Intern Ward Duties

1. **Sign in.** When coming on-duty, receive report about any significant calls, the time of the call, the assessment, actions taken, results of those actions, and the members of the team that were informed of these developments.

2. **Lead morning rounds.** Have a plan of where rounds should start and end (without walking in circles). Patients who are acutely ill should often be seen first. Primary data should be concise, accurate, and clearly presented. Present an assessment and plan; this is how you learn. Your chief will tell you how and what he/she wants you to present.

3. **Write orders.** Attention to detail is important. If you do not know something, ask. Prioritize the most time-critical orders first. Some orders need to be followed up with communication with a human being, e.g., critical nursing orders, radiology tests, TPN and PICC line requests, etc. If an order is critical, make sure to close the loop and talk with the person who is going to be performing the order.

4. **Discharge patients.** Anticipate discharges and involve case managers early. A poorly-planned discharge is a planned readmission. Know the activity limitations, dietary restrictions, bathing instructions, wound care, and follow-up plan so that you can teach them to your patients. If you do not know something, ask. Prescribe adequate amounts of medication. Be careful when writing “triplicate” prescriptions that must be hand written. If there are errors, the prescriptions will not be filled by the pharmacist. This leads to inadequate patient care and can even require a lengthy return trip for a patient or family member. Be frugal when prescribing opiates, we are in the midst of an opioid epidemic.

Discharge Summaries must be completed at the time of discharge. They should not be a summary of every event during their hospital stay rather, only include the events you would care about when evaluate the patient at their follow-up appointment. In general, every discharge should include their surgery, complications, recovery, final pathology results, and plan for follow-up. If the Discharge Summary includes a physical exam, it will count as a progress note for the day.

5. **Call consultants and follow-up on recommendations.** Do not call a consult without approval from your chief resident or attending. Calls should be timely, courteous, and complete. Be sure to include patient name, MRN, and call-back number in any pages. Be very specific with the question or request you have for them. Recommendations from consultants should be discussed with seniors before implementation. Never fight with consultants. Instead defer to your seniors for issues.

6. **Document carefully.** All preoperative patients need an H&P within 30 days, (in some cases, an H&P update within 24 hours), a signed consent form, and preoperative marking where appropriate. All ward patients must have an H&P documenting their reason for hospitalization.

Daily ward progress notes should concisely document each patient’s interval events, subjective progress, objective data and physical exam, overall assessment, and plan for evaluation and management for all active issues. Notes should have a true assessment (i.e.: “Patient continues to improve with evidence of bowel function, however, has persistent leukocytosis which is likely secondary to hospital-acquired pneumonia given RLL opacity on X-ray.” An assessment is not: “D/C IVF. Start Zosyn.” A guide to the assessment is that every patient is either improving, the same, or worsening. For the latter two, an
explanation is often required. If you copy forward notes, make sure you don’t copy forward erroneous material. Always check and double check the content of your notes.

Any significant events as well as all post-operative checks need to be documented in the chart. Operative reports should be completed on the day of the operation. Brief operative notes are required immediately following the operation when there will be a delay between the end of the operation and the availability of the full operative report (e.g., when the operative report is being dictated).

7. **Respond to pages.** Identify yourself and your service. The person paging should identify themselves and the reason for calling. If you are operating, please let the circulating nurse know that you are on call for your service, and kindly ask them for help in responding to your pages. Every patient must have a treatment team assigned to them. Be sure to assign the ghost pagers in a timely manner. Any patient getting operated on should have a treatment team assigned, even if they are undergoing outpatient surgery.

8. **Follow-up on tests, studies, and progress.** Writing an order may not be enough to ensure that an important test or study will be completed. Build relationships with radiologists, x-ray technicians, ultrasonographers, respiratory therapists, etc. When the study is complete, follow-up on the result in person: undoubtedly, you will learn something in the process. Significant results should be communicated up the chain-of-command. Post-operative checks are an important time to assess whether or not a patient has everything that they need.

9. **Maintain the census.** Lists should be up-to-date for afternoon rounds and sign-out. New post-operative and consultation patients should be located and added to the list. Treatment teams should be updated. Summary lines need to be updated for each patient in order to assist the covering teams.

10. **Make independent rounds.** The job of the intern is to be up-to-date with all patient related issues as they arise and anticipate problems early. You cannot accomplish this by sitting in the Goodman Center all day and waiting for pages. Data regarding patient events, progress, and results should be gathered throughout the day. Bedside afternoon rounds are generally required; however, you Chief may be unavailable if tied up in a lengthy case. Take the initiative to see patients yourself and update your Chief. If your senior residents are operating late, you should report to the OR and communicate directly with them before signing out.

12. **Notify you chief of any updates throughout the day in a timely fashion.** Come to the OR and let the chief know of any important updates. If the OR is still going at the end of the day, report with updates from independent rounds prior to getting plans for sign-out. Always feel free to come into the OR and update. Look for a down minute to update, not when the situation is stressful.

13. **Sign-out.** Process should include face-to-face signout with minimal interruptions. Content should include all points in the IPASS format and should be supervised by a senior resident. It must include who to call if issues arise. Finally, ghost pagers must be forwarded.

14. **Teach.** Stanford is a teaching institution. We have medical students. Take the time to show them how to get numbers, how to present, and how to begin to function as an intern. Time spent up front will pay off in the long run as a good med student will make your life much easier.

15. **Service Transition.** When you are coming on to a service, talk with the intern who was on the service before you. Figure out how the service runs, what works well, and what doesn't. Ask about chief resident
preferences and attending preferences. Make sure to know the schedule of the service. And always, always, make sure to contact your chief before coming onto the service to go over day 1 logistics.