Time saving tips for Interns

Patient lists

You'll need to print patient lists for ward rounds on most rotations. Some tips for this:

- Ask the outgoing interns what info the team needs on the list. Some teams need the last five days of bloods, others only want 2 days worth. Do you need troponins? FBE? Do you need to have culture results on the list? Use this info to customise your printout for each rotation.
- Some rotations will involve checking if the list on OACIS matches the patient board in the ward. Again, check with the outgoing interns for this
- To print multiple copies, press Print on the main OACIS page, then select Preview. Wait for it to stop flickering, then press Print. Select how many copies you want, and *IMPORTANT* - click Collate Copies. This will save a lot of time!! Once printed, close the dialog box.

Getting ready for rounds

- Get in a bit earlier for rounds than your seniors

If you want to do a half decent job:

- Print off lists, then prepare:
    - Copy across any info from yesterdays list (day post-op, bloods pending, etc)
    - Copy across left over jobs from yesterday

If you REALLY want to impress:

- Flag which day patients are post-op and which op they had
- Flag which pts are likely to be discharged/are being discharged
- Flag which pts had bloods/imaging in for that day
- Flag which pts are on warfarin/gentamicin
- Mark any odd blood results to mention to your senior
- Check the overnight Surg/Medical Taskboard, sorting for your team. You can then see if any pts were seen overnight for problems.

During ward rounds:

- Document in the notes if you can
- Usually there are two interns. One of you grab the obs chart, one of you write things down on your list whilst listening to the boss.
    - Check the drug chart. If it's about to run out, mark this on your sheet to do later
    - Check the fluids – write up more if needed. Write enough for the next 24 hours to save the night guy having to do it!
    - Write on the non-medical sheet – usually need to write what diet the patient is on, etc, for the nursing staff

- On surgical wards, you may not be allowed to write in notes on rounds. If this is the case:
    - Document the obs in shorthand on your list
    - Document any changes to management on your list
    - Document what needs to be done with a check box either side. Check the left hand side box when it's been ordered/right hand side when you've checked the results
    - Mark which pts need bloods/imaging the next day

After ward rounds

- Catch a quick coffee with your offsider and compare notes. Make sure you've got the same list of what needs doing, and divide up the jobs.
- If needed, go back and document in notes. Very quick, because you wrote the obs etc down during rounds!
- Re-write any drug charts etc
- Catch up with the head CNC for the day and hand over.

- Do any outstanding jobs – imaging, etc.
- Clear discharge summaries when you get a chance.
- Go through the blood test/imaging results and deal with any abnormalities. Mark which ones you need to tell your Reg about. Document which pts need bloods tomorrow based on these blood tests.

Towards the end of the day

- Write out blood forms for the next morning and put in request box.
- Check that you and your offsider have both done the jobs needed
- Go through any remaining bloods
- With any difficult/likely to deteriorate patients, write a clear plan for the evening/night people of what should be done if something happens. Also try and call the person to let them know in advance. Eg, "Mr Jones may have further output from his NGT tonight. Please replace it as per protocol, and if it's above 1.5L in two hours, call the on call Reg".

Discharge Summaries

Remember that these are what the consultant sees. You WILL be judged on how you do at clearing discharge summaries! Some tips:

- Surgical summaries can often be started the day the pt arrives, or even from Pre-Ads clinic.
    - Photocopy the summary of the pt in Pre-Ads, and keep in your office. Use this to start the summary when the patient arrives for their elective procedure
    - A lot of info can be obtained from OACIS/EMR – look at the info on imaging requests for some clue as to why the pt came into hospital.
- For long term patients, keep discharge summaries up to date, with a note at the bottom ("Last updated 11th Nov"). This way, when you have to finalise it, it's much quicker. Also helps the next person out….
- Keep your ward lists in a folder. Often you can start a discharge summary based on this info.
- When the night person is presenting a new pt, write down in shorthand the information. Later the same day, you can start the summary even if you don't have the patient's notes in front of you.

Final tip

Use seminars, waiting around time, making phone calls and being stuck on hold, to pre-sign imaging forms and blood forms if your hospital is using paper still. Keep some with you on rounds, and whip one out when you need to do one.