Sunnybrook
HEALTH SCIENCES CENTRE

CTU Orientation Package

Department of Medicine
Division of General Internal Medicine

Sunnybrook Health Sciences Centre

July 1, 2012

Welcome to Sunnybrook!

The purpose of this orientation package is to help orient you to the General Internal Medicine (GIM) Clinical Teaching Units (CTU) at Sunnybrook and to help make your life easier over the next 1-2 months. Please take the time to read through this guide carefully prior to starting your rotation. There is important information that will help you navigate the system while here at Sunnybrook. **Senior residents should see the attached "Top Ten Things to Know Before Doing ER Senior Call at Sunnybrook."**

If you have any questions/suggestions/comments, please do not hesitate to contact me. My pager is always on and my door is always open.

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General Internal Medicine
Clinical Teaching Units
Junior Resident Level

1. Medical Expert

- ❑ Gathers an accurate and relevant history from the patient in an efficient, prioritized, and hypothesis driven fashion
- ❑ Seeks and obtain appropriate, data from secondary sources (e.g. family, other health records, pharmacy)
- ❑ Recognizes the importance of relevant historical subtleties that inform the differential diagnoses and diagnostic plans
- ❑ Performs an accurate physical examination that is appropriately targeted to the patient's complaints and medical conditions and recognizes pertinent abnormalities
- ❑ Tracks (accurately) important changes in the physical examination over time in the outpatient and inpatient settings
- ❑ Synthesizes available data, including interview, physical examination, and preliminary laboratory data, to define each patient's central clinical problem(s) and develop a differential diagnosis
- ❑ Develops evidence-based diagnostic and therapeutic plan for common inpatient conditions
- ❑ Modifies the differential diagnosis and care plan base on clinical course and data as appropriate
- ❑ Knows the general pathogenesis, natural history, common presentations and findings and principles of inpatient management for the following clinical problems

Cardiovascular:	Heart failure, coronary artery diseases, atrial fibrillation, sudden cardiac death, valvular heart disease, hypertensive emergencies, syncope, shock
Respiratory:	Obstructive airway diseases, pleural effusion, thromboembolic disease, malignant disease, lower respiratory tract infections, interstitial lung diseases
Gastrointestinal:	GI bleeding, peptic diseases, acute and chronic liver diseases and their complications, diarrhea, pancreatitis, undifferentiated abdominal pain
Rheumatologic:	Acute monoarthritis, acute and chronic polyarthritis, vasculitis

Hematologic:	Anemia, thrombocytopenia, bleeding disorders, lymphadenopathy, splenomegaly
Nephrologic:	Acid base abnormalities, electrolyte abnormalities, acute and chronic renal insufficiency, proteinuria, hematuria
Neurologic:	Stroke, seizures, delirium, dementia, peripheral neuropathy, headache, vertigo
Infectious:	Fever of unknown origin, complications of HIV infection, appropriate use of antibiotics, acute infectious illness (meningitis, encephalitis, pneumonia, endocarditis, gastroenteritis, sepsis, septic arthritis, cellulitis, pyelonephritis)
Endocrinologic:	Diabetes and its complications, adrenal disorders, thyroid disorders, complications of steroid use, calcium disorders, osteoporosis
Oncologic:	Hypercalcemia, superior vena cava obstruction, febrile neutropenia, hematological malignancies, approaches to common solid tumours
General:	Weight loss, overdose, drug reactions, fatigue
Ethics:	End-of-life care, informed consent, capacity assessment
Geriatric:	Frequent falls, incontinence, polypharmacy, failure to cope, the “social admission”
Pregnancy:	Hypertension, diabetes, preeclampsia, thromboembolic diseases

- ❑ Completes a variety of technical procedures related to the in-patient practice of General Internal Medicine in a safe and effective manner, with support and supervision as needed:
    - Arterial puncture for blood gas analysis
    - ECG interpretation
    - Chest radiograph interpretation
    - Bone marrow aspiration and biopsy
    - Insertion of central and peripheral venous lines
    - Knee aspiration
    - Lumbar puncture
    - Nasogastric tube insertion
    - Paracentesis
    - Thoracentesis

2. Communicator

- ❑ Demonstrates effective gathering of the patient's history from the patient and their families
- ❑ Communicates information regarding treatments to the patient in a clear, accurate manner
- ❑ Provides clear, accurate and suitably detailed consultation and progress notes
- ❑ Participates in patient handover with clear and relevant communication of the patient's status outlining potential areas of medical concern

3. Collaborator

- ❑ Recognizes the role of allied healthcare professionals in the management of the patient
- ❑ Participates effectively as a member of an interdisciplinary healthcare team

4. Manager

- ❑ Participates in coordinating the relevant elements of patient care to ensure safe, transition from the inpatient service
- ❑ Develops time management skills to reflect and balance priorities for patient care, sustainable practice, and personal life

5. Health Advocate

- ❑ Identifies opportunities for patient counselling and education regarding their medical conditions
- ❑ Educates patients regarding lifestyle modifications that may prevent disease including modification of cardiovascular risk factors

6. Scholar

- ❑ Actively participates in teaching rounds
- ❑ Accesses medical resources to answer clinical questions and support decision making

7. Professional:

- ❑ Maintains patient confidentiality

- ❑ Demonstrates respect and compassion in interactions with patients

- ❑ Responds promptly and appropriately to clinical responsibilities including but not limited to calls and pages

- ❑ Recognizes the scope of his/her abilities and ask for supervision and assistance appropriately

Reviewed and updated Dr. Wayne Gold (2010) and Drs. R. Sargeant and H. McDonald-Blumer (2012)

General Internal Medicine
Clinical Teaching Units
Senior Resident

Goal: To refine diagnostic, managerial and consultancy skills in Internal Medicine as applied to undifferentiated, complex inpatients, and to model these skills and abilities to junior members of the medical team

1. Medical Expert

Goal: Trainees will be able to function independently as internal medicine consultants in the diagnosis and management of patients with undifferentiated or multisystem disease processes.

- Demonstrates a prioritized differential diagnosis and evidence based approach to the investigation and management of a wide variety of clinical problems

  - Acute medicine: Cardio-respiratory arrest, poisoning, overdose, severe or adverse drug reaction, shock, or other immediately life-threatening metabolic, cardiology, pulmonary, neurologic, gastrointestinal, and other organ system dysfunction

  - Cardiovascular: Chest pain, dyspnea, syncope, coronary artery disease, congestive heart failure, atrial fibrillation, valvular heart disease, cardiomyopathies, pericarditis, and hypertensive emergencies

  - Respiratory: Acute dyspnea, cough, hemoptysis, obstructive airway diseases, pleural effusion, thromboembolic disease, malignant disease, penumonia, interstitial lung diseases

  - Gastrointestinal: Dysphagia, undifferentiated abdominal pain, nausea and vomiting, diarrhea, upper and lower gastrointestinal hemorrhage, peptic ulcer disease, malabsorption, acute and chronic liver diseases and their complications, pancreatitis and malignant disease

  - Rheumatologic: Acute monoarthritis (including septic arthritis), gout and pseudogout, osteoarthritis, rheumatoid arthritis, systemic lupus erythematosis, and vasculitis

- Hematologic: Anemia, thrombocytopenia, hypercoagulable states, bleeding disorders, lymphadenopathy, splenomegaly and transfusion medicine
- Nephrologic: Fluid and electrolyte abnormalities, acid-base disturbances, acute and chronic renal insufficiency, proteinuria, hematuria
- Neurologic: Altered mental status, stroke, seizures, delirium, dementia, peripheral neuropathy, headache, vertigo
- Infectious: Fever of unknown origin, complications of HIV infection, tuberculosis, appropriate use of antibiotics, acute infectious illness (meningitis, encephalitis, pneumonia, endocarditis, gastroenteritis, sepsis, septic arthritis, cellulitis, pyelonephritis)
- Endocrinologic: Diabetes and its complications, adrenal disorders, thyroid disorders, complications of steroid use, calcium disorders, osteoporosis
- Oncologic: Diagnosis and staging of solid tumours and common hematologic malignancies, febrile neutropenia, tumour lysis syndrome
- Geriatric: Frequent falls, incontinence, polypharmacy, cognitive dysfunction
- Pregnancy: Hypertension, diabetes, preeclampsia, thromboembolic disease, infection

- ❑ Modifies differential diagnosis and care plan base on clinical course and data as appropriate
- ❑ Recognizes disease presentations that deviate from common patterns and that require complex decision making
- ❑ Demonstrates competence in the independent performance of technical skills related to the In-Patient Practice of General Internal Medicine:
    - Arterial puncture for blood gas analysis

- ECG interpretation
- Chest radiograph interpretation
- Bone marrow aspiration and biopsy
- Insertion of central and peripheral venous lines
- Knee aspiration
- Lumbar puncture
- Nasogastric tube insertion
- Paracentesis
- Thoracentesis
- Bedside ultrasound

2. Communicator

Goal: Trainees will facilitate the doctor-patient relationship and will communicate clearly, knowledgeably, and empathetically with patients, families and other care providers

- Demonstrates effective history-taking from patients and their families
- Completes clear, concise written and dictated notes and discharge summaries.
- Provides clear, patient centered communication regarding diagnosis and management plans
- Effectively communicates with other health care providers as a member of an interdisciplinary healthcare team
- Effectively communicates medical recommendations to consulting medical services, on call teams and family physicians
- Demonstrates the skills needed to discuss end of life care with patients, families and the health care team

3. Collaborator

Goal: Trainees will work with other physicians and care providers to optimize patient care and outcomes.

- Recognizes the roles of the inter-professional health care providers in the provision of holistic, patient-directed care
- Works effectively as a member of the inter-professional team

- ❑ Judiciously consults other specialty services

4. Manager

Goal: Trainees will understand the central role of physicians in health care organization in regards to resource allocation, leadership and quality of care.

- ❑ Supervises junior trainees in the assessment and management of complex medical patients, in an inter-disciplinary care environment
- ❑ Develops and models time management skills to reflect and balance priorities for patient care, sustainable practice, and personal life

5. Health Advocate

Goal: Trainees will use their expertise to advance the health and well-being of individual patients, communities and populations.

- ❑ Appreciates barriers to health and medical care, as informed by determinants of health, related to the population served
- ❑ Addresses socioeconomic barriers to care as part of the discharge process
- ❑ Participates in patient and family counselling for the purpose of health promotion, risk factor stratification and long-term care (including end of life care)
- ❑ Recognizes the key elements of assessing a patient's capacity for decision making

6. Scholar

Goal: Trainees will engage in the process of self-reflection to identify and address learning needs

- ❑ Develops and implements a personal learning strategy
- ❑ Critically appraises the literature regarding the diagnosis and treatment of issues in general internal medicine
- ❑ Appreciates the importance of disease-specific guidelines, best practice measures, and issues related to patient safety and quality

7. Professional:

Goal: Trainees will engage in ethical practice and will maintain high personal standards of behaviour.

- Demonstrates respect and tolerance in interactions with patients and other healthcare providers

- Appreciates the role of the physician in the context of inter-professional care and respects and supports allied health care team members

- Supports colleagues and other trainees through careful hand-over of patient issues, and timely notification of absence from clinical duties.

Reviewed and updated by Drs. R. Sargeant and H. McDonald-Blumer 2012

Important Numbers for GIM CTU at SUNNYBROOK

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1) General Internal Medicine Clinical Teaching Units (GIM CTU)

- There are five teams, named by colour: Blue, Green, Red, Yellow and Silver.
- Each team consists of:
    i. One Senior Resident
    ii. Two or three junior residents (“interns”)
    iii. 1-2 medical students (clerks).
- An additional GIM team (Orange Team) exists. This team is staffed by fellows in Sunnybrook’s Hospitalist Training Program, and looks after most patients admitted with an acute stroke, patients admitted to the B4-HIRU (High Intensity Respiratory Unit) and D2-MOU (Medical Observation Unit).

2) Nursing Units

- At Sunnybrook, there are 5 general internal medicine wards (CGround, D2, D4, B4 and C4). The patients admitted to a particular team will generally go to that team’s home ward:
    - Green = B4
    - Blue = C4
    - Red = D4
    - Yellow = D2
    - Silver = CGround
- C4 is also a dedicated stroke ward. Every attempt is made to move patients admitted with an acute stroke to this ward (usually to be cared for by Orange Team).

3) Allied Health Services

- At Sunnybrook, there is an allied health team for each medical ward.
- To consult PT, OT, SLP, Social Work, and Nutrition, write a doctor’s order in the chart AND either speak to the appropriate service directly (usually at Bullet Rounds) or call ext. 82032 (leave a message with the name of the patient, Medical Record Number (MRN), nursing unit, colour of the medical team, and specific disciplines you wish to consult).

- There is a dedicated allied health team for patients who are admitted with an acute stroke. To contact the Stroke Allied Health Care Team call ext. 80555. More information about this team is posted on each of the medical wards.

4) Kardex Rounds (aka "Bullet Rounds")

- These are multidisciplinary rounds which occur daily on each ward.
- The charge nurse on their floor will tell you what time "bullet" rounds are typically scheduled (usually 10:15).
- The purpose is to take **no more than 15 minutes** to focus on patients' allied health needs and discharge plans.
- **At least one member of the team who knows all of the patients must attend these rounds.**

5) Call

- Residents on GIM CTU take call 1 in 4 nights.
- Each night, there is a senior resident on call with the clinical clerks on their team, and, if possible, one intern from each of the other three teams.
- The senior resident is responsible for triaging referrals from the emergency department, distributing new admissions amongst the five teams, and reviewing new admissions with the interns and clerks.
- On-call interns and clinical clerks are all expected to admit new patients from the emergency department. Interns will cover the inpatients on their respective teams. Inpatients on the senior resident's team will be covered by a clerk from that team (when available; otherwise, an on-call intern will cross cover the senior's team). The on-call interns are expected to assist the clerks with patient care issues overnight.
- The following sections contain more information related to call responsibilities.

6) Arrest Pagers

- The Senior Arrest Pager is carried by the on-call senior resident (or designate). The Junior Arrest Pager is carried by an on-call intern (usually the medicine PGY1) for a 24 hour period.
- All residents and clerks that are on CTU and on-call should attend code blues even if they are not carrying the code pager
- Handover of the Arrest Pagers is to occur at 0800h every day in E115 (i.e. at the beginning of Morning Report).
- There is an arrest pager test at 0900h every day.

7) Protected Code Blues

- These refer to patients who are in respiratory isolation for an unknown respiratory illness (e.g. possible SARS). Anesthesia, CrCU nurse, RT and the senior medical resident will attend these arrests. All of these individuals must be wearing a stryker suit BEFORE entering the room. The senior medical resident MUST NOT be involved in any form of airway management. The junior resident does NOT participate in these codes.
- There is currently no outbreak of respiratory illnesses NYD so protected code blues and training for stryker suit use is NOT currently being conducted. However, new situations can arise quickly (e.g. H1N1 influenza A). Should these measures need to be put into effect, Infection Control will contact residents through the CMR for further instructions.

8) Ward Coverage After Hours

- **ER resident** is the senior medicine resident on-call to the emergency department. The ER resident carries the Senior Arrest Pager from 0800h to 0800h the next day.
- **Intern – Blue Ward** covers inpatients admitted to Blue Team and admits patients from the emergency department to Blue Team.
- **Intern – Green Ward** covers inpatients admitted to Green Team and admits patients from the emergency department to Green Team.

- **Intern – Red Ward** covers inpatients admitted to Red Team and admits patients from the emergency department to Red Team.
- **Intern – Yellow Ward** covers inpatients admitted to Yellow Team and admits patients from the emergency department to Yellow Team.
- **Intern – Silver Ward** covers inpatients admitted to Silver Team and admits patients from the emergency department to Silver Team.
- As much as possible, we try to avoid having interns cover more than one team at night. However, there are multiple times throughout the year when this is not possible (e.g. when their are no clerks on CTU, vacations, etc.).
- During these times, interns will be expected to cover, and admit patients to, more than one team overnight and on weekends (e.g. to cover inpatients of Red and Green team, and to admit to both of these teams).
- The Junior Arrest Pager is carried by one of the on-call interns (usually the Medicine PGY1) from 0800h to 0800h the next day.
- The call rooms are in the following locations (see Call Rooms attachment):
    - ER resident = C8
    - Interns/Clerks = C8
- Please ensure that the Smart Web paging system (see below) shows the correct names of the interns, their pager numbers and the teams that they are covering.
- If there are any changes to the coverage, it is the responsibility of the residents on call to notify locating and the individual wards.

9) Sign-Over

- The senior residents (at 1000h when post-call and at ~1700h when not on-call) are expected to give a **complete verbal sign-over** to the on-call intern.
- Sign-out lists are located on the intranet at http://signout2. Use your EPR username and password to log-in. The sign-out list can also be accessed from home at https://signout.sunnybrook.ca.
- Please ensure that sign-over includes those items that could not be done by the team during the day.
- A helpful acronym for sign-over is: (**SIGNOUT?: S**ick?, **I**D, **G**eneral course, **N**ew events, **O**verall status, **U**pcoming possibilities, **T**asks to complete overnight, **?**Questions).
- Sign-out lists at minimum require: reason for admission, past medical history, code status, and new events.
- They should be updated daily, but especially before weekends.
- **Important issues should be entered in the "On-Call" field on the sign-out list**
- If you are concerned about a patient, it is often helpful to see that patient together (senior resident and on-call intern) during sign-over.

10) Post-Call Policy

- You are expected to leave post-call by **1000h** and you should be relieved of all of your clinical responsibilities at this time.

11) Admitting Patients from the Emergency Department

- From 0800h to 1700h on weekdays, consults to the Emergency Department (ED) are covered by a staff internist (often working with an emergency medicine resident).
    - The internist will contact the senior residents throughout the day as new patients are admitted to their team (but they will try to send patients to Orange Team if possible).
- The on-call team starts taking calls from the ED at 1700h on weekdays and 0900h on weekends and holidays.
- Admission orders are done on paper.
- A preprinted order sheet titled **"General Internal Medicine Standard Admission Orders"** should be completed for each admission. This included orders for:

  - Admitting Team and Diagnosis
  - Monitoring and General Care
  - Respiratory
  - Fluids
  - Diet and Activity
  - DVT Prophylaxis (with guidelines)
  - Consultations
  - Labs and medications
- Additional medications and bloodwork should be written on a separate "Physician's Orders" sheet.
- Radiology investigations are entered directly into EPR.
- Preprinted admission order sets exist for the following conditions:
  - Community Acquired Pneumonia
  - COPD exacerbation
- Preprinted orders also exist for Unfractionated Heparin. Note that there are three different unfractionated heparin nomograms at Sunnybrook:
  - General Heparin Nomogram (for DVT, PE)
  - Acute Coronary Syndrome (ACS) Nomogram
  - Stroke Heparin Nomogram

12) Patients Admitted to General Medicine

- **Bed finding**: It is **NOT** the resident's responsibility to find beds for admitted patients. This is the responsibility of the Admitting Department. If problems arise, the Admitting Department should turn to the staff physician for advice.
- **Once the decision has been made to admit the patient to General Medicine:** there are four options for location of admission, keeping in mind that patient care and safety is the priority.
  - **CTU Bed**: CTU beds located on CGround, D2, B4, C4 and D4.
  - **Orange Team Bed**: Patients admitted to GIM via the Emergency department may be admitted to Orange Team if their census allows. Orange Team can usually have 25-35 patients. Orange Team may take patients admitted overnight at the time of admission (usually strokes, bounce-backs, or monitored settings). Patients referred between 1700h and midnight should still be seen and admitted by the medicine team. To determine if Orange Team has space in the evening, page Orange Team through locating. If they accept the patient, the senior resident must ensure that verbal sign-over occurs to the internist on-call for Orange Team for each patient admitted to them.
  - **B4-HIRSU (High Intensity Respiratory Support Unit):** A closed 5 bed medical level 1 ICU with 1:3 nursing that can take patients who require NIPPV (BIPAP or CPAP) and patients on home ventilators. The Orange team fellow is responsible for consulting on potential patients to this unit **ONLY if a bed is available to receive them.**
  - **D2-MOU (Medical Observation Unit):** A closed 4 bed medical level 1 telemetry ICU with 1:3 nursing. The Orange team fellow is responsible for consulting on potential patients to this unit **ONLY if a bed is available to receive them.**
- **Neurology**: All patients admitted to the CTU with a neurology diagnosis should be seen by the neurology service. All stroke patients should be seen by the Stroke Allied Health Care Team (call ext 80555). Patients brought to ER by EMS via the Stroke Activation Algorithm should be assessed by Neurology FIRST. If the patient receives thrombolysis, they will be admitted to the CrCU and transferred to Orange Team when stable. If the patient does not receive thrombolysis, but are from the Sunnybrook catchment area, they may be referred to GIM or Orange Team (Orange Team will take the patients if their census allows). **If the patient is not a thrombolysis candidate and is from outside the Sunnybrook catchment area, it is the responsibility of the neurology team and/or ER team to repatriate the patient to his/her home hospital. The CTU medical team should not be involved in the care of these patients.**

13) Transfers from the Critical Care Unit (CrCU)

- **Do not see CrCU patients before a medicine bed has been assigned to them.**
- If the patient has been assigned to a bed on a particular team's home ward, it is best to distribute the patient to that team (e.g. if the patient has already been assigned a bed on C4, the blue team intern should do the transfer note and orders).
- **It is the responsibility of the accepting medical team to write transfer orders for patients being transferred out of the CrCU.**
- Please refer to the **ICU-Medicine Transfer Protocol** in the welcome email for further instructions on the ICU transfer process.

14) Caring for Inpatients

- Patients admitted to GIM should be seen and assessed every day, with an accompanying note written in their chart.
- It is expected that each time you sign a progress note or an order, you should write the date and time, and print your name, level of training, and pager number under your signature. Please write legibly.
- Clinical clerks must have their orders co-signed by an MD.
- Please return patient charts to their appropriate place on the chart racks.

15) Discharge Planning

- Discharge planning should begin as soon as the patient is admitted. The first step is assigning an estimated date of discharge within 24 hours of admission.
- We use electronic discharge summaries at Sunnybrook. This can be accessed from the intranet with your EPR username and password. No dictations are necessary on CTU patients.
- The most important part of discharge summaries are the **medications and follow up plan.**

16) Community Care Access (a.k.a. Home Care)

- When a decision is made that a patient may require Home Care, they should be contacted as soon as a discharge date has been confirmed **and at least 24 hours prior to discharge.**
- The CCAC form should be completed (it is now online and accessible via EPR) with specific orders (e.g. specific orders for dressings and frequency). Home Care should be called (ext. 4425) if you want to check on the status of an electronic referral.
- Advise the patient that Home Care will be seeing them to assess their needs. Please do not promise services prior to Home Care's assessment as the availability of services are dependent on many factors beyond our control.
- Note that IV antibiotics provided through Home Care require a separate prescription and usually take 48 hours to arrange.
- If a patient received Home Care services prior to their admission to hospital, Home Care should be contacted and a Home Care form needs to be completed, indicating that the patient's prior services need to be reinstated

17) Rapid Referral Clinic (CG13D)

- The emergency department is able to refer patients to this clinic for urgent assessment by a GIM staff within 24-72 hours.
- Patients can only be referred to this clinic by an emergency physician (via an electronic referral)
- If you are referred a patient who may be better served by being seen in the rapid referral clinic instead of admitted to hospital, you should let the emergency physician know to see if they are comfortable with this plan. The emergency physician must then send the electronic referral.
- Medicine residents cannot refuse to see a consult if asked specifically for one by the emergency physician.

18) Educational Rounds

- The following is a brief overview of the educational rounds at Sunnybrook. Please check the white board posted outside of room D416 for details on topics and locations.

a) **Morning Report** – Occurs every weekday (except Tuesday) in E115 and must be attended by all staff and housestaff. The post-call residents are responsible for providing a case for discussion, ideally a case from the previous night, or an interesting case admitted recently.

b) **Morbidity and Mortality (M&M) Rounds** – Occurs Tuesday mornings in E115 and are attended by staff and residents. The cases of GIM patients who have died, or suffered significant in-hospital morbidity, over the previous week are reviewed and discussed.

c) **Noon Rounds** – Didactic seminars covering both GIM and subspecialty topics. Lunch is provided. Noon hour lectures are in room E115. These are scheduled on Mondays, Tuesdays, Thursdays and Fridays.

d) **Scenario Rounds** – These rounds are intended for the senior residents although the interns are invited to observe. The format consists of a Royal College scenario. These rounds occur at noon rounds approximately every 2 weeks. Dr. Shadowitz facilitates these rounds.

e) **Journal Club** - These rounds are “performed” by Dr. Redelmeier with the goal of learning how to critically appraise a recent journal article. They occur at noon rounds approximately every 4 weeks.

f) **Patient Safety Rounds** – These case-based rounds occur during a noon rounds at the end of each month. The purpose of these rounds is to improve patient safety. Dr. Etchells organizes these rounds.

g) **Clinical Pharmacology Rounds** – These rounds occur once a month at noon rounds. The purpose of these rounds is to highlight important aspects of pharmacology by discussing cases from team or consulting services. They are facilitated by Dr. Juurlink.

h) **Medical Grand Rounds** – These rounds occur on Wednesday at noon in the McLaughlin Auditorium (EG61). Once a month, the rounds are teleconferenced from one of the other teaching hospitals. Lunch is provided.

19) Alphanumeric Paging

- All residents who rotate at Sunnybrook Hospital will be equipped with alphanumeric pagers.
- Residents are encouraged to communicate using text messages through Smart Web.
- Nurses have been encouraged to send text messages which contain information that will allow you to prioritize your tasks

- **How to send a text page:**
  - Sunnybrook employs a web-based paging application (Smart Web) that can be accessed from any computer within the hospital by typing “smart” in the address bar, or from outside the hospital by typing http://smart.sunnybrook.ca in the address bar. This application contains a staff paging and telephone directory, and is also linked to the call schedule so that individuals on-call for a specific service can be easily identified.
  - **Using the Smart Web © System**
    - How to find an individual to send a text page
      - The Smart Web application can search for an individual by name (using “Directory Search” or “Paging” tab), or by call duty (“On-Call Search” or “Paging” tab)
      - Once you have found the individual, click the pager icon to send a page
      - If the individual is carrying an alphanumeric pager, the word “alpha” will appear, and a message up to 125 characters can be sent
      - Once you have composed the message, click the “Send” button to send the message
    - How to send the same text page to multiple recipients simultaneously
      - Click on the “Paging” tab on the left menu
      - Individuals to be paged can be identified either by name, call duty or 4-digit ID number
      - Select individuals to be paged by clicking the checkbox next to their name – this individual will then be added to the list below to be paged

        - Once all the individuals have been identified, click the "Send Page" button to send the message
    - Search tips
        - **Exact spelling** is required to correctly find an individual or a service
        - Names are listed **last name first**, followed by a space, followed by the first name (i.e., Doe John)
        - Typing the first part of a name will retrieve all names starting with those letters (i.e., typing "Sta" will retrieve "**Sta**cey", "**Sta**fford", "**Sta**nley" etc.)
        - Typing % and then a series of letters will retrieve all names that contain those letters anywhere (i.e., "%sta" will retrieve "**Sta**nley", "Cry**sta**l", "Deco**sta**"
            - This function is particularly helpful if you know only the first name of an individual, since the directory lists all individuals by last name

20) How to View Radiology on the wards

- Images can now be accessed directly from EPR using e-UNITY.
- Simply go to radiology and click on the "available" tab…your image will pop up
- Alternatively, you can use the Web 1000 system below (which is much slower)
- Go to the home page on any computer and click on **Medical Imaging Web 1000** (in the Quick Links bar). If prompted, click on "Run." Your UserID and password are the same as those for EPR.

21) How to Order Investigations

- Phone calls or personal conversations are much more effective than a requisition or computer order in getting urgent tests done. With that in mind here are some suggestions on getting common tests done at Sunnybrook.
- **Bloodwork**
    - Paper order in the patient's chart.
    - If you are ordering unusual bloodwork, please print legibly and neatly and spell out the test (e.g.. SPEP = serum protein electrophoresis) so that the RN's can enter the bloodwork.
- **Tests on the Floor**
    - **ECG**: Paper order in the patient's chart. If urgent, have the ward clerk page ECG technician.
        - After hours, there are no ECG technicians in house. As of recently, nurses are now trained to perform ECGs, and housestaff should no longer have to perform their own ECGs. Each medical ward has an ECG machine (if this is not the case, let the CMR know). In addition, there is an additional "float" ECG machine outside of the Echo lab on E2 (outside the echo lab) which can be used after hours.
    - **Portable Chest X-ray**: Entered into EPR by MD. If urgent, have the ward clerk page the CXR technician.
- **Radiology**
    - **CT Scan**: Entered into EPR by MD. If urgent, call ext. 4343 and ask to speak to the radiologist on call for the specific CT body area, e.g. neuro/chest/abdo/bone.
    - **Interventional/PICC lines**: Entered into EPR by MD. If urgent, call ext. 1424.
    - **MRI**: Entered into EPR by MD **AND** requires paper MRI requisition form to be completed and faxed to MRI office (5727). If urgent, call ext. 6177.
    - **Neurodoppler** (i.e. Carotid/Transcranial dopplers): Entered into EPR by MD. If urgent, call ext. 4519.
    - **Nuclear Medicine**: Entered into EPR by MD. If urgent, call ext. 4360.
    - **Ultrasound**: Entered into EPR by MD. If urgent, call ext. 2261.
    - **X-ray**: Entered into EPR by MD. If urgent, call ext. 4376.
- **Other Special Tests**
    - **Echo**: Entered into EPR by MD. If urgent, call Echo Lab at ext. 4782.
    - **EEG**: Fill out EEG requisition form and deliver to room M1-600. (EEG Office: ext. 4475)

- **EMG/Nerve Conduction Studies**: Fill out requisition form and deliver to room M1-600. EMG/NCS are only done on Tuesday and Thursday. (EMG/NCS Office: ext. 4475)
- **Holter Monitor**: Fill out requisition form and call ext. 4470.
- **Pulmonary Function Tests**: Fill out requisition form and fax to 4186.
- **Bone Marrow Biopsies**: If you are planning on performing a bone marrow biopsy on a patient, these **must be booked one day in advance** with the hematology lab (call ext. 4093).

22) How to Contact Consulting Services

- In general, page the resident through locating (ext 4244) or using Smart Web (see above).
- Try to call for consults before noon (to avoid giving a 4pm consult at the end of the day).
- Try to communicate with consultants verbally on difficult cases.
- For **urgent** subspecialty medical services after normal working hours (including Endocrine, Heme, ID, GI, Rheum, Resp, Nephro), you may call the subspecialty staff directly.
- The exceptions are:
  - **Geriatrics**: call ext. 6888 and leave a message.
  - **Oncology**
    - Medical Oncology: call ext. 4928 and leave a message.
    - Radiation Oncology: call ext. 4244 (locating) for assistance.
  - **Palliative Care** call ext. 7255 and leave a message (urgent pager during working hours 8834).
  - **Psychiatry Consults**
    - General Psychiatry: call ext. 4448 and leave a message; OR fax consult request to fax # 5318
    - Geriatric Psychiatry: call ext. 4323 and leave a message.

23) Running an Efficient service

- Start discharge planning as soon as the patient is admitted.
- De-medicalize patients early (i.e. d/c IVs and foley catheters as soon as they are not needed, switch to po meds, etc).
- Avoid "daily" bloodwork unless really necessary, and reassess the need for blood tests daily.
- For planned discharges write up scripts, discharge orders, and the discharge summary the night before. If an ambulance is needed, ask the ward clerk to book it early.
- **Communicate discharge plans and issues with allied health professionals, nursing staff (including charge nurses), family members, receiving facilities (e.g. nursing homes) and, most importantly, the patient!**

24) Difficult Cases

- Speak to your staff physician about problem cases. Plan to debrief your team and other involved health care professionals after a particularly difficult case. Other resources available to you:
  - Bioethics
  - Patient Relations

25) "Corridor Consults" and Procedures

- You may be asked by other physicians/residents to interpret diagnostic tests or offer your opinion on a patient without doing a formal consult. Although we are happy to oblige people who ask us for advice in the spirit of maintaining good professional interactions, you should be aware that you are liable for any medical advice that you give (especially without reviewing the case with your staff). We would, therefore, encourage you to avoid this practice. In addition, GIM residents should not perform diagnostic or therapeutic procedures for ED patients at the request of ED physicians unless the patient has indications for referral to GIM for assessment/admission.

26) Medicine Resident Lounge:

- Room D477, code 2351
- Please keep the room clean. Clean up after yourself.
- Please keep the fridge clean. Do not leave old food around. It gets disgusting.
- Please respect the lounge, as having one is a privilege. If you keep it clean, we will keep it updated.

27) Questions, Concerns, or Problems

If you have any questions, concerns or problems, please do not hesitate to contact me in my office (Room D416B), on the ward, or by pager. Please raise issues of concern as soon as they arise so that we can address them before the end of your rotation.

General Medicine 48- Hour Clinic Follow up Guidelines

Purpose: To provide patients with quick follow-up of results pending at the time of discharge or brief follow up of clinical issues that do not require inpatient observation

Upon Discharge from Hospital

1. The resident will discharge the patient. At that point, the resident will set up a date and time for the patient to come into clinic to be seen after discharge from hospital. **(Room CG13d).**
2. The resident will write down all the information on the patient's discharge summary.
3. The resident will inform the patient that he or she will see the patient within 15 minutes of arrival time on they day of the follow up appointment.
4. Resident then calls 5108 and leaves a message for secretary with the following information:
   - -Patient's name
   - -HFN #
   - -Date and Time of appointment
   - -Resident's name and pager number
   - -Supervising Staff Doctor's name

Please note that due to the busy nature of the clinic we can only see patients for F/U during the following hours:

Monday – Friday 1pm - 3pm

ALWAYS **MAKE SURE THAT YOU ARE AVAILABLE FOR THE DATE PROVIDED TO YOUR PATIENT. IF YOU ARE NOT PLEASE MAKE ARRANGEMENTS WITH A TEAM MEMBER** ***AND INFORM THE SECRETARY***

Day of Follow up Appointment

1. Patient arrives and signs in with secretary.
2. Secretary will page/text resident to inform resident of patient's arrival.

After the F/U Appointment

1. Booking tests will be done through the secretary at the ambulatory clinic. Please make sure that your instructions for the tests are clear and complete. Any tests that have been booked will need to be followed up with either the General Internal Medicine PGY3 clinic, family doctor or other facility. Please indicate clearly.
2. Billing will need to be completed by your staff. The billing form will be filled out with patient information and sent to the staff via inter office mail if they are not in attendance for the follow up appointment.

Appendix 1: Important numbers for Sunnybrook Internal Medicine

Education
DEPARTMENT OF MEDICINE
- Program Director - Dr. S. Shadowitz: 7197
- Chief Resident – Adina Weinerman: 4594
- Education Coordinator - Eva Tatarski: 4593
- Call Schedules - Sally Ganesh: 4290
- Vacation Requests - Dr. S. Shadowitz

MEDICAL EDUCATION
- Sinthujah Santhirasiri: 85044
- Esther Williams: 4273

Wards
- B4: 7870
- B4 HIRSU: 7871/7872
- C4: 4947
- D2: 4306
- D3: 4949
- D4: 4312
- CCU: 4182
- CrCU: 4196
- EMERGENCY: 7207

Investigations
BONE MARROW: 4093
BRONCHOSCOPY: 3814
CARDIOLOGY
- 2D Echo: 4782
- Holter: 4470
-stress test 4470

LABS
- Biochemistry: 4646
- Blood Bank: 4051
- Bone Marrow: 4093 / 2854 Tech
- Cytology: 4017
- Hematology: 4042
- Microbiology: 4242
- Pathology: 4012

EEG: 4475 (room M1-600)
EMG/NCS Lab: 4475 (room M1-600)
ENDOSCOPY: 4005
PFT LAB: 4427 (Fax 4186)
RADIOLOGY:
- Angio: 1424
- CT Scan: 4343 (2490)
- MRI: 6177
- Neurodoppler: 4519
- Nuclear Medicine: 4360
- Ultrasound: 2261
- Vascular Arterial Doppler Lab: 4472

Clinics
GIM CLINIC: 6737 (Fax: 6739)
48 HOUR CLINIC: 5108
CHF CLINIC: 5250 (Fax: 5251)
STROKE PREVENTION CLINIC: 4473 (Fax: 5753)

Referrals
ALLIED HEALTH REFERRALS
- General Medicine Allied Health Team: 82032
- Stroke Allied Health Team: 80555

CCAC: 4425 (pg 5127)
CORONER: 416 314 4100
DENTISTRY: 4436
DIABETES EDUCATOR
- Carolyn Lawton 5890 (pg 8722)

DISCHARGE COORIDNATORS
-Pamela Brown 85144
-Elena Panganiban 85158

GERIATRIC CONSULTS: 6888
- Acute Geriatric Unit: 6888

ONCOLOGY CONSULTS
- Medical Oncology: 4928
- Radiation Oncology: 4244 (locating)

PALLIATIVE CARE
- Consult line 7255 (leave message)
- Can be paged through locating

PHARMACY
- Inpatient: 2528
- Outpatient: 4502

PSYCHIATRY CONSULTS: 4448
- Geriatric Psychiatry: 4323

SOCIAL WORK:
- Elizabeth Abrams 7270 (pg 6502)
- Janna Di Pinto 2505 (pg 1271)
- Allan Dick 7716 (pg 8474)
- Lina Gagliardi 4480 (pg 7525)
- Wendy Kinsburgh 5998 (pg 8341)
- Lisa Sherman 5979 (pg 8358)

THROMBOEMBOLISM: pg 8170
WOUND CARE: 4195 (pg 7017)

Other
LOCATING: 4244
MEDICAL RECORDS: 4401
IT HELP DESK: 4159
PATIENT FLOW
- On-Call: pg 6469
- Deb Sargeant: pg 8862

SECURITY: 4589