

Pre-Rounding

Monday-Friday, all patients on the two resident teams must be seen prior to rounds. Team A will round immediately following morning teaching (8-8:15 am) and Team B will round when R2 is has completed all tasks, but no later than 10:15 am.

If a resident (AI, intern, R2 or team leader) has a patient they are primarily covering, then prior to rounds:

- Touch base with nightfloat to learn about any changes with your patients.
- Gather information on vitals, labs, imaging, micro for each patient.
- See and examine each patient. Let them know we will be returning for PFCR (patient-and family-centered rounds) later in the morning.
- Touch base with the bedside nurse for your patients to become aware of any concerns, and to let them know we will be rounding at the bedside later in the morning. Write down the nurse's number, so you can call her prior to PFCR.

Rounds

-When possible, rounds are conducted at the bedside in an effort to increase safety (staff, patient and family are aware of care plan), to increase resident learning (communication is the most important thing you will learn from this month), and to provide better care (when our patients are better informed, everyone wins). PFCR's main goal is to enter into a **partnership** with patients and their families. As such, rounds seek to minimize jargon. Only the important information needs to be called to the attention of the team and presented at the bedside (you do not need to mention that problem #9 is depression and you are continuing their Lexapro unless that is relevant.)

-Prior to entering the room, review with the team if there are any sensitive information/diagnosis that should not be reviewed at the bedside (new pathology results revealing cancer, HIV status, etc). Following this, the resident/intern enters the room, and while performing hand hygiene, reminds the patient that the team is here to round and to gain permission again this morning (remember, you already told them about the process as a part of the admission process!) The team then enters and all perform hand hygiene (this is huge to set the expectation for the patient: lets set a good example!)

-Following this, remind the team *why* we are here. Our data from interviews with patients last summer showed this step was the single biggest predictor of satisfaction with PFCR. *"We are here as a team with you, your family, and your nurse so that we all are on the same page and can take better care of you. We want you to be informed, and we view you and your family as critical members of the team."* Rounds are then conducted, and make sure to validate the nurse attendance by asking them for any specific concerns they might have. PFCR concludes with the *plan of the day*: *"Mr. Jones, in summary, your pneumonia is getting better slowly: today we continue antibiotics and try to get you off the oxygen. No tests are scheduled, and we hope to send you home tomorrow."*

A few notes:

-Rounds should be concluded by 10am.

-PFCR is designed to increase efficiency: learn to control the conversation and remember that it is still a presentation. Do not repeat questions to patients: a chatty patient may need to be told: *"Ms. Jones, those are important concerns you have, but unfortunately during rounds I don't have time to focus on them: I will return later today at XX and discuss them further."* The team in the room does NOT need to hear every detail (especially in H&Ps) work hard to edit this information down to two or three sentences.

-For additional information on Presentations, please review (attached here) "The Oral Presentation: An Overview"

-Use your iphone/iPad/computer to look up labs that weren't back when you were pre-rounding.

-Rounds on weekends are at the direction of the attending who is covering. Please touch base with him/her Friday to make plans.

Post-Rounds

Work for the day is completed, including calling PMDs, family members, and working on DCs, transfers, or any other work that needs to be done.

Checkout is completed PRIOR to noon conference. Please make every attempt to be in the residency office with a plate of food at noon, so teaching can begin on time.