

# BOOT CAMP: ORGANIZATION

# Objectives

- Understand why organization is important
- Understand the different realms in which organization may be important
- How to stay organized day-to-day
- Become more organized when presenting patients
  - Written presentations
  - Oral presentations
- Understand other ways to stay organized in life
  - Calendars
  - Email

# Why is it important to be organized?

- Improved efficiency
- Decreased mistakes
- Improved relationships with co-workers, friends and family
- Improved job satisfaction
- More mental energy
- Reduced stress
- Increased time for activities outside the hospital
- In general a little more work up front to organize yourself means that things will go more smoothly and you'll have more time on the other side

\*Our lives are inherently chaotic\*

# Where is it important to be organized?

- Day to day
  - Morning routine at home
  - Pre-rounding
  - Post-rounding
  - Nightfloat
  - Admissions
- Presentations
  - Oral presentation
  - Written presentation
- Life
  - Schedule
  - Email

What barriers have you  
experienced so far?



**TESTIT, FOUR** 07113866 / 38997121 55y (01-Nov-1961) Male  
Leapfrog 01 Sunshine, Jeffrey Lloyd  
**Allergies:** penicillin, Dust, ... **Care Plan:** Enter instr...  
**Last Ht:** cm () **Last Wt:** kg () **Violence...** **Protocol:** 1234567 name of med **Admit:** 16-Jun-2017 08:12

Patient List | Orders | Results | Documents | Flowsheets | Patient Info | Clinical Summary | CDV | Devices | Patient Handoff | Community Record | Incomplete Items | Timeline

Options Panel

Chart Selection  
 This chart  All available charts

Date Range  
Based on date:  Ordered  Entered  
From: 16-Jun-2017  
To:   
 Retain selections for next patient

Display Format  
By Department

Some orders may not be shown for this chart for order dates from 16-Jun-2017 ; Display Format: **By Department**; Filtered by: **Status/Priority**; Grouped/Sorted by: **Department and Order Date** (0 of 0 selected) [Clear All Selections](#)

No orders match your request

QuickPick Custom

- No Status/Priority Filter
- Orders Pending Review
- 01. Active
- 02. Active PRN
- 03. Active Scheduled
- 04. Cancelled/Discontinued
- 05. Conditional Orders
- 06. Hold Orders
- 07. Pending Results
- 08. Discharge Orders
- Active
- Active Suspend Hold Pend
- CEB PREFS**
- charge
- Charge Filter
- Completed Discontinued
- DiagnosticPendingResults
- Discharge
- Discontinue via Pt Trans
- Hold
- Pending
- Pending MD Verification
- Restraint
- Suspend



**TESTIT, FOUR**  
 Leapfrog 01  
 Allergies: penicillin, Dust, ...  
 Last Ht: cm () Last Wt: kg () Violence...

Sunshine, Jeffrey Lloyd  
 07113866 / 38997121  
 55y (01-Nov-1961) Male

Care Plan: Enter instr...  
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Patient List Orders Results Documents Flowsheets Patient Info Clinical Summary CDV Devices Patient Handoff Community Record Incomplete Items Timeline

Options Panel

Chart Selection  
 This chart  All available charts

Date Range  
 Based on date:  Ordered  Enter  
 From: 16-Jun-2017  
Start of This Chart  
 To:   
 Retain selections for next patient

Display Format  
 By Department

Filters  
 Status/Priority:  
 CEB PREFS

Order Selection:  
 No Order Selection Filter

Department:  
 No Department Filter

Rx Verified:  
 All

Display Styles  
 Group/Sort Orders by:  
 Department and Order Date

Show  
 Visit details  Problem  
 Requested by  Linked s  
 Set/Path details  Pharmac

**Some orders may not be shown for this chart for order dates from 16-Jun-2017 ; Display Format: By Department; Filtered by: Status/Priority; Grouped/Sorted by: Department and Order Date**

(0 of 0 selected)  
[Clear All Selections](#)

No orders match your request

**QuickPick Custom Selection**

Statuses 13 / 58

- Pending MD Verification
- Pending PEDS Cardiology Verifica...
- Pending Verification
- Pending Verification Status 3
- Pending Verification Status 4
- Pending Verification Status 5
- Pending Verification Status 6
- Pending Verification Status 7
- Pending Verification Status 8
- Pending Verification Status 9
- Unsubmitted
- Hold

Priorities 0 / 46

- AM
- Ambulatory Order
- ASAP
- Bedtime
- BLANK
- Breakfast
- Dinner
- Evening Snack
- Event-Based
- Floor to Collect-1st...
- Floor to Collect-Ev...
- Floor to Collect-Mi...

Need Help?

- Custom Selection:
- Pending MD verification
  - Pending verification
  - Hold
  - Pending
  - Scheduled
  - Pending Collection
  - Active
  - Active clinical pathway
  - active master order
  - Collected
  - In Progress
  - Received/Pending Result
  - Prelim REsults

# Morning Routine

- Everyone has their own routine (and I'm not trying to change that 😊)
- Make sure to know where your keys, pager, IDs are
- Leave extra time to get here in the winter
- You **MUST** be here BY 7am for signout



# Pre-rounding

- Pick up your signout **on time**
- Have a system
  - What are your systems?
    - What's working?
    - What's not working?

# Pre-rounding

- Map out patients
- Print a cover sheet and HOTs for the day
  - Add blank pages to the back for the number of admissions that are open for that day
  - Staple it all together
  - Write patient names in top right corner so you can find them easily

# Pre-rounding

- Review EMR
  - Check for consult notes that I might not have seen the day before
  - Clear *\*flagged\** labs (some labs don't make it onto the HOT)
  - Clear *\*flagged\** orders
- Examine patients
- Make check boxes for things that I knew needed to get done that day
  - Check with your senior if you're unsure
- Start notes if possible

# Rounding

- More to come on presenting on rounds later
- Teamwork on rounds
  - If possible, carry a computer around to put in orders for your co-interns
  - If not disruptive, consider calling consults on rounds
- Make a To-Do checklist in the same place every day

# Post-Rounds

- You have heard the C-O-L-D mnemonic before
- As a reminder:

Consults

Orders

Labs

Discharges

Notes...last

- Ask for help!
- Consider updating the hospital course in the discharge profile every few days to make discharge planning and summaries easier

# Sign-Out



<b>I</b>	Illness Severity	<ul style="list-style-type: none"><li>• Stable, “watcher,” unstable</li></ul>
<b>P</b>	Patient Summary	<ul style="list-style-type: none"><li>• Summary statement</li><li>• Events leading up to admission</li><li>• Hospital course</li><li>• Ongoing assessment</li><li>• Plan</li></ul>
<b>A</b>	Action List	<ul style="list-style-type: none"><li>• To do list</li><li>• Time line and ownership</li></ul>
<b>S</b>	Situation Awareness and Contingency Planning	<ul style="list-style-type: none"><li>• Know what’s going on</li><li>• Plan for what might happen</li></ul>
<b>S</b>	Synthesis by Receiver	<ul style="list-style-type: none"><li>• Receiver summarizes what was heard</li><li>• Asks questions</li><li>• Restates key action/to do items</li></ul>

# Nightfloat

- Organization is KEY on nightfloat
  - May be managing 60-70 patients
  - Nurse pages
  - Responding to codes





# Nightfloat

- My nightfloat strategy
  - 4 sheets of paper divided into quadrants by team
    - Each sheet for a different time period (ie 6-9pm, 9pm-MN, MN-3am, 3-7am)

[ ] f/u PM RFP - Replete K	6-9p
Wearn	Naff
Eckel	Carp

# Night Float

- Consider a color coded system
  - Match color of pager to the signouts.

# Admissions

- Have a system
  - Consider writing down the information that you need to get ahead of time
- Make a check list!
  - [ ] Admission orders
  - [ ] Med Rec!!!
  - [ ] Staff with senior
  - [ ] Additional orders
  - [ ] Note
  - ( [ ] Start discharge profile with ADOD)

# Written Presentation

- HPI
  - Chronological
  - Full sentences/paragraphs and punctuation
  - Tell a story
    - This is how you're going to back up your A/P
- Progress Notes
  - Subjective
  - Objective
  - Assessment
  - Plan

# Written Presentation

- Assessment
  - Identification statement
  - Top differential with supporting reasoning
  - Other differentials with supporting (or refuting) reasoning
- Plan
  - By problem (floors) or system (ICUs)
  - Further organization within plan
    - Consults
    - Tests
    - Meds
    - Other

If you need help with organizing your notes, please let us know!  
We're happy to review notes and give tips

# Written Presentation

Mr. S is a 72 yo male presenting with SOB, sputum production and fever. DDX includes PNA, COPD, PE, HFrEF, HFpEF, viral URI, and pulmonary alveolar proteinosis.

VS

Mr. S is a 72 yo male presenting with SOB, sputum production and fever consistent with PNA. Less likely is COPD, although he does have a remote smoking history. He has a resolving AKI. He is currently clinically stable on 2L O2.

# Written Presentation

- Continue vanc/zosyn
- f/u cultures
- Hold Lisinopril
- Regular diet

VS

## #PNA

- Continue vancomycin 1g BID (6/15-)
- Continue zosyn 4.5g q6 hours (6/15-)
- f/u blood cultures
- f/u sputum cultures
- f/u vanc trough on 6/17

## # Resolving AKI

-Holding home Lisinopril. Plan to restart on discharge

...

Diet: regular

DVT ppx: lovenox 40mg SC qd

Code: FULL

Team pager: 3xxxx

# Written Presentation

- Copy forward is GREAT, but you MUST proofread/edit, etc EVERY DAY
- When problems move up or down in relevance to your patient, move them on your list
- Make daily notes/admission notes one of your check boxes
  - When it is done, it is DONE!
    - Unless there is a FACTUAL mistake that you have to go back and fix, leave it



# Oral Presentation

- Subjective: What did the patient tell you
- Objective:
  - Vital signs
  - Physical exam
  - Labs
  - Imaging
- **Assessment**
  - Identification statement
  - Top differential with reasoning
  - Other diagnoses with reasoning
- Plan by problem

# Life

- As the year(s) continue(s), you will likely have more commitments than just strictly clinical duties
  - Research
  - Case reports
  - Journal clubs
  - Step 3
  - Licensing
  - ....ETC
- It pays to be organized from the beginning...trust me!

# Know your schedule ahead of time

- Use AMION to look ahead
- Consider using Google or Outlook calendars to help keep track of important events and call days

# Use Outlook to your Advantage

- Set up retention folders
- Use your task list
- Consider maintaining a zero inbox policy for yourself
  
- How do you do this?

Questions/Comments/Concerns

THANK YOU!