



Children's Hospitals and Clinics - St. Paul 
RESIDENT / INTERN / MED STUDENT
Orientation

Specific Computer Training and other important patient guidelines for residents and medical students are available online at http://www.childrensmn.org/ForHealthProfessionals/?option=com_content&view=article&id=20&Itemid=14

Further information regarding the Graduate Education Department: found online at http://www.childrensmn.org/ForHealthProfessionals/index.php?option=com_content&view=article&id=13&Itemid=14

I. **CALL SCHEDULE**

a. **SENIOR RESIDENTS**

- i. One week of night shifts Monday through Friday, 7 p.m. (1900 hrs) to 8 a.m. (0800).
- ii. Will Stay until work is completed (1-2 pm Saturday)
- iii. Three weeks of days. Will have one Monday shift until 10 p.m. (2200); otherwise will alternate leaving at 4:00 pm (1600) or when work is done (whichever is later) and 8 p.m. (2000).
- iv. One Saturday and One Sunday 24+4 hour shift

b. **JUNIOR RESIDENTS**

- i. Ten- night shifts 7 p.m.(1900) to 8 am (0800)
- ii. Twelve day shifts.

II. **TEACHING SERVICE/ADMITTING PATIENTS**

a. **Teaching Service**

All inpatients at Children's Hospital are assigned an admitting physician. These physicians indicate their intent to place children on the teaching service when they call the Admitting Department. The admitting E.R. doctor will call the admitting senior resident to discuss the patient. The senior resident will then assign the patient to a member of the team.

The *teaching service* typically works with:

- Children's Primary Clinic- St. Paul
- Allina Med/Peds
- Healthpartners
- Eagan Valley Pediatrics, P.A.
- Healtheast Pediatrics.

A physician admitting to the teaching service has an obligation to actively involve the housestaff in the care of his/her patient. Failure to do so should be reported to Dr. Joe Sockalosky or the current Chief Resident.

Patient Care Units on Teaching Service and other locations

7th Floor United:

- 7940 – Epilepsy- Seizures, Trach Shunt Revision (10 beds)

4th Floor:

- 4100: Ortho, General Urinary, Asthma (15 beds)
- 4200: Heme/Onc, SCAN (suspected Child abuse neglect), Asthma, Febrile seizures and Shunt revisions. (17 beds)

3rd Floor:

- 3200: Trach, Diabetes, Cardiology, GI, Shunt Revision (22 beds)

2nd Floor:

- NICU: 57 beds
- Surgery-
 - *Approximate number of beds on teaching service = 133 (76 general wards, 57 NICU)*

1st Floor Hospital:

- Emergency Services
- Day surgery
- MRI
- Radiology Dept.

Lower Level Hospital:

- Inpatient Laboratory
- Lockers – United Hospital
- Call Rooms at Children's, inside Suite L283.

4th Floor Sky Tower Building

- Pediatric Intensive Care Unit

1st Floor Garden View Medical Building:

- **Medical Education Department**
- Children's Library
- Data and Records Dept. (Health Information)
- Professional staff lounge and Conference Hall (1053/54)

III. PATIENT ADMISSIONS

1. Med Students generally admit 1-4 patients on call days; Interns normally carry 5-7 patients (ACGME Policy). Sr. Resident may opt to follow patients themselves if other team members are at capacity, although this should be rare. Max number of Patients / senior is 30, including established patients and new admissions.
2. General procedure
 - a. Physician contacts admitting senior resident
 - b. Resident & intern/student discuss the differential diagnosis and management plan before contacting the admitting physician
 - c. Immediately after work-up and conferring with resident, intern/student contacts admitting physician.
3. Short Stay Patients.
 - a. No longer responsible for Short Stay patients (stays 24 hours).
 - i. *Notify Chief Resident or Dr. Sockalosky of admits for observation to short stay.*
4. Surgical Patients
 - a. We no longer admit surgical or surgical subspecialists patients. The housestaff is still available as consultants for these patients, but staff (usually Children's St. Paul physicians), need to be contacted first

* Follow applicable **practice guidelines** (i.e., asthma, bronchiolitis) located on the Children's website: <http://khan.childrensmn.org/Manuals/RespCare/index.asp> or copies included in your orientation packet

IV. DAILY SCHEDULE

- a. **7:00 A.M.**
 - i. **SIGN-OUTS (Library)**
- b. **7:30 a.m. M,T,W,Fr**
 - i. **MORNING REPORT** (Gardenview Conf. Room 1053-54)
 - ii. 8:00 a.m. Thursdays- Grand Rounds (John Nasseff Conf Room)
- c. **8:00 a.m.**
 - i. **PRE-ROUNDS:** Junior residents and medical students gather information and see patients,
 - ii. Senior Resident creates and sends rounding schedule to the floor
- d. **8:15 a.m.**
 - i. Endocrine Rounds on 3200
- e. **9:00 a.m.**
 - i. Family Centered **ROUNDS:** Attending physician, Senoir Resident, Nurse, Family for every patient, ancillary staff as appropriate, plus student or junior resident for each specific patient.
- f. **12 Noon**
 - i. Pediatric **LECTURES** in Garden View Conference room 1053-54
- g. **1300**
 - i. **ROUNDING** Resumes PRN admits will be taken throughout the day.
- h. **1600**
 - i. Short Day people may leave. If work is not done, may sign out then finish work and notify intern of any changes.
- i. **1800**
 - i. No further day admits taken.
 - ii. Senior resident must see all new patients and determine acute needs.
 - iii. Otherwise, transition orders suffice until night shift team arrives and performs full admission.
- j. **1900**
 - i. **Evening Sign-Out** (Library)
- k. **2000**
 - i. Daytime- Long-Shift Residents Leave
- l. **12 Midnight** -Check in with nurses on each unit and interns will run patient list with senior resident.

IV. **Dr. Blue**

- A. The long senior resident is a member of the Dr. Blue team. Laminated cards explaining Dr. Blue pager are given to all senior residents upon arrival.
- B. Other members during the day include: E.R. physician, Intensivist, Respiratory Therapist, Pharm D., E.R. nurse, chaplain. At night the team consists of E.R. physician, resident & an intensivist.
- C. Dr. Blue's are not always overhead paged.
- D. If you cannot understand the location of the Dr. Blue, call **Security 6-8966**

V. **RAPID RESPONSE TEAM (RRT):**

- Utilize the *Rapid Response Team* **Prior to calling a code.**
- If things aren't going well and you need help, call the RRT at **6-6310**.

VI. **SENIOR RESIDENT SUPERVISORY RESPONSIBILITIES**

1. Teams are generally composed of 1 or 2 residents (peds or med/peds 2nd, 3rd, or 4th or United G2), 1 or 2 Junior Residents (peds, med/peds or family practice) and 3 3rd or 4th year medical students. There may also be a P.A. Student or students from other institutions on your team.
2. Junior residents/ students write orders, H&P's, and Discharge Summaries.
 - a. Residents co-sign all STUDENT orders after checking the patient & the orders.
 - b. Residents review H&P'S with the student, make necessary changes, & co-sign.
 - c. Residents should review discharge summary information before the student proceeds to enter the summary - especially early in the academic year when students may be inexperienced.
3. Sr. Residents are ultimately responsible for teaching and supervision of interns and students as well as accuracy and timeliness of all student progress notes and orders. **Any delinquent records by a medical student become the Sr. Resident's responsibility.**
4. On the first day of the rotation, review your expectations and how you will run the team.
5. Residents will be asked to **complete evaluation forms for all team members under their supervision.**
6. United Family Medicine G2's may take the admission pager, but not the code pager

VII **RESOURCES: PHYSICIANS & SUPPORT STAFF**

1. For patient questions, your primary resource is the attending physician for that patient. Please call that person day or night, unless specifically instructed otherwise by him/her.
2. Children's St. Paul Physician's (Drs. Wegmann, Chen, Peterson, Chawla, Zimny, Olson, Omann or Petty) will provide in-house backup at night if you cannot reach an attending in an urgent situation.
3. Dr. Sockalosky, the Chief Resident & the Children's St. Paul Physicians (Drs. Wegmann, Peterson, Chawla, Zimny, Olson and Omann, Chen, and Petty) are available to provide advice and assistance during the day.
4. Pharm.D.'s are available; contact information is in the orientation packet or for more detailed information, on the Children's web page at: <http://www.childrensmn.org/Web/Services/035440.asp>
5. Radiologists are on call at home at night and, when necessary, images can be digitized and sent to them at home for immediate interpretation. Call the Radiology Dept, 24/7 at **6-6147** to contact on-call radiologist.

VIII CONFERENCES – *Mandatory Attendance by ALL House staff.*

1. **Morning Report**: 7:30 to 8:00 a.m. MT, W, F in 1053/54 Conference Room in the Garden View Medical Building.. The Night Shift team is responsible for presenting a case for discussion. The Chief Resident will help to identify appropriate cases for review.
2. **Noon Conferences**: M-F from 12:15 – 1 PM. The UMN Pediatrics Residency Program recommends topics. All House staff are expected to attend. These are held in Conference Room 1053/54 of the Garden View Medical Center. Please fill out the Evaluation forms for each conference. Your input is very important.
 - a. **Complete Evaluation forms for that day's speaker!**
3. **Grand Rounds** – Thursday from 8:00 am to 9:00 am in the Conference Hall of the John Nasseff Building, 255 North Smith Avenue lower level.
4. **Journal Club**: Once per month at 12:15 PM. The designated resident will identify an article to discuss, usually in consultation with the Chief Resident. It will be distributed a few days ahead of time and everyone should read the article prior to the conference. Refer to the weekly conference schedule for dates.
5. **Medical Student Conferences** –
 - a. *Core Lecture*: Every Tue, Wed or Thur at 1:15 p.m. in the Garden View Conference Room 1053/54. **Attendance at these conferences takes precedence over clinical activities.**
 - b. *Medical Student Case Presentations*: One every week, at various times in accordance to the attending physician schedule.
 - c. *Chief Rounds for Medical Students*: One every week, at various times in accordance to the Chief Residents schedule. The chief resident at each conference will present one specific topic.
 - d. Medical Student case presentations 12:15 Thursdays.

IX. MEDICAL RECORDS (Health Information Management)- Computer Systems-
Electronic Medical Records (EMR)

1. Residents orient medical students to forms in chart.
 - a. Information and training on Children's web site at:
<http://www.childrensmn.org/ForHealthProfessionals/CPOETraining.asp>
2. Computer program for Patient Data: Novell (Hospital Computer system) and **Powerchart** (Cerner) software.
 - a. **Login**: Information will be sent to you via the email address you provided upon **completion of the enrollment system.**
3. Radiology Computer Program:
 - a. You can access Radiology views and reports through:
 - i. Powerchart program- sign-in information is the same as your patient sign-in.
 - ii. Radiologists are available to read films with you during the day.
4. Physicians' orders
 - a. Physicians (staff, resident intern) Complete all orders in EMR
 - b. Senior resident may sign-off on student orders.
5. Laboratory
 - a. Lab results
 - i. Review using Cerner/Powerchart computer terminals on each station or PC in Children's Library or Professional Staff Lounge. Instructions are on the Children's Web page; double click the INTERNET icon. On the home page of Children's- on the right side of the page <http://khan.childrensmn.org/Projects/PowerKIDS.asp>
 - ii. On nursing stations - printed every hour
 - iii. In E.R. - printed immediately, once the lab obtains results.

6. H&P's
 - a. Residents and med students **TYPE** (not dictate) H&P's. (electronic medical records-EMR)
 - b. If student has written an H & P, resident can write short admitting note if necessary in addition to signing student H&P.
7. Progress notes
 - a. Residents and students type daily progress notes- electronically- EMR. Information for the Electronic Medical Records is online at <http://www.childrensmn.org/ForHealthProfessionals/CPOETraining.asp>
8. Discharge summaries- all patient information is performed electronically.
 - a. Residents and students electronically enter discharge summaries.
 - b. If students do not complete records, **Senior Residents are ultimately responsible** to do so. Please ensure your students/interns are dictating or helping their patients within a few days of the patient's discharge to provide timely communication with the primary physician (who may be different than the rounding physician).
 - c. Dictation instructions are given to you during orientation in your packet.

X. MISCELLANEOUS INFO

1. Nursing staff starts IV's.
2. Laboratory draws all bloods, 24 hours/day.
3. **SBAR**: An Effort by nursing is being made to standardize phone communication with physicians/providers. The format they are using is **SBAR** (Situation, Background, Assessment and Recommendation).



**RESOURCES
and STAFF**

Medical Education Department Personnel- Dept. Phone 651-220-6130

Joseph Sockalosky, M.D.
Director of Medical Education
Resident Preceptor

Telephone # 651-220-6130

Richard Andersen, M.D.
Director of Medical Student Education
Med Student Preceptor

Telephone # 651-220-6130

Chief Resident

Direct Tele # 651-220-6132

One chief resident from the UMN Dept of Pediatrics rotates at Children's St. Paul each quarter.

Ralph Norusis
Medical Education Analyst

Direct Tele# 651-220-6133

Mickey Starr
Grad Ed Specialist, Medical Education,
St. Paul and Minneapolis Children's Hospital

Direct Tele # 651-220-6129
email: mickey.starr@childrensmn.org

***changes to call schedule (switches with other Housestaff) must be communicated to Mickey.**

Janet Salmey
Assistant CME Coordinator
St. Paul Children's Hospital

Direct Tele # 651-220-6131
email: janet.salmey@childrensmn.org

***Notify the chief resident or Med Ed Department Personnel
if you are delayed or will not be in due to illness or emergency.***

Nancy Battaglia – Mon, Tue, Wed. **Direct Tele # 651-220-6145**
Medical Librarian, Children's Medical Library

Children's St. Paul Physicians- x6-6700

- Kent Wegmann
- Gigi Chawla
- Maren Olson
- Nicole Omann
- Kristin Peterson
- Carrie Pettey
- Bill Zimny
- Polo Chen

All Children's St. Paul physicians will be back-up for the house staff, as well as teach residents and students on the wards. They are available 24 hours/day and provide acute back up for teaching service patients after hours.

You have use of all textbooks & journals in the Pediatric Children's Library, adjacent to the Medical Education Department area. Most information regarding your rotation can be assessed online at :
www.childrensmn.org or in-house at <http://khan.childrensmn.org/Projects/PowerKIDS.asp>

Medical Library – Children's St. Paul (651-220-6145)

- The Pediatrics Medical Library is located adjacent to the Medical Education main department area. 24-hour access is available.

COMPUTERS:

- Three Windows PC's are available for house staff use in Children's Library. (1R Level of the Garden View Medical Center).
- Four Windows PC's are available for house staff use in the Doctor's Professional lounge- 24 hours day. (1st floor of the Garden View Medical Building).

Updated Oct. 2011