

Team Leader Expectations

Pre-rotation

- Email the team the week before the start date about the schedule and general expectations. There is an email template so please use it, but add to it if needed.
- You will round with the team the day prior to starting. Please assign patients to your team members the afternoon or evening before the start date.

Rotation

- **Morale**
 - Your attitude will determine the mood for each day. Please consider this one of your important jobs in leading a team. In a stressful environment this will take effort on some or most days, but can really determine your success for the month.
 - It can be difficult to balance allowing autonomy and micromanaging your team members. You'll need to determine where you are comfortable in this regard and often involves checking up on details without your team members realizing it.
- **Schedules**
 - You are responsible for making a morning teaching schedule.
 - Please post the attending schedule, teaching schedule, resident clinic and call schedules on 3N and email them to the team members.
 - You are not responsible for logging others' duty hours, but if you are concerned about someone getting close please ask them and make sure no one is over. You should notify an attending or the program director if there is an issue.
- **Education**
 - **Personal learning:** Please use this as an opportunity to truly manage a team of patients as if you are an attending. We want you to make decisions with your team and consult us if needed.
 - **Teaching opportunities:** There are many during any given day (morning teaching, rounds, impromptu). Feel free to share small bits of information you look up about patients, prior knowledge gained, feedback on presentations, etc as you feel comfortable.
 - Please help learners develop a clinical question daily on at least one patient. These should be focused, specific and help team members practice the skill of looking up information for patient care. These are great things to share the next day on rounds!
 - **Feedback:** You will be giving feedback to team members on notes, presentations, PFCR techniques throughout the month. Often your feedback can help residents and students excel above and beyond what is provided by the attending since you have much more time with them.

- Pre-rounds
 - You should check in with night float every morning to make sure there are no acute issues on your team or new patients. A brief description of the new patients may help in distributing patients. They may even have clinical questions on their patients that you can help answer.
 - Please assign the new patients from overnight to a team and copy them to the appropriate team by 7:30am (do not remove from new patient list until post-rounds). If you have questions please call or text an attending on service. If adjustments need to be made to your assignments we will attempt to do this pre-rounds or notify you apart from the team to continue to support your role as leader of the group.
 - Rehab patients: You will round on patients that are transferred to rehab from your team. You can present these to the attending before or after formal rounds (table round).
 - Please review notes (consultants, therapy, SW/CM) on the patients prior to rounds as you are able, especially if team members do not make time for this. These notes help determine the plan and disposition.
 - Please meet with team members to discuss plans prior to rounds. This time is very important in helping build their confidence when they present in the room as well as giving you an opportunity to make clinical decisions prior to the attending presence. Please make this a priority!
 - We often have medical students or other visitors round with us a few days in the month. Please give them a copy of the welcome sheet (posted on the bulletin on 3N) and a printed census.
 - Please prepare for an organized rounds. You should determine the most efficient way to organize both the night float presentations and the team's order of patients. Please determine who is appropriate for "room" vs "table" prior to starting as well.
- Rounds
 - You will give a morning daily brief prior to leaving 3 North. This includes talking about the division of patients, who is in clinic, who is on call, any other issues for the day, etc (see list by 3N computer).
 - You are in charge of directing the organized physical movement of the team through rounds (efficient use of steps, etc).
 - Teaching: Please feel free to teach whether it is brief bedside exam findings, springboarding off the attending's comments, providing feedback on how they did with presentations, or preparing 2-4 min talks about an issue you know is frequently coming up (urinary retention, etc).
 - Please work at anticipating any discharge & transitions of care issues: SW/CM, IV abx, home O2, foley, etc.

- Post-rounds
 - “Run the list”. It helps the team members if you can go through each patients’ to do list after rounds. This is a great time to help guide the learner’s prioritizing of this list as well since they will struggle with what is most important (calling consults, orders, etc).
- Call days
 - Senior notes are required for all first month interns and psych interns. The template is simplified (.ucfmsenior) but should include a complete assessment and plan.
 - Full H&Ps are required for all AIs for billing purposes as well as patient safety.
 - Goals are for the interns to carry 5-6 patients daily but this is not a strict cap. The goal for an R2 is 6-8 patients.
 - Caps for admissions:
 - The Days: 1st mo intern: 1, 2nd mo intern 2, R2 2.
 - Nights: 1st mo intern 3, 2nd mo intern 4, R2 solo 5, w/1st mo intern 6, w/2nd mo intern 7
- Care coordination
 - Please make sure there is a member of the team present at the bedside of patients who are transferring to the ICU, even if it disrupts rounds.
 - Census: Please assign patients to teams by 7:30am if possible. Text or call the attending if you have questions. You can remove patients from the new patient list after rounds. Don’t remove patients from the new patient tab unless they have been staffed with an attending.
 - Please review all COCs, d/c instructions, d/c summaries for each patient. Give feedback as you are able. Please keep track of d/c summaries that need to be completed to make sure they are done within 24h of discharge.
 - You are responsible for ensuring that we are calling PMDs and family members. PMDs are called on admission and discharge (minimum). Family members should be contacted if requested or patient vulnerable (AMS, frail, low health literacy, etc).
 - Please make sure the signout report is updated daily prior to leaving for the day. You should receive feedback weekly from the attending on the verbal and written IPASS handoffs via a wufoo form. Please remind your attending to observe one handoff per week.

Overflow Faculty Service

- The overflow team was created to support residents and protect the educational experience. The overflow service is to be activated only when the patient volume exceeds the ability of the primary teams to safely care for patients, and will be eliminated if the volume falls below that level.
- Please alert the overflow attending during the day if you feel that the admission volume exceeds the ability of the on call team to safely admit and triage patients for the nightfloat. They will help to develop a plan of attack and may help with admissions as

well depending on various factors (i.e. how many residents on days and nights, attending schedules, etc)

- The overflow attending is available to help with admissions or consults that come at difficult times for the resident teams (i.e. during rounds, during conferences). At times, particularly if patient volume is light, these admissions will be triaged and held over for the resident teams to ensure enough learning opportunities for residents.

MIDAS reporting

- See separate how-to form. These are incident reports when you see an error (wrong med, near miss, etc). It is encouraged to fill out these forms as much as possible during the month for continued QI here at TCH. Thanks for your help with modeling and showing the other learners how to be a part of this important process!

Post rotation

- It is optional, but some team leaders organize a dinner or activity post-rotation to decompress and celebrate.
- Please save face sheets for each death on service during the month. At the end of the month please give these to Dr. Boyle. He will help you coordinate sending condolence cards for deaths on service.
- You are responsible for picking a case to present at Patient Safety Conference (PSC). You should pick a case during the month and complete the self-reflection survey within 1-2 weeks of completing the rotation (see website for details).