

## **“THE SEVEN SUGGESTIONS” – GOLD MEDICINE**

*(LAST MODIFIED: SEPTEMBER 8, 2011)*

Welcome to the Gold Service! We hope you enjoy the month. We have worked hard to ensure that your educational experience meets your needs in developing into the best doctor you can be.

Below, we provide explicit suggestions – within the context of several themes – for you to strongly consider implementing during the month. Your attending is available to discuss these suggestions in more detail if you would like, as are Drs. Saint, Tremblay and Moseley.

**1) Superb patient care.** The single most important goal is to provide patients with superb care. Specifically, we seek to provide the type of care at the Ann Arbor VAMC that you want your family member to receive. Not only should this care be evidence-based and appropriate, but also compassionate and patient-centric. Superb care not only includes accurate and timely diagnosis and treatment, but also preventing hospital-associated complications (HAC). For example, the latter part of the daily progress note can be titled “Preventing HAC” and include issues such as avoiding infection due to indwelling devices (thus all unnecessary catheters should be removed immediately) and venous thromboembolism (VTE) prevention – most of our patients should receive prophylaxis against VTE unless there is a compelling contraindication. Importantly, “PPI for prophylaxis” should be avoided unless there is evidence that the patient will benefit from proton pump inhibition. The additional information provided below will help you operationalize the goal of providing superb patient care.

**2) Leadership.** The Senior Medical Resident (SMR) is the captain of the ship; your attending is the admiral of the fleet. For those who prefer a business metaphor, the SMR is the CEO of the company while your attending is the Chair of the Board. Importantly, however, the privilege of being in charge means that great responsibility is given to the SMR. Thus, the SMR must keep track of both the overall plan for each patient (e.g., working diagnosis, alternative courses of action, rationale for choosing one treatment over the other) as well as the details necessary to provide high-quality care (e.g., daily lab results, medication list, contact information for family members).

**3) Daily rounds.** It is our expectation that SMR’s lead daily rounds on the patients, along with the attending. For those who like sports metaphors, the SMR does the play-by-play during daily rounds while the attending provides color commentary. Specifically, the interns and students should present to the SMR with the attending only chiming in when necessary (and likely occasionally). The attending will likely focus on making teaching points and pointing out important findings on the physical examination. We envision that interns and students would arrive in the morning (~7 am or sooner) with sufficient time to “pre-round” on their patients (speaking to the patient, physically examining the patient, reviewing nursing and consult notes, labs, and imaging results, reviewing medications, etc) in order to present to the SMR during daily rounds. The SMR will also likely be seeing patients on their own (or at

least reviewing bedside sheets to check on vitals and I's and O's). The daily rounds presentation will be either in an "E-SOAP" framework (**E**vents overnight, **S**ubjective, **O**bjective, **A**ssessment and **P**lan by *problem* (not system)) or an "E-AP" presentation, depending on what your SMR and attending prefers. While your SMR and attending may alter the start of daily rounds, in general, they will likely begin between 8am and 9:30am. Your attending will usually spend time doing teaching and pointing out physical exam findings during rounds. The SMR is expected to attend Morning Report at 10:30 am every day while the attending can then finish rounds, take the rest of the team to radiology to review images, provide a brief (15-20 minute) didactic lecture, or engage in another educational activity. One of the single most important things an SMR will learn this month is how to lead rounds.

**4) Work collaboratively.** In order to provide superb care, it is imperative that we work well with the other members of the healthcare team, such as nurses, physical therapists, social workers, administrators, and consultants. Please make every effort to do so. We expect that your attending will model this type of behavior.

**5) Read about your patients.** It does not matter exactly how much medical material you read, only that you develop the habit of reading something clinically-relevant every day. In general, interns should get in the habit of reading about 7 hours per week (~ 1 hour per day) and SMRs about 14 hours per week. By reading about your patient's diseases and management options, you will be in a stronger position to serve as their advocate. Please share your knowledge with other members of the team during rounds and with other members of the healthcare team (e.g., via your progress notes). To assist with this process we have created a list of "Nifty Fifty" articles for suggested reading. The list can be found on the following website: [www.va-hope.org](http://www.va-hope.org). The website also contains instructions on joining the Gold Service CTools site which provides PDF's of the articles.

**6) Systems thinking.** If there are systems issues that you think should be fixed, please notify your Gold Attending. Ideally, we want you to develop an eye for both identifying and then helping to solve problems that may decrease the quality, safety, or efficiency of patient care.

**7) Communicate with your attending.** While the SMR is the CEO, there are several instances when the attending should be notified. These instances include: a) codes; b) transfers to the ICU; c) an unexpected patient death; d) a possible medical error; or e) occasions where the patient, family, nurse or consulting team has significant concerns about our management plans and decisions. Also, if the SMR or intern has questions or uncertainty about major medical decisions or management, then s/he should call the attending to discuss options and problem solve together.