

First Aid for the Wards: The Really Short Version

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Overview

- Common Ward Mistakes
- The Team
- A Day on the Wards
- The Admission
- Key Tasks
- Survival Tips
- Getting Off to a Fast Start
- Q&A

Common Mistakes

- Not understanding roles, responsibilities, expectations
- Not seeking timely feedback
- Not using appropriate texts and references
- Not knowing how to be a team player
- Inefficient organization and execution of daily work

The Team

- Attending/Chief
- Resident
- Intern
- Sub-intern
- Nurse
- Ward clerk
- Pharmacist
- Other staff
- **You**



Typical Inpatient Medicine Day



- Prerounds: 7-8 am
- Work rounds: 8-9:30 am
- Work time: 9:30-11 am
- Attending rounds: 11-noon
- Conference: noon-1
- Afternoon work: 1-?
- Signing out

Typical Inpatient Surgery Day



- Prerounds: 5-6 am
- Work rounds: 6-7:30 am
- Preop prep: 7:30-8 am
- Surgery/floor work: 8-5
- Conference: noon-1
- “Afternoon” rounds: 4-5:30
- Postrounds work: 5:30+?

Taking Call



- Overnight call
- Short call
- Typically Q4

The Admission



- The “Call”
- Reviewing objective data
- Medical record review
- Interviewing the patient
- Physical exam
- Putting it all together
- Reviewing case with the resident/intern

Key Notes and Orders



- **Admit orders**
 - ◆ **Admit to**
 - ◆ **Diagnosis**
 - ◆ **Condition**
 - ◆ **Vitals**
 - ◆ **Allergies**
 - ◆ **Activity**
 - ◆ **Nursing orders**
 - ◆ **Diet**
 - ◆ **IV fluids**
 - ◆ **Medications**
 - ◆ **Special studies**
 - ◆ **Labs**

Key Notes and Orders



■ Admission notes

- ◆ Onset
- ◆ Progression
- ◆ Provocation
- ◆ Palliation
- ◆ Quality
- ◆ Region
- ◆ Radiation
- ◆ Symptoms
- ◆ Severity
- ◆ Time course

Key Notes and Orders



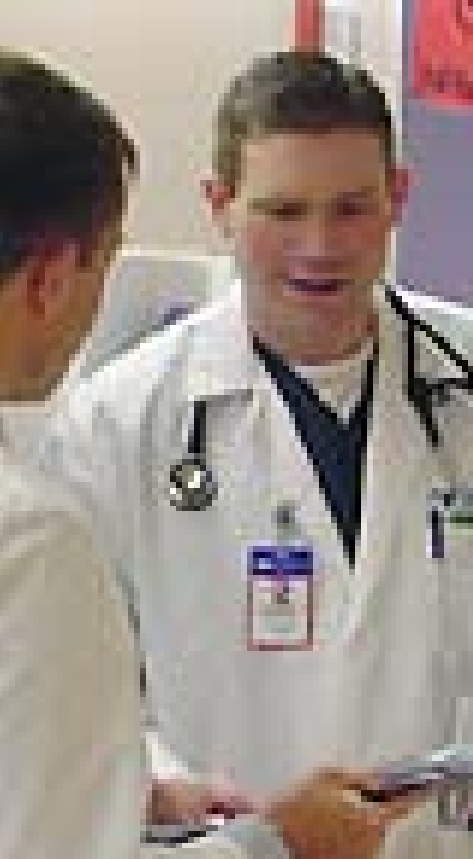
- Progress notes
- Procedure notes
- Daily orders
- Prescriptions/DC orders

Documentation Tips



- Get everything co-signed
- Date/sign all pages
- No documentation = no reimbursement
- Illegibility = no documentation
- Use only appr. abbrev.
 - ◆ “q.d.” vs. “q.i.d” vs. “once daily”
 - ◆ To CYA, never CYOA!

Oral Presentations

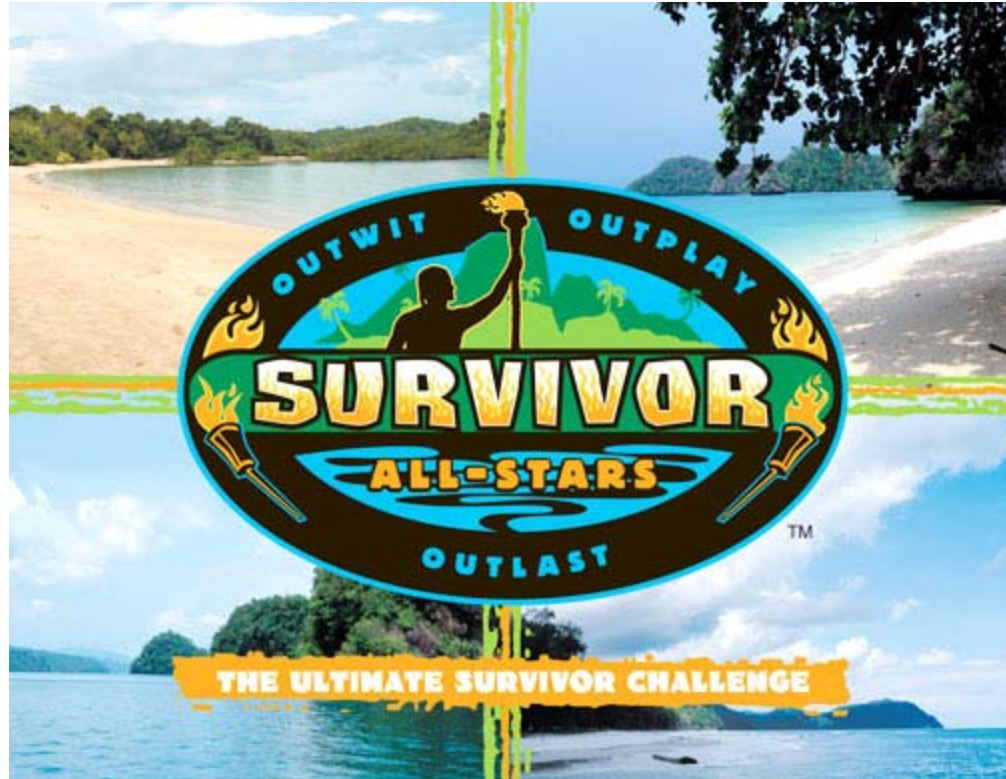


- Formal presentations
 - ◆ 5-7 minutes (surgery: 2-3 min.)
 - ◆ Should tell a story
 - ◆ CC/HPI/PE/Labs → sets the stage
 - ◆ A&P → delivers the climax
- Bullet presentations
 - ◆ 1 minute
 - ◆ 15-20 facts

Daily Ward Activities



- Procedures
- Patient/family communications
- Consults
- Data collection
- Reading up on patients
- “Walking supply cart”



Survival Tips

Efficient Time and Patient Management



- Commit all tasks to a to-do list
- Prioritize tasks
- Organize tasks by location
- Maximize hospital information system
- Keep “scut” essentials on board
- Always be early!!

Organizational Aids (“Peripheral Brains”)



- Clipboard
- Binders
- Data sheets
- Note cards
- iPhone/iPad/Android

Evaluations



- Critical for dean's letter
- Know the evaluation criteria
 - ◆ Clinical performance
 - ◆ Shelf exam?
- Know who is evaluating you
- Clarify expectations
- Ask for feedback early on

Difficult Situations



- Needlesticks
- Abusive/inappropriate house officers
- Inappropriate procedures
- “Gunner” classmates
- Patient death
- Sexual harassment

Difficult Situations (cont.)



- Difficult/violent patients
- Difficult family members
- “Narcolepsy”
- Personal/family illness

Scheduling Rotations



- Avoid most likely specialty in first/last block
- Avoid back-to-back tough rotations
- Do easy rotation before desired specialty rotations

Choosing Rotation Sites



- County
- VA
- Academic/university center
- Community/private hospital
- Outpatient clinic

Before the Rotation



- Classmates
- *FA Wards* specialty chapter
- *FA USMLE Step 2CK*
- *FA Step 1* relevant content
- *FA Wards* recommended pocketbooks/texts/software

Your “Secret Weapons”



- Enthusiasm/hustle
- Time
- Basic science knowledge
- “Low” expectations