

# MEDICAL STUDENT ORIENTATION MANUAL PROVIDENCE ST. VINCENT



## WELCOME

### Who Can Help Me?

Peds Hospitalist	Phone 503-216-1101
Dr. Roy Jan/Dr. Yolanda Domond, Site Directors	Office 503-216-2906
Dr. Tracy Bumsted, OHSU Course Director	Office 503-494-5982
Trevor Monteith, OHSU Student Coordinator	Office 503-494-3195

### Helpful Items

Stethoscope  
Calculator - some on the floor  
Harriet Lane Handbook - also on the floor

### Dress Code

ID badge  
Professional dress - tie, optional  
Scrubs - on call or post-call only

### Pediatrics

The Pediatrics Unit on 4 East Tower has 12 beds for medical and surgical patients. Medical admissions can be covered by the Pediatric Hospitalist service or the patient's own pediatrician. A Board-certified Pediatrician is in-house 24 hours/day, 7 days/week. The daytime pediatrician usually stays until 7:00pm, when the nighttime pediatrician comes in, 7:00pm-7:00am.

The Nursery is located on the 3<sup>rd</sup> and 4th floors. Newborns without a selected pediatrician are usually seen by the Pediatric Hospitalist Service; otherwise, they are seen by their pediatrician within 24 hours of birth.

### Orientation Day

First half of day begins at OHSU  
The second half begins at St Vincent's @ 1pm on the Pediatrics Inpatient Unit (4 East Tower)  
You will meet with the site director, who will orient you thereafter

### Schedule

Daily Schedule	7:00-8 am	Pre-round
	8:00-12:00	Rounds with Hospitalist -> remainder of time allotted to self-study
	12:00-1:00p	Lunch
	1:00-5:00	Off-unit sessions - with subspecialist or ancillary services
		May go home as early as 3pm on days without off-unit sessions or are not on call

### Call

Every 5<sup>th</sup> night until 11pm (No overnight call)  
Meet the night shift pediatric hospitalist at 7:00 pm in the hospitalist office.  
7:30p - 8:30 p - See newborns with the hospitalist  
8:30 p - Night rounds on floor patients with hospitalist  
9 p - Lecture

You will admit any new patient with the hospitalist until 11pm  
Post-Call, you will work a usual workday (unless it falls on a weekend day)

### **Days Off**

Off on weekend days that you are not 'On Call' (This includes post-call days that fall on a Saturday or Sunday)

Plus, the entire weekend following the Pediatrics Exam

No holidays off - if we work, you work (similar to OHSU & Emanuel policies)

### **Learning opportunities**

Daily work rounds and bedside teaching

Didactics with peds subspecialists and ancillary teaching sessions in the afternoons

Formal talk to be given by night shift hospitalist when you are On Call

Pediatric Interdepartmental Inservice Conference (see monthly schedule provided at orientation)

Recommended learning on your own time:

Keep up with CLIPP cases - do them early

Watch the OHSU Core Lecture series online

Optional: attend any interesting Neonatal Grand rounds or Pediatric Grand Rounds  
(see monthly schedule provided at orientation)

### **Evaluations**

Mid-block evaluation and feedback will be provided by the site director

Final evaluation will be determined by consensus from all hospitalists who had contact with you

'Off unit' educators will provide a pass/fail grade, based on attendance and participation. Failure to pass may affect the 'Professionalism' component to your overall evaluation

We will also be collecting feedback from you about your experience here with us at St Vincent's

## **EXPECTATIONS**

### **Everyone**

Be a team player

Ask questions

Read everyday

### **Pediatric Attending/Hospitalist**

Covers general pediatric patients that are not covered by a community pediatrician

Notified of all admissions to the pediatric unit

Will be present at all pediatric Code 99's

Teaches during rounds

### **Medical Student**

Follows 2-4 patients per day

May admit patients daily, as long as total cap of 4 patients is maintained (you may drop an old patient to pick up a new patient)

Know your patients - you are major part of the medical team

Pre-round on your patients starting with the sicker patients first

Check vitals, ins and outs, medications, frequency of respiratory treatments

Check labs, imaging

Check the orders in the past 24 hours

Check with the nurse on overnight events  
 Accompany your patients to any procedures  
 For anticipated discharges, help fill out the Discharge Orders sheet

## THE CLINICAL STUFF

### Admission Tips

Evaluate patients as soon as possible  
 Provide parents with our team structure:  
     Attending -----Consultant (if applicable)  
     |  
     MS3

Write your name and title on the patient room dry erase board  
 Perform the H&P. If this is your first time, ask the attending if you can just shadow them once or twice before doing one on you own  
 Then write your H&P. Don't be afraid to ask your attending to review your first few.  
 It takes several years to get good at these!  
 Help out by filling out the Medicine Reconciliation Form  
 Towards the end of the block, practice writing Admission Orders. Pediatric Hospitalist Admit Order Sets can be found on the Intranet: Intranet -> Physicians -> PSVMC Preprinted Order Sets -> Unit: pediatric

### Tips on Writing Orders

Don't attempt until you have your H&P skills down  
 Write legibly - Sign and print name, followed by "MS3"  
 Your attending should be present to sign them  
 Medications abbreviations:

Do Not Use	Write Out
U	Unit
IU	Unit
QD	Daily
QOD	Every other day
Trailing zero (5.0mg)	5 mg
Lack of leading zero (.1mg)	0.1 mg
MS	Morphine
MSO4	Morphine
MgSO4	Magnesium sulfate
µg	mcg
X 3 D	X 3 days or X 3 doses
TIW	3 times weekly
Slash mark for decimal (0/25mg)	0.25mg
Superscript for schedule (10 <sup>2</sup> )	10 mg BID

Include dose per kg, e.g. Acetaminophen 150mg PO q 6 hours (15mg/kg/dose)  
 After co-signed, pull up red flag

### Tips on Discharging Patients

Help complete discharge orders during pre-rounds for potential discharges  
 Help call the Acute Care Manager for ordering home-going equipment

## **Pediatric Code 99**

Attend any Pediatric Code 99's heard on the overhead paging system  
Your hospitalist should arrive on the scene to either run or co-run the code  
You are there simply to observe

## **LOGISTICS**

### **The Computer**

Paging	Providence Intranet Home Page -> AMCOM text paging
Portal (EMR)	Portal icon or Intranet -> Physicians -> Portal
Staff Directory	Intranet -> Physicians -> Staff Directory

### **References**

Library - lower level of the hospital  
Online references - UpToDate, MD Consult, etc.  
    Intranet -> Clinicians  
Pediatric books - Harriet Lane, Red Book, etc.  
    Far left cupboard in "Computer Alley" - Code 5214

### **Personal Space / Belongings**

Use the far left cupboard, computers, and bulletin board of "Computer Alley" in the Pediatrics  
    Inpatient Unit - Code 5214

### **Food**

Cafeteria - 2<sup>nd</sup> floor  
Café West - 1<sup>st</sup> floor, West Pavilion  
Vinnie's - 1<sup>st</sup> floor, East Pavilion

### **Parking**

Employee lot (behind hospital). Students may park on floors 4-6. Enter the hospital via the lower level tunnel.

### **Phone Numbers**

Acute Care Manager	6-6292, usually
Computer Help Desk	6-2800
Lab	6-7829
Peds Hospitalist	6-1101
Pediatric Unit	6-4400
Radiology MD	6-2181

## ORAL PRESENTATION GUIDELINES

### Presentation Types

New admissions  
Daily presentation

### New Admissions

Chief Complaint one line in parents'/patient's on words  
History of Present Illness age, sex, pertinent pre-existing conditions  
duration, associated symptoms  
pain qualifiers - location, quality, relieving and worsening factors,  
severity, timing  
remedies tried  
chronologic summary of PCP/ED visits-diagnoses, studies, treatments  
ED/clinic course  
Review of Systems pertinent positives and negatives  
Past Medical History birth history - if young or pertinent, chronic illnesses  
Past Surgical History  
PCP/Clinic Name  
Immunization Status  
Developmental History  
Diet  
Medications  
Allergies  
Social History who patient lives with, day care, tobacco exposure, pets  
Family History  
Physical Exam plot growth chart  
Studies  
Assessment and Plan

### Daily Presentation

Identification name, age, working diagnosis  
Subjective include events overnight, current complaints  
Objective vitals, I/O's, pertinent PE positives, negatives  
labs/studies  
Assessment Diagnosis? differential diagnosis? Include clinical status  
Plan include further workup, treatment, disposition

## THE (O)RIME METHOD GRADING SYSTEM

The RIME method of grading emphasizes a developmental approach and distinguishes between basic and advanced levels of performance for clinical rotations. Such a system is "synthetic" rather than "analytic" and each step represents a synthesis of skills, knowledge, and attitudes that have been practiced from the preclinical years of medical school through residency.

**Observer:** A student in pre-reporter status, not meaningfully contributing to patient care activities. First and second-year medical students largely are observers.

**Reporter:** Student can accurately gather and clearly communicate the clinical facts about a patient. Mastery of this step requires the basic skills to obtain a history and a physical examination and the basic knowledge of what to look for. The student "reports" the facts, such as, "**the pt has had 3 days of increasing shortness of breath and fatigue**", "**the heart rate is 100**", "**the liver is 3cm below the costal margin**", "**the sodium is 140**". This descriptor emphasizes day-to-day reliability - for instance, being on time, or following up on a patient's progress. The student at this stage has a sense of responsibility and is achieving consistency in bedside skills in interpersonal relationships with patients. Reporter is minimum passing criterion in the third-year medical student clerkship. An OHSU student consistently at the level of "reporter" would receive a clinical grade of "Satisfactory." A student not consistently performing at the level of "reporter" by the end of the clerkship would receive a grade of "Marginal" or "Failure" and will be required to remediate the clerkship during their MS4 year.

**Interpreter:** Making a transition from "reporter" to "interpreter" is an essential and often difficult step in the professional growth of a student. An interpreter can report the facts accurately and also can "interpret" these facts by thinking critically about the clinical data and formulating a differential diagnosis without prodding. Students at this stage can also advocate or refute diagnostic hypotheses. An interpreter might say, "2 month-old male with unrepaired VSD now with a 2 day history of shortness of breath and poor feeding, and an exam significant for respiratory rate of 60, diffuse pulmonary crackles and liver down 3cm below the costal margin, CXR remarkable for cardiomegaly and diffuse bilateral pulmonary opacification; **therefore the pt most likely has congestive heart failure with fluid overload.**" An OHSU student who is consistently at the level of "interpreter" would receive a clinical grade of "Near Honors".

**Manager:** A student at the "manager" level can not only report and interpret the clinical data, h/she has the knowledge, confidence and judgment to decide on a course of treatment. This level requires higher-level interpersonal skills and involvement in patient care. A manager might say, "2 month old male with unrepaired VSD now with a 2 day history of shortness of breath and poor feeding, and an exam significant for respiratory rate of 60, diffuse pulmonary crackles and liver down 3cm below the costal margin, CXR remarkable for cardiomegaly and diffuse bilateral pulmonary opacification; therefore the pt most likely has congestive heart failure with fluid

overload. **I propose we give furosemide 1mg/kg x 1 now.** An OHSU student who is consistently functioning at the level of "manager" would receive the clinical grade of "Honors".

**Educator:** To be an educator, the trainee must be able to go beyond the basics of reporting, interpreting and managing the patient's clinical care. An "educator" is a self-directed learner, someone who defines questions to research and searches the literature for evidence on which clinical practice can be based. An "educator" then shares this information with others. This is a senior resident or attending level skill. However, students and residents at all levels should strive to be educators.

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**Editor: Cindy Chan-Lazzara, MD**  
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