

University of Kentucky Chandler Wards Rotation Primer

Rotation Overview & Primary Educational Focus:

The primary goal of this rotation is managing **medically complex patients**. Residents will care for patients with advanced disease states, multisystem pathologies, and significant comorbidities and deliver safe, evidence-based, patient-centered care within an academic team structure.

Role-Specific Expectations

- **Interns (PGY-1)**
 - Formulate prioritized differential diagnoses
 - Propose appropriate diagnostic and therapeutic plans
 - Progress patient care by placing orders, communicating effectively with consultants, and completing timely and accurate documentation
- **Supervising Residents (PGY-2+)**
 - Effectively supervise the team balancing patient care and clinical education
 - Coordinate care with the interdisciplinary team (nursing, pharmacy, case management)
 - Ensure safe transitions from admission through discharge and outpatient follow-up

Team Structure:

Day Team

- 1 Attending Physician
- 1 Supervising Resident
- 2–3 Interns
- 2–3 Medical Students (M4 acting-interns and M3 clerkship students)
- 1 Pharmacist (may include pharmacy resident/students)
- 1 Discharge Planner, Social Worker, or Nurse Case Manager

Night Team

Team Members:

- 1 Supervising Resident (GME/HMFF resident, 7:00PM – 7:00 AM)
- 1 Night Float Intern (Night Float, 5:00 PM – 7:00 AM)
- 1 Admitting Intern (UK Wards, 7:00 PM – 7:00 AM)

Refer to the Night Float and GME/HMFF primers for additional details.

Workroom Locations:

- Team 1 (MCH1): PavH - H618
- Team 2 (MCH2): PavH - H614 (door code 13579)
- Team 3 (MCH3): PavH - HG601c (or entry through HG601 with badge)
- Team 4 (MCH4): PavH - MS669 (door code 6097#)
- Shared workspace: PavH - H602 (“BS Room”)

Note templates:

Residents are expected to use the approved IMHP and IMPROG templates while on UK Chandler Wards.

To add templates in Epic:

1. Go to **My Tools**
2. Click **My Smart Phrases**
3. Change user to: *Wolak, Megan*
4. Add:
 - .IMHP
 - .IMPROG

Day Shift Expectations:

These times reflect expected availability—not exact arrival/departure times. Arrival ≥ 30 minutes early and departure ≥ 1 hour late may occur depending on workload.

1. Handoff:

- Morning: Should be completed by no later than 7:00 AM (H602 — BS room)
 - Overnight supervising resident signs out new admissions to day team supervising residents
 - Overnight admitting interns signs out new admissions to day team interns
 - Night Float intern provides cross-cover updates to Team 1-4
- Evening: Occurs once patient care tasks are complete and there are no active clinical issues
 - Day team interns sign out to Night Float intern using IPASS format
 - Hand-off tab should be update daily
 - As early as 5:00 PM (non-late teams)
 - 7:00 PM (late shift team)
- Update **First Call Provider** at each shift

2. Admissions:

Patients are geographically cohorted to Pavilion H (5th and 6th floors).

Admissions occur via a “drip” system:

- ATP or Swing-2 attending assigns admissions to specific team
- Each team has:
 - Encounter cap: 16 total patient encounters per day that include existing + new + discharges (not attending side patients)
 - Encounters “left” = 16 – (initial census – attending side patients)
 - Rolling cap every day: 14 patients
- **Non-Late Shift:**
 - Accept admissions 7:00 AM – 4:00 PM
 - Resident teaching teams should have protected time from 8:00–11:30 AM for rounds.

- Residents can take new admissions from 7:00 AM to 8:00 AM
 - Last admission should not be after 4:00 PM
- **Late Shift:**
 - Accept admissions 7:00 AM – 6:30 PM
 - Resident teaching teams should have protected time from 8:00–11:30 AM for rounds
 - Residents can take new admissions from 7:00 AM to 8:00 AM
 - Last admission should not be after 6:30 PM
 - Only 1 admission between 6:00 PM and 6:30 PM
 - Prioritized for afternoon/evening admissions

3. Code Pager

The supervising resident on late shift serves as part of the inpatient code team from 7:00 AM – 7:00 PM and must respond to all inpatient code blues during that time.

4. Typical Daily Workflow

- 6:30–7:00 AM: Morning handoff
- 7:00–8:45 AM: Pre-rounding (chart review, patient interviews, exams)
- 8:45–9:00 AM: Interdisciplinary discharge meeting (attending + senior resident)
- 9:00–11:30 AM: Team rounds
Rounds should conclude by 11:30 AM to allow residents to attend educational conference (12:00–1:00 PM).
- After rounds: Enter orders, contact consultants, arrange discharges, perform procedures as indicated, obtain OSH records, update families, complete documentation

Night Shift Expectations:

The GME/HMFF supervising resident oversees both the Admitting Intern and Night Float Intern.

1. Admissions

Admissions should preferentially go to resident/teaching teams.

All orders and documentation must be completed prior to shift end.

The night team may admit up to 8 patients per shift:

- Admitting Intern: up to 5 admissions
- Supervising Resident: up to 3 admissions

Staffing:

- Before 10:00 PM → Swing-2 attending (via phone)
- After 10:00 PM → Night-2 attending or discussion on morning rounds

2. Cross-Cover

The Night Float Intern provides cross-cover for Teams 1–4.

However, the Admitting Intern remains the First Contact Provider for patients they admit until formal sign-out to the day team.

Recommended Educational Resources:

- UpToDate
- NIH-NCBI StatPearls
- Harrison's Principles of Internal Medicine
- UK CareWeb Guidelines & Protocols (anticoagulation, antimicrobial stewardship, insulin/glycemic control, PE guidelines, etc.)
- Clinical Practice Guidelines published by specialty specific professional organizations or societies
 - Society of Hospital Medicine (SHM)
 - American Heart Association and American College of Cardiology (AHA/ACC)
 - Global Initiative for Chronic Obstructive Lung Disease (GOLD)
 - American College of Gastroenterology (ACG)
 - American Association for the Study of Liver Diseases (AASLD)
 - National Comprehensive Cancer Network (NCCN)
 - American Society of Clinical Oncology (ASCO)
 - Infectious Disease Society of America (IDSA)