Mount Sinai, the library staff has access to the world’s literature via interlibrary loans and microfilms.

Electronic Resources
The James J. Peters VA maintains a wealth of clinical resources on their webpage. These resources can be accessed from any computer at the VA by clicking on the Internet Explorer icon on the PC desktop.

Once the James J. Peters VA Home Page appears, simply click on the Clinical Resources tab on the top menu bar to access handbooks (like this one), on-call schedules, Mount Sinai links, clinical libraries, and many other links to Harrison’s Online, MedLine, Lippincott, MD Consult, StatRef, etc. Residents also have access to the Levy Library at Mount Sinai. Many journals are available on line via this link.

Consultations
To ensure a rapid response to your consult, all consultation requests should be entered into CPRS. Medical Program emergency consults are answered in one hour. Routine requests are answered in one day excluding weekends, holidays, evenings, and nights.

The following chart indicates the procedure emergency consults only:

<table>
<thead>
<tr>
<th>SECTION</th>
<th>EMERGENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiology</td>
<td>Call x 6776</td>
</tr>
<tr>
<td>Hypertension</td>
<td>Page **071; if no answer PAGE 245</td>
</tr>
<tr>
<td>Dermatology</td>
<td>Call MSSM page operator: 212-241-5581 or VA operator</td>
</tr>
<tr>
<td>Endocrine</td>
<td>Contact Fellow on call (call operator for on call schedule)</td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>Contact Fellow on call (call operator for on call schedule)</td>
</tr>
<tr>
<td>Geriatrics</td>
<td>Page **221</td>
</tr>
<tr>
<td>Hematology</td>
<td>Page 7-018 or 7-050, WHEN hours **068 or 877-695-4675</td>
</tr>
<tr>
<td>Oncology</td>
<td>Page **206 or 7-050, WHEN hours **068 or 877-695-4675</td>
</tr>
<tr>
<td>Infectious Disease</td>
<td>Page **194 or x6678, WHEN hours, On-call MD thru the operator</td>
</tr>
<tr>
<td>Liver Disease &amp; Nutrition</td>
<td>Contact Fellow on-call thru operator</td>
</tr>
<tr>
<td>ADTP (Alcohol Dertox Treatment Program)</td>
<td>7-776</td>
</tr>
<tr>
<td>Pulmonary</td>
<td>Contact Fellow on-call thru operator</td>
</tr>
<tr>
<td>Renal</td>
<td>Contact Fellow on-call thru operator</td>
</tr>
<tr>
<td>Rheumatology</td>
<td>Have operator call Dr. L. Abbey</td>
</tr>
<tr>
<td>Neurology</td>
<td>Day time 7-839; WHEN hours, On-call MD thru the operator</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>Day time 7-803; WHEN hours, On-call MD thru the operator</td>
</tr>
</tbody>
</table>
Common Snags in Discharge Planning

1. Transportation
Not all patients are eligible (this has really been cut back lately). Ask the patient if someone can pick them up (and bring clothes) as soon as you know he will be discharged. If not, or if the patient has mobility problems, you can request a courtesy ride home on the day prior to discharge (before 3:00pm on the day prior, or 24 hours in advance, whichever is earlier). You have to fill out a form. Some patients know they are eligible and always expect this.

2. Appointments
The ward clerk can schedule outpatient appointments for the patient, but only IF they have previously been seen in that clinic (or if that service was consulted while they were in the hospital). If not, then they need to be scheduled for a Primary Care appointment, and will be referred from there. If you want the patient seen within the next week or two, then you will need a name of a provider so that they can be overbooked.

3. Narcotics & Benzodiazepines
These medicines cannot be requested on the convenient printout forms (which should be done first thing in the morning or earlier as meds take >2 hours to be prepared). For controlled substances you need to fill out a Blue VA prescription slip, which you can sign along with the last 4 digits of your SS#.

Benzos must be on a blue script with the special “BENZODIAZEPINE DO NOT REFILL” stamped on it (these can be used for narcotics as well, but it isn’t necessary). Bring this down to the pharmacy yourself and you will get a numbered receipt. Staple this to the patient’s medicine printout, or hand it to the patient yourself. They need to present this in order to get their oxycodone, ambien, etc. If you don’t have scripts, you can sign out a pad from the pharmacy at your leisure.

4. Placement
Try to find time for discharge planning rounds, which occur Wednesday afternoons around 1:00pm. In addition to nursing home, rehab and home with services, geriatric patients with dependent needs can sometimes be placed in GEMU. Request a GEMU consult in the CPRS when the patient is stable.

5. Discharge Summaries
Will be entered in the computer prior to the patient’s release from care or transfer to another facility. As always, tell everyone you can think of as soon as you think the patient will be discharged (especially the patient). (PM 11-114 Discharge Summaries)

Miscellaneous
Sign-out /Shift Handoff occurs at the end of every day with the complete team in attendance. Many of the worst problems occur because of incomplete or inadequate sign-outs. Be thorough! Always use the shift handoff tool in CPRS.

Post CABG/Stent Patients: According to the cardiology program, all post-CABG/Stent patients (transferred post-op from the Manhattan VA) must receive consultations from both the cardiology and the rehab program prior to discharge.

CCU PGY-3: Monday to Friday, this resident supervises the CCU and 7B Telemetry, and admits until 4:00pm. Brief sign-out (especially the sick patients) to the on-call resident is also required. On weekends, the on-call resident will make morning rounds and cover admissions.

Intern Day Float: Reminder—the float begins in the morning by rounding with the post-call intern and his/her resident on work rounds. Individual sign-out (often supplemented by a written sign-out by the post-call intern) may take place both before work rounds as well as after attending rounds (before the post-call intern goes home). The float is responsible for the daily progress notes and management/scut for these patients until the end of the day sign-out.
Post-Call Resident/Intern: In addition to the obvious, the post-call resident must stay at least through attending rounds. The post-call resident signs out to the other resident on his/her team.

Chief Resident Office: At night and on weekends, a chief resident is available 24 hours a day via the page operator.

Medical Office: On the bulletin board outside 7A-11 are copies of all pertinent schedules.

Geriatrics: The Geriatric Evaluation and Management (GEM) Unit provides intensive interdisciplinary comprehensive geriatric assessment.

Inclusion Criteria:
   a. Veterans are 60 and older.
   b. Medically stable patients with specialty problems in Geriatric Medicine. For example: cognitive and effective disorders, falls, immobility and gait disorders, urinary & fecal incontinence, malnutrition and feeding disorders, Poly-pharmacy, pressure sores, and sleep disorders.

Exclusion Criteria:
   a. Hospice or terminal care patients.
   b. Patients who require treatment for acute illness.
   c. Patients with irreversible dementia, who do not require additional diagnostic evaluation.
   d. No direct admissions: the GEMU only accepts in-house transfers.
Intern Survival kit for the VA floor
Prepared by
recent Intern,
Dr. Meenakshi Zaidi

Admission Note

Consists of four important components on CPRS template: as intern history & exam.
• Accurate history of present and past illnesses and pertinent negatives
• Thorough exam with special emphasis on the involved system
• Data collection - past investigations or imaging, past lab values for comparison and assess baseline values (“hard core” report), could obtain data from remote access or Web top
• Initial investigations and treatment before next day rounds and presentation
• Medication Reconciliation form to be filled in at the time of admission.

Preparation Before Rounds

• Morning round on your patient, with morning vitals and trend in the labs
• Please bring to rounds your notes and EKG if you need to share
• Baseline values for that pt e.g. baseline H/H if anemia, anemia work up if in the past, baseline BUN/cr in renal pt
• If possible read about the case you’re about to present.

Progress Note

• What are the subjective complains of the patient?
• Objective examination of the patient in relation to his/her complaints
• Document entire days work-up, including results of investigations, abnormal labs, change in medications, and recommendations from specialty consults
• List of medications the patient is taking is helpful in the progress note. Also keep an account of medications held on admission and when they need to be started while writing the note.

Make sure you talk with the patient and inform him/her of what’s going on – otherwise patients are distressed by not being informed

Labs

• The most important rule is to f/u any lab you order
• Order labs that are necessary
• Serial labs may be required e.g. CBC in pt with a GI bleed, potassium, or others
• Order routine labs in the morning
• Keep 1 pm and 6 pm blood draw for f/u and urgent labs only (place the labels in blue basket at the nurses station and inform the nurse taking care of the patient)
• Follow if your order has been carried out, specially UA/urineC&S/stool/any important blood draws
• Blood cultures are done by interns (two different sites, R and L, indicated clearly on the label)

Consults

• Inpatient consults must be requested as early in the day preferably immediately after rounds - through computers and by phone
• F/u notes and recommendations made by the consulted team
• Outpatient specialty consults are requested for discharged patients (e.g. renal consult for a pt on hemodialysis)

Dietary consult needed when:
• Difficulty in swallowing due to any cause
• Aspiration pneumonia
• Pt with tracheotomy
• Pt loosing wt and may need caloric count
• With peg
• Feed through nasogastric tube
Speech and Swallow consult needed when:
- Aspiration pneumonia
- Dysphagia due to any cause

Rehabilitation consult needed when:
- All geriatric patients who are at risk of deconditioning
- Stroke
- Neurological deficit

Prosthetics consult needed when:
- Special needs like wheelchair/cane/walkers

Day Before Discharge

Pharmacy
- Refill meds for outpatient a night before anticipating discharge
- Inform Ray (the Pharmacist) between 8.30 to 9.00 a.m. about possible or definite discharge

Travel
- Fill out travel form before 3.00pm from the clerk for pt with special needs, notably wheelchair, ambulette, or who do not have way to go home
- If possible make a list of appointments needed for the patient to be discharged and how early you want them to be seen.

Social Work
- Inform all possible d/c on a note card a day or two in advance
- SW needs d/c summary one day in advance with all current medications and recommendations, if pt is going to Nursing home or has special needs with VNS, HHA

Day of Discharge

D/C Summary is done prior to the patient's release or transfer to another facility
- Complete three items: discharge instruction, d/c summary and d/c note
- D/c instructions are given before pt goes home with clear indication of medications (it has to be in layman terms ie two to three times a day, by mouth or applied over skin and the indication whether it is for blood pressure or for diabetes or for heart), days of antibiotic treatment, and f/u appointments (done by the clerk)
- D/c summary f/u template with HPI and course in hospital stay (course of the hospital is the extremely important), including imaging and procedures done, any nosocomial inf, etc.
- D/c note is synopsis of the case – short SOAP note

Other Important Items
- Explain to the pt all meds or any change that has taken place
- Inform of any special consults appointments made for pt
- Leave note for HBA's (ward secretary) about discharge (home or NH or other VA) so that they can remind patient of bus/ambulette departure time
- Inform of any special consults/appointments made for the patient
- Inform Ray (Pharmacist) at 9 am (preferably one day prior to discharge as well)

Sign Out: Shift Handoff Tool

Before leaving for the day, sign out to your colleagues
- Any labs or investigations to be followed
- Information on any unstable or sick pt
- Try not to leave any work unfinished on your colleagues (that person is busy admitting and taking care of pts)
- Person on call must f/u any instructions signed out
- Be proactively informed about unstable pts in co-intern services
- Keep all sign out stapled together
- All patients are responsibility of the intern-on-call
- Sign out consists of using **Shift Handoff Tool**:
There has been a great deal of variability in Physician to Physician communication recorded in the medical literature. The design and development of the Shift Handoff Tool seeks to address this variability. Standard data elements such as Allergies, Medications, Problems, History and Physical, Admitting Diagnosis, Labs, and Consults are routinely communicated Physician to Physician at shift handoff. By providing a tool to do this, we hoped that errors in care are prevented because the information is communicated in a clear, readable, standardized format. The information can be printed out and carried with the Physician during rounds. Notes can be written on the paper copy and re-entered into the Shift Handoff Tool for the providers on the next shift.
1. Start the Shift Handoff Tool from the CPRS Tools drop-down menu. Auto Sign-on will occur if your site uses CLAGENT (Broker Single Sign-on) otherwise you will need to enter your CPRS Access and Verify codes to log into the application.

2. Select List to print: Double click list or hit Submit button. Right click patient name in 'Patient Box' to delete patient from list.
   Personal List only – Right click on selected Personal list to delete a Personal List.
   HOT List – if you hold the manager key you are allowed to delete a HOT list.

3. Enter/Edit data.
   Yellow boxes: Editable fields. (data in these fields have an expiration date)
   White boxes: Uneditable fields, data comes from Vista.
   SAVE DATA, by moving from one field to another initiates the save field or hit the SAVE button at top of screen.

4. Print or Preview Report.
Communication, Communication, Communication!

- Talk to the patient daily informing him/her of what’s going on
- Educate them about disease
- Inform them about any procedure or investigation that has been ordered
- Be sensitive specially when informing about life threatening disease, e.g. cancer, MI etc
- Inform the pt at least a day in advance, whenever possible, about discharge plans
- Keep families in loop wherever possible especially if pt is incapacitated
Basic Floor Plan of the James J. Peters VA

Ground Floor thru 3rd Floor

4th Floor thru 9th Floor