**Teaching Shift Outline**

**Orientation**:

1. Show resident where he/she can put their coat, purse, belongings, food etc. in the staff lounge.
2. Show resident where to sign up for various services / teams on white board
3. Show resident various restrooms
4. Show resident the general structure of the ED ( Main side, fast track, EMS room), patient toilets, fridge (patient food), water fountain, phone the patients can use, language line.
5. Team RF phone, where to find chargers.
6. Introduce them to the attending, senior resident and their nurses, techs, secretary
7. Show where prescriptions print and where they go on the rack
8. Explain Web Exchange and how to page if necessary
9. Show resident how to use PACS
10. Explain their role as a teacher to the students
11. Show them how to get procedure/blood consents, etc.
12. Have them go talk to the senior resident prior to eating lunch, grabbing coffee, leaving the department in general, etc.
13. Show them a pelvic cart and where cultures, wet preps are located
14. All carts in the ED are locked.
15. Long distance code (91- XXX – XXXX - 87165)

**Documentation:**

1. Make sure they have a login & password to cerner and know how to sign up for a pt on tracking board
2. WHAT SHOULD BE COMPLETED IN A POWERNOTE
3. HISTORY (click at least 4 components and make sure they write a note for HPI)
4. ROS (must click on all review of systems are negative or unable to get ROS and reason)
5. PMFSHx
6. PE
7. MEDICAL DECISION MAKING
8. Launch/Insert Order Profile (explain power plans & how to create favorites)
9. Insert LAB Results
10. Document RADIOLOGY RESULTS
11. Document EKG ( at least 3 components)

6. Re-EVALUATION NOTES (CAN REPEAT)

1. Status change
2. Follow up notes
3. Re-evaluation notes
4. Sign out Notes

7. PROCEDURES

8. IMPRESSION

1. DIAGNOSIS
2. CONDITION
3. COUNSELLED PT
4. INSTRUCTIONS (launch instructions from power note)
5. FOLLOW UP (launch follow up same time instructions are done)
6. DISPOSITION (launch from power note)

3. Show them how to look up old EKGs and prior patient visits

4. Importance of updating the comment section on the tracking board (4CT..etc, TR aware @...)

5. When they are ready to discharge the patient they should put up “attending need agreement to discharge”

6. If a medical student document a note, the resident must take over, edit and sign the note.

7. Send all power notes to attending for signature

8. If they are having trouble viewing the correct tracking board they may need to change to an “EM Resident”. These steps will help guide you:

* 1. § open “cerner”
	2. § open “powerchart”
	3. § click on Explore Menu - find it o the organizer toolbar at the top
	4. § double click “main menu”
	5. § click “all clinicians”
	6. § click “change position”
	7. § click “EM resident” (change from resident)
	8. § click Execute >> then you will see a window confirming that position was changed.

**Shift Work**:

1. Don’t let them sign up for a pt if they haven’t seen them (helps senior resident know if they are behind)
2. You should see every patient with them…help them set their pace for ED flow.
3. Explain importance of putting in orders, if they are not sure ask the senior.
4. Explain how to balance between seeing new patients and documenting charts.
5. Have them routinely check in with senior resident to ensure they are not behind
6. Ask for help when behind or need to do a procedure
7. Keep their focus on discharging/dispo patients
8. Discuss with them the important of talking to their patients and nurses prior to discharge or any change in the treatment / dispo plan

**Sign Out**:

1. Explain rule of not signing out pelvic (never) / rectal exams (never) / those procedures that aren’t awaiting something that will take some time.
2. The resident should stop seeing a new patient by the time they sign out but are expected to stay for 1 hour to finish up pending tasks (admitting a patient/ re-evaluate the patient..etc)
3. Making sure all EKGs have been documented
4. Make sure all power notes are complete and signed before they leave the shift

**Dual Shifts**

1. The upper level resident will take over a team like they normally would.
2. The intern and resident should set a battle plan for the start of the shift if there are new patients to be seen.
3. The intern will work primarily independent of the resident but just sign-up for patients on that team. The intern will see, staff, treat, dispo those patients as their primary provider. Residents - this will function like the float PA on the weekends but the intern will only be seeing patients on your team.
4. The interns should not be pulling trauma/medical codes off of the A team.
5. Residents/interns - feel free to check in with each other throughout the shift to see if the intern needs more patients/resident could use some help. Or if everyone is doing alright.
6. The number of patients will depend on the intern/resident and day. We leave it to you to balance this.