**MS3 in the PICU**

- If you are the FIRST student rotating in the PICU (first 2 weeks of the pediatric clerkship) please go to the PICU (8th floor DCH) after Miller Rounds are done to meet your team.

- If you are the SECOND student rotating in the PICU (last 3 weeks of the pediatric clerkship) please arrive in the PICU at 0715 on Monday in order to get a patient list and be ready to listen during rounds at 0730. When you arrive, find the senior resident and introduce yourself.

**Structure of the rotation**

1. MS3 will be in the PICU for 2 (first group) or 3 (second group) weeks. During the last week of the three week rotation, the student will be absent for several required exams and student presentations.
2. There will be no mandatory overnight call.
3. The student is required to stay “late” 3 nights during their rotation (10-11 pm). If the student wishes to do so and there are good learning opportunities, he/she will be allowed to stay overnight. Be advised that the call schedules of other residents and subinterns will NOT be arranged to accommodate this possibility, so there may not be a place for the third year student to sleep. Essentially, if there is sleeping to be done, they should go home, if there are great learning opportunities, they may stay. This is completely up to the student and will not affect the end of rotation evaluation.
4. The MS3 will pick up patients and follow them along with a resident. When they are following a patient, they will present the patient on rounds and write the daily progress note. (NOTE to attendings: these are not sufficient for billing purposes for E and M codes).
5. The MS3 should arrive in the unit in sufficient time to round on his/her patients and be prepared to present them on rounds. Rounds start at 7:30 am M-F.
6. The MS3 should be present for sign out rounds with the on call resident.
7. The MS3 is expected to go to all student conferences (no exceptions) and is encouraged to go to morning report and noon conference as the unit census/acuity allows.

**Guidelines for residents and attendings**

1. MS3s should begin with relatively simple non-critical patients, and may progress to more complex or critically ill patients as they gain experience and comfort with the system.
2. MS3s may pick up new or established patients.
3. No cardiac surgery patients for the first week.
4. The number of patients the student should follow will vary with the complexity of each patient. The student and the resident and/or attending should discuss the students patient load and adjust as needed. As a general guide, for the first several days, the student should follow 2 -3 relatively simple patients. This number may be increased as the student gains experience in the unit.
5. Residents and/or attendings should review the students daily progress notes with him/her.

Guidelines for students
1. Read the PICU handbook, especially the first section that covers the structure and function of the unit.
2. If the patient’s nurse tells you to get the attending, get the attending.
3. Learn how to read the bedside nursing charting.
4. The students should focus on the usual: history (data gathering in general), physical examination, assessment and plan for the patient, and communication of data (rounds, occurrences throughout the day, note writing). We don’t expect you to know how to take care of these patients, we do expect you to learn about pediatric history taking, physical examination, and how to think about the anatomy and physiology (yes, the first two years of med school are important here).
5. Because of the acuity of some situations, the sequence of the above steps in patient intake or ongoing care may vary from how things happen on the wards.