

IM Pre-Rounding Information

Must Cover:

- Content of SOAP presentation- ask them to list these so you have an idea of where they are
- Where to find necessary information for pre-rounding, following a template
- Have them go through pre-rounding process with the practice patient
- Video Visits: https://www.youtube.com/watch?v=5kbKdwe_6CU&feature=emb_title
 - Depending on how much time you have, you can show this video
 - Please also be sure to put the link in the chat for students to access at a later time

General Session Outline:

5 min- introduce yourself, give them a quick outline of what you'll be doing

10 min- Log into Practice Environment (have them do this with you so that they can follow along in your explanations)-

15 min- demonstrate useful tabs following a pre-rounding template (here) as a guide

30 min- students practice pre-rounding on a specific patient

15 min- Either in groups or as a larger group, practice translating pre-rounding into a presentation

Can use breakout rooms vs. larger group

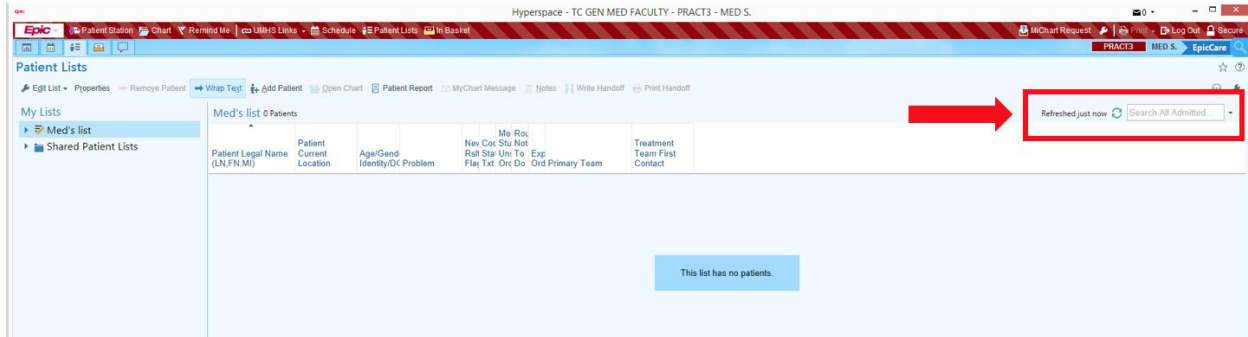
Login: try to have students use different usernames within the range listed below (it will still work if some students use the same log-in but I don't want it to crash if everyone uses the same username)

- **Track A:** MEDSTU01 → MEDSTU15 (ie- MEDSTU01 or MEDSTU02... or MEDSTU15)
- **Track B1:** MEDSTU16 → MEDSTU25 (ie- MEDSTU16 or MEDSTU17... or MEDSTU25)
- **Track B2:** MEDSTU26 → MEDSTU40 (ie- MEDSTU26 or MEDSTU27... or MEDSTU40)
- **Track C:** MEDSTU41 → MEDSTU55 (ie- MEDSTU41 or MEDSTU42... or MEDSTU55)
- Password is **train** for all logins

Context: TC GEN MED RESIDENT

Patient to use: Smitha, Judy (GI Bleed)

- Be sure to go to "lists" and search all admitted patients (you must be in the current admission to view all the flowsheet data)



Pre-Rounding: Feel free to add to this if you know any tricks that are not included!

1. Go through where to find each piece of information
2. Students will “pre-round”
 - After they have collected information, give them the sign out, physical exam and I/Os
 - They should attempt an assessment and plan (although this is not the focus)

SUBJECTIVE:

- Overnight events
 - Nursing Notes
 - Sign Out: from residents, some rotations have a sign out page
 - MAR- did they get meds for overnight events?

OBJECTIVE:

- Vitals: Adult IP Flowsheet, IP Vitals, IP Vitals Graph
- I/Os: IP Flowsheet, I/O
 - NOTE: This patient does not have any I’s and O’s so you can make something up and show them where it is
- Weight (if relevant- important for HF exacerbation): IP Wt, Adult IP Flowsheet
 - NOTE: Not documented for this patient
- PE: obviously they have to see the patient
- Labs: Results review
- Imaging: Results review, Chart Review→ Radiology

ASSESSMENT:

- Remind them that this should be more than repeating the one liner!

PLAN:

- Make sure they know this is by PROBLEM (for most IM services)
- Explain what by system means to demonstrate the difference
- Should know what meds the patient is getting (IP MAR)

INFO THEY WILL NOT FIND IN CHART

Sign Out:

- Large volume hematemesis yesterday PM, transfused 1u PRBC with appropriate response
- Nausea improved this AM
- Mild abdominal pain
- Dizziness resolved

I/O: feel free to change these values

- In: 1.8 L PO intake
- Out: 250 cc emesis, 1.5 L urine

PE:

- If time, have them tell you which exam findings they would look for on the patient/which are relevant
- Findings (feel free to add or subtract as you see fit):
 - Gen: Sitting in bed.
 - HEENT: NCAT. MMM. OP clear.
 - Neck: Supple. No LAD.
 - Chest: CTAB. No w/r/r.
 - Heart: Tachycardic, irregular, no murmurs.
 - Abd: Soft. ND. TTP in the LLQ and mildly in epigastrium. No rebound or guarding. BS present.
 - Ext: No edema. 2+ peripheral pulses.
 - Neuro: Awake, alert. No focal deficits noted.

Additional things you could cover if time allows:

- How to steal a template from other people
- Notes- how to start/share
- Wrench in specialty specific important tabs in MICHART (not the practice environment)
 - **Purpose:** this will allow students to make changes in their own MiChart (so that they stick) without breaking HIPAA
 - [INSTRUCTIONS](#)
- Answer as many questions as you want to about clerkship year in general, if you don't have time, let them know that they can contact their track advisors.