

Direct Care Primer

Goals of this rotation:

- Develop autonomy and style for your inpatient management
- Strengthen clinical decision-making skills
- Adjust to higher volumes of patients

Team structure

- 1 attending
- 2 residents
- Pharmacist
- Social worker and/or discharge planner

Typical Day

- Preround independently
- Meet residents at dispo meeting. Residents run this meeting
- Rounds should be brief ideally. Either card flip/table round on active conditions and/or see new patients from overnight as a group
- Set an afternoon check-in time (3pm-ish) to run the list or discuss a topic and staff new patients, if applicable

Pre-rounds (7-9ish)	Pre-round as per your usual style *Attending tip: see chronic/stable patients independently
9am	Discharge planning meeting on Pav H 5 th floor behind clerk's station
Rounds (9:15-11:30)	Table rounds are acceptable on this rotation depending on the acuity/needs of the patients Aim to see 4-6 pts only; hard stop at 11:00. *General approach for in-person rounding: see new/sick/discharging patients. Ideally patients with a clinical decision to make to move patient care forward
Post rounds	Give the team space to get work done and communicate how you want to follow up in the afternoon. *Attending tip: resist the urge to inquire every time you see a new order come in/or results return. Batch your discussion for when you are running the list unless there is a patient safety concern – then speak with the resident about the plan of care.
New admissions	Allow residents 45min – 1hr to see a new patient and staff Can only admit patients to their team Cut off for new admissions if 4pm
Procedures	5 procedures = 'signed off' for resident to perform independently; inquire if your residents are signed off AND comfortable to perform a procedure. To your comfort level to perform or escalate to a procedural service. Presence during procedure: not required if resident is signed off and comfortable, but be available.

Resident responsibilities

- The goal is for you to make all decisions regarding the care of your patients, functioning as if you were the attending hospitalist. Attendings will provide oversight but plan-of-care decisions should fall to you as much as possible.
- You will have 8 days off this month. No more than 2 in a row. Your days off should stagger so that at least 1 of you is there every day. Requests should be submitted via the Jotform.
- Distribute patients evenly between yourselves
 - If only one resident is on a particular day, resident to take 8-10 patients. Attending to see and write notes on remainder. This allows for resident to pick up new admissions.
- Hours for residents in-house should begin at 7 AM. Residents should be in-house until at least 4pm. All patient care needs should be taken care of prior to leaving, and if there is active patient care happening, residents should stay at bedside until the patient is stable.
- Residents are responsible for handling all pages/secure chats until 7 PM, including after leaving if finished with work in afternoon.
 - They should add their team attending until 5:30 PM and the Swing attending after 5:30 PM if patients need to be seen in person. (This should be a rare occurrence. If it is happening frequently, residents need to be sure care safely completed before leaving).
- Residents accept admissions to maximize learning opportunities.
 - Admissions are to be distributed by the triage attending “after rounds” and no later than 4 PM.
 - Residents only admit to their own team.
 - The goal is for new patients to be admissions rather than ICU downgrades to increase educational benefit, but this team does accept ICU downgrades.

Attending responsibilities

- Be intentional in allowing resident autonomy in clinical decision making. These are upper level residents.
 - If a plan needs to be changed, please emphasize a **two-way discussion** of reasoning rather than dictating a new plan.
- Do not discuss with consultants or nurses without the resident’s knowledge.
- Residents should be first call for their patients.
 - If you are contacted regarding a patient, please defer to the resident to answer the page/question first.
 - If you discuss pertinent information with nursing, staff, or a consulting service, please keep the resident involved.
- Please keep triage attending informed of the above expectations for admissions, as the goal when residents are on service is to allow them to admit in the afternoon while minimizing low-yield encounters.
 - Residents only admit to their team and are not to be used as an extra admitting person for other direct care teams.