Objectives:

1) How to chart review & create a task list
2) Prioritizing post-rounds tasks and clinical problems
3) Note Writing
4) Approaching Sign Out
You’re here at 6 AM for sign out...
Before you receive sign out

Print a patient list of your team

Use this as your “cover sheet” for the day

This is where you’ll make check boxes / task list

*All check boxes are not created equally*
Check Boxes / Task List

“LMNOP”

- L: Lytes
- M: Meds (new meds or med rec -- MAKE SURE MEDS AREN’T FALLING OFF!)
- N: Note
- O: Orders
- P: “Pass off” or sign up
**Sign out IS:**
- To hear of acute events overnight on your patients
- To hear brief summaries of your new admissions (Presenting symptoms, triage events, likeliest diagnosis and current management)
- Suggestions for improvement (two-way street)
- Professional, without extra patient commentary unrelated to patient care

**Sign out is NOT:**
- To be shown up late for
- Time to have to have/hear an entire H&P (that’s what the notes are for. E.g. if they have pets, like blueberries, enjoyed the new Spiderman movie)
Immediately Pre-Write Your Note

**Strategy:**

1) Copy forward your previous note *WITH AMENDMENTS*
2) Print note (preferably without using tons of paper)
3) Take notes as you’re chart reviewing (reviewed in upcoming slide)

*This way, in the afternoon/after rounds, you can update your notes easily*
Reviewing your data for rounds

- Like a CXR or EKG, there is no RIGHT way to pre-round. **But do it the same way every time.**

- **Suggested:**
  - Flowsheets: Vitals, I/Os, lines, +/- ventilator info
  - Read overnight notes: nursing notes, PT notes, SW notes
  - Results review: labs, cultures
Efficient Navigation of Epic for pre-rounds
Rounds Happen
Post-Rounds: What’s Next?
#1 Consults

#2 Orders

#3 Continue your notes

*Attend Conference*
noon depending on your clerkship
Note Writing
Notes:

“A note has never saved a life” - Matt Laubham

“You don’t have to write great notes, you just have to write notes”
- Kasia Kadela

*iCOMPARE trial (NEJM, 2018) found that interns in 2010 had only ~13% direct patient activities.

Your job is to be a bedside learner, not a professional note-writer

No esoteric notes w/ minutia
Notes:

- KISS
- SOAP
- These are NOT mini daily-H&Ps

Patient Name
Date
Service

Subjective/24 Hr Events:

Objective:
Physical Exam

Labs +/- Micro section

New images

Assessment: (2-4 sentences summarizing initial symptoms, your ddx, initial treatment and how they’re responding to treatment)

*Some people will numerical list problems here*

Plan:

*Always Sign Note*
Write your service and your pager #
Mr. Smith
6/6/18
General Internal Medicine 2

**Subjective/24 Hr Events:**
No acute events overnight
Cough started to improve yesterday after duoneb therapy started. Slept well overnight.

**Objective:**
150/80, 90 bmdp, 18 RR, 98.7 F, 91% 1 L LFNC

No new labs today
No new imaging

**Assessment:**
This is a 66 year old male with significant PMH of COPD and unprovoked PE (2010) who presented with acute worsening of cough and shortness of breath. Ruled out for PE given recent travel history, and treated for likely COPD exacerbation, now improving.

1) Acute COPD Exacerbation

**Plan:**
- Continue duoneb therapy every 4 hours
- Will finish 7 day course of levaquin (**D#2/7 today**)
- Offered smoking cessation therapy resources, patient declined
- FEN/GI: PO as tolerated. No IVFs. No scheduled labs.
It’s afternoon, things have slowed down a bit...
An admit or consult is just around the corner, let’s keep up our time management! We’re in the home stretch!

1) ALWAYS be working on sign out in *drip fashion*, not *bolus fashion*
   a) Consider writing an updated sign out as soon as your notes are done (things are fresh!)
2) Follow up consults from the morning
3) **MOST IMPORTANT**: Stop by your patient’s room to see with your own eyes if the treatment you have prescribed is working
Congrats! It’s the end of the day, but one more task...
Sign Out

- Refer to do/dont’s of sign out.
Questions?