**Ward Senior Survival Guide**

**Daily Schedule**

**7 AM** Arrive on 6th floor multipurpose room for senior sign-out

**745 AM** Talk to interns/medical students to discuss if there are any acute issues that they have discovered during pre-rounding

* Send Discharge List to SOM\_Pediatrics\_Discharges@stonybrookmedicine.edu
* See sick patients and any other patients for whom an exam is needed (including patients that can be discharged from rounds)
* Double check vitals, medications and lab orders
* Make sure whiteboard is up-to-date so clerk and nursing know which residents is caring for which patient.
* Make sure you have the invite for the peds neuro meeting at 4pm (let the Chiefs know if you don’t!). You should also contact the Neurology resident to see what time they will round so that one resident can step away and join them for rounds.

**800 AM** Prepare for Morning Rounds

* Call the attending at **8:30 am** to discuss any concerns/issues and decide which room to start rounds (the timing may vary between attendings)
* Join Social Work/Case Management Rounds at **8:45 am**
* Note which nurses are assigned to your patients so they can join on rounds
* Think of a teaching point for each patient
* Review plan with interns/students for rounds

**900 AM** Morning Rounds

* Style will depend on attending, have a conversation with your attending early in the week to discuss roles and expectations
* Take a computer on wheels with you on rounds so someone can put in orders as you go. Ideally, the non-presenting resident would put in orders while the other resident presents but some attendings prefer orders go in after rounds so discuss that early on in the week
* Notify the hospitalist attending at the beginning of rounds if anybody from your team is leaving for clinic that afternoon, as well as if you have any Neurology patients on your team; Please try to coordinate order of presentations to allow team members to leave for RCP on time, and for the interns taking care of Neurology patients to break off from hospitalist rounds to join Neuro rounds if hospitalist rounds haven’t finished
* The Neurology team should contact you (using the number you provided the Peds Neuro resident that morning) when they are about to round on your patients so that you can join their rounds whenever possible

**Noon Recap**

* This is a good time to run the list with your interns- You may also use this time to sign out or receive sign out from your co-senior depending on clinic day
* Loop back with the social work/case management team to relay updates from rounds

**Afternoon**

* Take care of discharges, orders, new admissions – ALL new admissions MUST be seen by the ward senior, even if the intern did the admission alone
* Periodically run the list, and communicate important updates with the attending
* Double check orders- You can also use the “Rounds List” on PowerChart to alert you when new orders are added on your patients or when new results are available
* It is important to try and balance service patients and surgery patients when assigning patients to interns
* If you are the senior for both teams in the afternoon, don’t forget to communicate with both intern teams and both attendings!
* Prepare discharges for the following day

**4 PM**

* One member from the team should join the Peds/Neuro 4PM Microsoft Teams meeting (will be pre-scheduled by the chiefs and should appear on your Microsoft Teams calendar) to discuss updates on Neurology patients and anticipate needs for the following day

**530 PM**

* Start reminding your team that the list should be updated by 5:45pm
* Make sure that all admission and diet orders are placed, and med rec is completed, for pending admissions. Make sure all patients transferred from the PICU have a transfer reconciliation.
* Run remaining “to-do’s” with nurses taking care of your patients so you can minimize disruptions during sign out
* Print the list around 5:50pm

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**Other Tips**

* Talk to your team about expectations on the first day
* Pull aside interns if you need to discuss a sensitive matter with them or provide feedback. Try and remember how you felt as an intern on the ward!
* The students will be eager for feedback from you. It is important to give them feedback, but you should empower your interns to do so as well.
* Be sure to read medical student and intern notes and offer them feedback.
* Try giving feedback at least once a week. You should ask for feedback, too

**Sub-interns**

* Sub-I students function at the level of a new intern. You will work with your attending and team to figure out how many patients they should carry over time
* They can write orders; you will just have to co-sign them

**Ward Senior Addendums**

* Seniors should complete the addendum for all medical SERVICE admissions (NOT endo, neuro, etc.) and for all Co-Managed Service patients (ex. ENT, Ortho). Seniors do NOT have to do addendums on daily progress notes
* The intern should complete the admission note and sign it.  Before the attending signs the note the senior resident will write an addendum
* The addendum is a pre-made template (shown below with instructions included)

**Instructions to set up the addendum:**

1.  Once in PowerChart, **double click** on the selected patient.

2.  On the left-side toolbar, click on "**Documentation**".

3.  **Click once** on the intern admission note in the left column that you wish to add an addendum

4.  Now **RIGHT-CLICK** on the note in the right-sided window and select "**MODIFY"** then select **“Addend Note”**

6.  Scroll all the way to the bottom of the note until you see **"Insert Addendum here"**

7.  Click below**"Insert Addendum Here"** until you see your cursor blinking.

 8.  COPY and Paste the following template into the addendum:

**Senior Resident Addendum**

**[   ] Patient seen, examined and discussed with PGY-1 resident.**

**[   ] Case discussed with supervising attending:**

**Chief Complaint**:

**Brief History of Present Illness**:

**[   ] Past medical history reviewed**.

**Additional Comments**:

**Physical Exam**:

**Pertinent Labs/Imaging**:

**Assessment**:

**Plan**:

 8.  Now **HIGHLIGHT** all of the texted your just inserted.

9.  **RIGHT-CLICK** and select "**Save as Auto-text**"

10. Under "Abbreviation" type "**zPediatricSeniorAddendum**"

11.  Under Description type "**Pediatric Senior Addendum**"

12.  Click "**SAVE**" then "**CLOSE**"

13.  You are FINISHED!

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**Example of a Senior Addendum:**

**[ x ] Patient seen, examined and discussed with PGY-1 resident.**

**[ x ] Case discussed with supervising attending:** Dr.Boykan

**Chief Complaint**: Wheezing

**Brief History of Present Illness**: 8 yo male with 1 week of URI sx, wheezing and increased work of breathing not responding to albuterol Q4 at home. Decreased PO intake, normal UOP. Afebrile. In our ED, received 3 combinebs, now tolerating Q2 nebs with 2L NC oxygen requirement. On PO steroids. Received NS bolus x 1 and on MIVF at this time.

**[ x] Past medical history reviewed**

**Additional Comments**: PMH asthma, no hospitalizations or intubations

**Physical Exam**: Comfortable, no retractions/flaring, +wheezing bilaterally at bases. Cap refill <2 seconds.

**Pertinent Labs/Imaging**: CXR: hyperinflation, no focal consolidation.

**Assessment**: 8 year old male with an asthma exacerbation, tolerating Q2 nebs, on 2L NC in minimal respiratory distress

**Plan**: Continue asthma protocol, steroids, wean oxygen and fluids as tolerated.