

# Welcome to MTU, Clerks!

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PGY 3 Internal Medicine  
MTU Chief



# The Sites

\* = Seniorless Team

## Foothills (NW Calgary)



- Blue
- Yellow
- Silver\*

## Peter Lougheed (NE Calgary)



- Orange
- Green
- Gold\*

## Rockyview (SW Calgary)



- MTU\*
- MTU\*
- GMU

## South Health Campus (South Calgary)



- MTU\*
- GMU

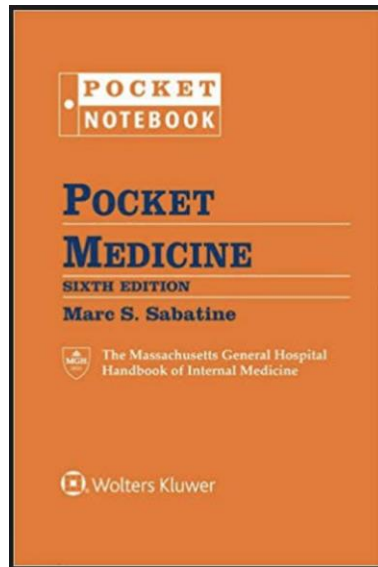
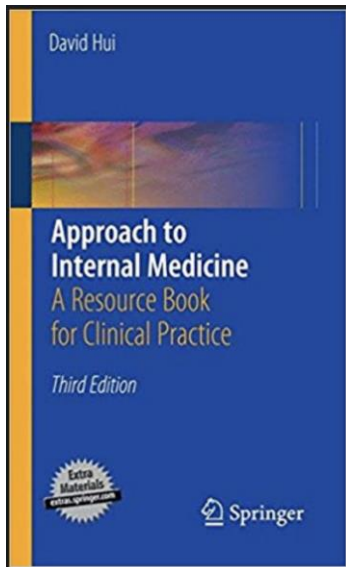
# What is the MTU?

Medical Teaching Unit (CTU at other sites) is a place where you are a:

1. Physician: Learn core Internal Medicine through direct patient care
2. Learner: Informal and formal daily teaching of core concepts
3. Team Member: Learn to work in and lead a multidisciplinary team
4. Advocate: Engaging in patient safety initiatives, resources management

# Studying on MTU

- Be kind to yourself! It is a **marathon**
  - ‘read around your cases’
- Resources for IM Keeners!



## Blackbook

Approaches to Medical Presentations  
Tenth Edition (2017)

*Produced by The Cumming School of Medicine, University of Calgary*



**UNIVERSITY OF CALGARY**  
CUMMING SCHOOL OF MEDICINE

The Blackbook is your #1  
friend!

# An Average Day

- 07:45 – Arrive – no pre-rounding needed
- 08:00-08:15 – Handover
- 08:15 – 09:00 - AM Teaching (Variable)
- 09:00-10:00 – Review new admits
  - On-call leaves by 10:00
- 10:00-12:00 – See Patients
- 12:00 – 14:00 – Variable, 1hr to see pts
- 14:00 – Round
- 16:45 – 17:00 Signover & Home time

FMC:

- 12:00-13:00 – Daily Teaching

PLC:

- 13:00-14:00 – Daily Teaching

\*Summer schedule is quieter  
please refer to google link

# What you can expect from us on MTU

- You deserve to be treated with respect by all team members, allied health professionals, patients and their families
- We will teach around all new cases and core internal medicine topics as they come up
  - Feel free to provide us with your objectives!
- A fun learning environment where you WILL grow as a doctor. Patients can be quite sick so this can be a bit stressful but don't worry we're here for you!

# Your Responsibilities

<u>Admission</u>	<u>AM Handover</u>	<u>Course in Hospital</u>				<u>Discharge</u>	





# Admission

- ID
  - 37yoM homeless presenting with urosepsis
- Profile
  - **Details** are your friend
- Home Meds & Allergies
  - Ensure **MedRec** completed
- Social History (i.e., OT/PT/SW/TS)
  - Independent vs Nursing home vs. NFA
  - Finances? **Alcohol, Drugs** (?addictions)
- HPI
  - Structure around **your DDX** pertinent positives/negatives

<u>Admission</u>	<u>AM Handover</u>	<u>Course in Hospital</u>				<u>Discharge</u>	

- Course in ED
  - What was done for the pt initially?
- Physical Examination
  - Vitals, GCS, & Full head to toe
- Investigations & Imaging Results
- Impression & Plan
  - What would YOU do if you were alone
  - **Prioritize** issues 1) CHF..... 2) PNA...
  - Enter **all** home meds – can suspend them
  - Consultants – Who will call them?
  - **OT/PT/SW/TS** – D/C planning starts on day 1
  - **Goals of care**
  - Typed/written note – Ask team's preference

You are responsible for following-up on your admits overnight!



# Patient Safety starting from Admission

- Use Safety Stickers daily – provided within patient charts
- Complete Medication Reconciliation – Must be done at admission
- Does your patient need:
  - DVTp – Enter for ALL patients suspend if have contraindication
  - Foley – Very few indications
  - IV Fluids – Stop dates, do not run IV fluid continuously
  - Diabetes Control – What are the pts sugars doing daily?
  - Antibiotics - ?Stop Dates, ?renally dose

<u>Admission</u>	<u>AM Handover</u>	<u>Course in Hospital</u>				<u>Discharge</u>	

# AM Handover

- Discuss all overnight issues per patient & what was done for them
- Split the list and give list to charge nurse
- Decide who will carry team pager and when team will meet to round

<u>Admission</u>	<u>AM Handover</u>	<u>Course in Hospital</u>				<u>Discharge</u>	

# Your Course in Hospital

- In AM
  - Know everything you can about the patients assigned to you, they are YOUR PATIENTS
  - Review vitals and blood work (can come in 15min early)
    - What's different from day before? New O2 requirement? Febrile? Why
  - Call all consultants early and order all imaging early
- See **ALL** of your patients, if you're running behind tell your senior/staff
  - See new patients and sick patients first
- **ALL patients** should be seen by rounds – notes don't save lives
- Update dc summaries/sign-out when there's down time

<u>Admission</u>	<u>AM Handover</u>	<u>Course in Hospital</u>				<u>Discharge</u>	

# Your Course in Hospital

- Write a S.O.A.P. Note for each patient everyday
- Subjective
- Objective
- Assessment
- Plan

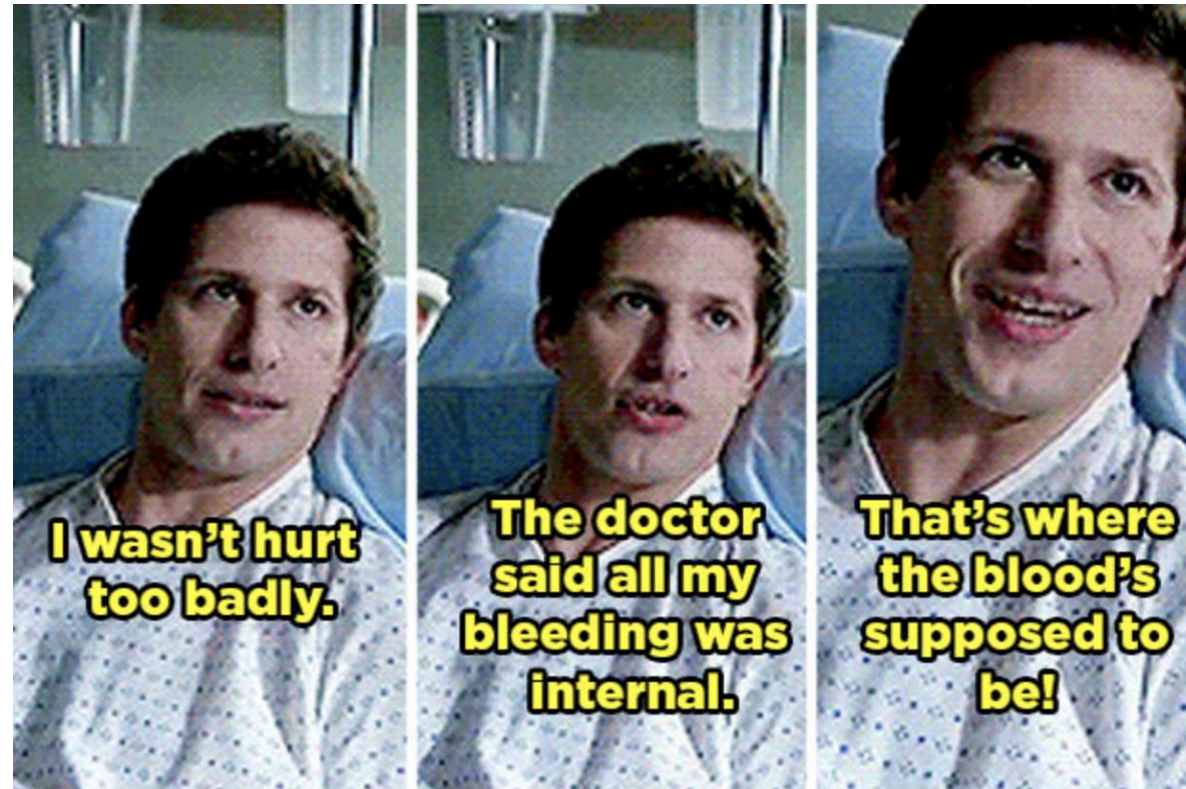
## How to Present a patient at rounds

- ID: “37yoF admitted for heart failure and pneumonia”
- Issues
- 1) Pneumonia
  - Feels SOB improved today, on room air from 2L, step down from IV antibiotics to oral antibiotics for 5 days total
- 2) Heart Failure...

<u>Admission</u>	<u>AM Handover</u>	<u>Course in Hospital</u>				<u>Discharge</u>	

# Your Course in Hospital

- Remind your patients why they're in hospital and what we're doing for them everyday.....you'll be surprised how much they don't know!



# Your Resources:

- Staff
- Senior Resident
- Team Pharmacist
- Charge Nurse
- Bed Side Nurse
- Allied Health – **Progress notes are in SCM**
  - Occupational Therapy (OT)
  - Physiotherapy (PT): Physical Rehab
  - Social Work (SW): Finances, housing,
  - Transition Services (TS): Homecare/Dispo
  - Dietician
  - Speech Language Pathology
  - Addictions

<u>Admission</u>	<u>AM Handover</u>	<u>Course in Hospital</u>				<u>Discharge</u>	

# Your Course in Hospital

- Ensure you are attending teaching
  - Know **your sites** teaching schedule (Embedded in Call Schedule Link)
  - You are expected to attend **ALL** scheduled teaching on the MTU– You are here to learn too!
- Make time to eat, it's important! – there is no scheduled lunch break



# Teaching Schedule Example

## FMC - MTU Internal Medicine On-Call Schedule BLOCK 13 June 4 to June 30, 2019

Yellow team pager: 03658 - Blue team pager: 10540 - Silver team pager: 06383

All Learners arrive on MTU Unit at 0800 - Signover each day 1700 Mon to Fri

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>Week 1</b>	6/3/2019	6/4/2019	6/5/2019	6/6/2019	6/7/2019	6/8/2019	6/9/2019
08:00 - 08:15	Handover	Grand Rounds	Handover	Handover	Handover		
08:15 - 09:00	No AM Report			Pharmacy	Bedside Teaching		
12:00-13:00	MTU Intro		CPC Rounds	IM Half Day	Nephrology		
Mandatory Dates							
<b>26hr Jr Call</b>	Si JR: Quaddoura	Si JR:	Si JR: Quaddoura	Si JR: Kheirkhahrah	Si JR:	Si JR: Choudhary	Si JR:
<b>08:00-10:00</b>	BL JR:	BL JR: Cusano	BL JR:	BL JR: Jun	BL JR: Cusano	BL JR:	BL JR: Cusano
	Ye JR:	Ye JR: Hwang	Ye JR:	Ye JR: Hwang	Ye JR: Koilipiollai	Ye JR: Beland	Ye JR: Koilipiollai
	Ye-C: Howard	Ye-C:	Ye-C: Johnston	Ye-C:	Ye-C:	Ye-C:	Ye-C:
	Bl-C: Cooly	Bl-C:	Bl-C: Schock	Bl-C:	Bl-C:	Bl-C: AIMG Rayos	Bl-C:
	Si -C:	Si -C: Ahmed	Si -C:	Si -C:	Si -C: AIMG Yakimenk	Si -C:	Si -C: AIMG Yakimenk

<u>Admission</u>	<u>AM Handover</u>	<u>Course in Hospital</u>				<u>Discharge</u>	

# Discharge

- Inform patients of dc **day before** so they are not surprised
- Ensure dc summary as complete as can be day before
  - Typed in SCM – Reference admission note if typed
  - CC: Family Doctor and all relevant consultants
  - Medical Reconciliation is **CRITICAL** – what was started/stopped why?

<u>Admission</u>	<u>AM Handover</u>	<u>Course in Hospital</u>				<u>Discharge</u>	

<- Not the goal

# Example of a DC Summary

- ID
- Most Responsible Diagnosis
- Secondary Diagnoses
- Profile
- Home Meds/Allergies
- Social History
- HPI – **Brief!**
- **Course in Hospital**
- **Medication Changes & why**

## Plan

- 1)... 2)....
- Outpatient follow-up
  - Who have they been referred to
  - What appts are scheduled and when?
- Patient Summary (brief)
- Return to hospital if...
- Provide pt with prescriptions & summary

# Being On-Call

- 26-hour shifts, usually 2 weekends
  - leave by **10:00am**
- Make note of sick patients and the team's plans **during rounds**
- Receive updates on sick patients at end of day at sign-out
- **Tell senior about sick patients**
  - Bridge Senior 17:00 – 20:00 (schedule on google link)
  - Nightfloat senior 20:00-08:00
- You will be called by Sr for consults
- You are responsible for **both** team pager (ward) and ED admissions
- You are responsible for **all** patients admitted to your team – Including new ones admitted by the senior!
  - If there is someone who is unfamiliar to you on the list– ASK, you will be expected to tell the AM team about them
- Do your best to manage ward calls - call senior anytime **with plan** if unsure

# Being On-Call

- Ask your senior or Jr residents to show you where the call rooms are
- Bring LOTS of food
- Follow-up on your patients overnight (Hyponatremia, blood pressure)
- Respond to your pages in a timely manner (again make note of all of the pages you received on your handover sheet so you can tell the team in the AM)

# Admitting to Another Team

- A patient you admit may occasionally go to another team
- Present the patient to the other team in the AM
- You will not be expected to go to the bedside to review the patient with the team. You will review only your teams patients at the bedside

# Some FAQ's

- How long should I take per admission?
  - Depends: ~2 hours, if very co-morbid and complicated ~3 hours from start to orders being done
  - Touch base with your senior if you're stuck or struggling
  - You will get faster with time
- How do I call a code?
  - If you are worried a pt is sick **page** your senior/staff right away
    - **Do not text/whatsapp if you are concerned**
  - Do your best to manage the patient in the interim
  - If you feel the patient is too unstable ask the nurses to call a:
    - Code 66 – unstable
    - Code Blue – almost pulseless/pulseless



# Some FAQ's

- How do I access the Call Schedule?
  - MTU Schedule is accessible through google docs
  - The link should have been sent to you in an email
  - Download Excel Sheets app then click link – will automatically open and save to app
  - Can also add to iPhone/Android home screen
  - Email Robbie and MTU Chief ASAP if there is an error or conflict
- How do I access the Teaching Schedule
  - **Embedded** in the call schedule
- How do I provide feedback about the rotation?
  - We take your feedback seriously and you are always kept completely anonymous
  - If concerned, can contact MTU Chief Resident: [Stefana.pancic@ahs.ca](mailto:Stefana.pancic@ahs.ca)

# MTU Chief's Top 10

1. Arrive a bit early (at least on time)
2. Check all patient vitals & bloodwork in the morning
3. Attend all teaching rounds
4. See each patient daily – know as much you can about their history and admission
5. Call Consultants & order imaging early
6. Write a SOAP note on each patient and use patient safety stickers daily
7. Update sign-over and discharge summaries before leaving
8. Follow-up on your overnight admits and new patients that pop up on your list
9. Ask for help, we're a team! Kindness also goes a long way 😊
10. ENJOY LEARNING AMAZING MEDICINE!

# Questions? We're here for you!

MTU Chief

- [Stefana.Pancic@ahs.ca](mailto:Stefana.Pancic@ahs.ca)
- (403) 618-8500
- Pgr #11125

MTU Scheduler:

[Robert.Ovenden@ahs.ca](mailto:Robert.Ovenden@ahs.ca)

