

Expectations for Ward Team Residents

- 1) Know your patients in detail, have a well-considered plan of care and be prepared for attending rounds. The patients on your list are *your* patients. *You* are their doctor.
- 2) Communicate with patients and families in a timely, sensitive and effective manner. Daily communication with parents/guardians is the goal, whether they are at the bedside or not.
- 3) Show initiative with regard to your own education and be curious about your patients.
- 4) Be professional, courteous and responsive to colleagues, hospital staff and ancillary services.
- 5) For complex patients or when follow-up is crucial, contact the PCP prior to discharge to update them briefly on their patient's hospitalization and discuss follow-up plans.
- 6) Consider discharge criteria from the beginning of hospitalization, anticipate discharge planning needs and take reasonable steps to facilitate timely discharges.
- 7) Documentation should follow guidelines provided by attendings and Chief Residents. Use the acronym expansions provided by the Chiefs for H&Ps and notes. Documentation should be completed in a timely manner.
- 8) Clinical resumes are to be completed within 24 hours of discharge, the earlier the better. Senior residents are ultimately responsible for completion of clinical resumes.
- 9) Contact physician consults directly and always have specific questions for consultants. Only order/call consults after discussion with the primary attending.
- 10) The following should be communicated to your attending *in a timely manner*: significant changes in clinical status (including elevated PEWS/Sepsis score or RRT), changes in treatment plan or interventions not already discussed, any patient problems or questions that you and your fellow residents cannot confidently sort out.
- 11) When you call the attending, identify the patient, explain your reason for calling, have an assessment and plan in mind and be prepared to discuss the case.
- 12) If you want the attending to observe you doing an H&P (or anything else), please ask. If you want feedback, please ask.
- 13) Provide high-quality patient handoffs to your colleagues and maintain an updated sign-out list. Senior residents are ultimately responsible for list maintenance.
- 14) Attend all conferences and lectures unless unavailable due to emergent patient care duties.
- 15) 3rd year medical students are supervised by interns; 4th year medical students (i.e., sub-interns) are supervised by senior residents. Medical student H&Ps and daily patient visits must be directly observed or the information must be independently confirmed by an intern, senior resident or attending.