

# Student Responsibilities at Parkland

## Parkland Wards Structure

There will be 6 admitting teams (Teams A-F) consisting of 1 resident and 2 interns.

Day 1 of the **6-day call cycle** will be the “**long call**” admission day. The team can start admitting patients at 7AM until no later than 2AM the following morning. The team can admit up to 7 new admissions and 1 MICU transfer per admission day (8 total admissions). MICU transfers are appropriate patients for medical students to carry.

During the “long call” the on-call interns and medical students for that team will admit new patients up to 7pm and are then expected to work on sign-out and finish orders and H&Ps. The medical students should leave no later than **10PM**. The on-call resident and the night float intern will work on remaining admissions and cross cover for all patients overnight. The team medical students are required to have 8-hours between each scheduled clinic work shifts (ie if student leaves at 10PM they can return no earlier than **6 AM** on the post-call morning; if student leaves 9 PM they can return no earlier than 5AM on the post-call morning).

Day 4 of the 6-day call cycle will be the “**short call**” admission day. The team can start admitting patients at 7 AM until no later than 2 PM on the same day. The team can admit up to 3 new patients and 1 MICU transfer per short call admission day (4 total admissions).

The maximum census for the team in July is 12.

## Typical day

1. Get here early enough to write the SOAP notes on your patients before rounding with the resident.
2. Give a short presentation to the intern/resident about the findings and proposed plan and daily course for the patient. Limit this to less than 2-3 minutes per patient.
3. The teaching attending will round at 10:00AM (after resident report) or may start rounding with students and interns before the resident joins the team. Make sure that you know **everything** about your patients (labs, medications – including routes and dosages, plan, etc.) You should know MORE about your patient than anyone else on the team. Also, read about the medical problems so that you can answer any questions.
4. Attend conferences at noon and the mandatory student conferences. It is your job to communicate the conference schedule ahead of time to your team.
5. Check out with your intern/resident before leaving for the day to see if there are any other tasks to be completed for your patients or the team. Remember that these are also your patients and you should take ownership for them.

## Call Days

1. Pre-round on your patients prior to 7AM and complete your SOAP notes.
2. Your resident will contact you when there is an admission. You may see the patient with your team. We suggest that the student should run the encounter so that you can be observed on your history and physical skills. The housestaff may interject a few key questions and ask you to remain to procure more details regarding HPI, past history, complete medication reconciliation, perform complete physical etc. Let your intern and resident know if you found out new information or other information. Always discuss with them before presenting new findings in front of the attending.
3. You will admit **1-2 patients on short call days (census permitting)** and **2-3 patients on long call days**. Pick one that you want to present and try to do this on your call day. You are expected to document H&Ps on the chart for all patients you admit meaning you **must write at least one H&P on a short call day and at least two H&P's on a long call day**.
4. Students should finish their notes and be ready to **leave by 10PM on long call days**. When leaving after dark, you can call the Department of Public Safety Shuttle Service or you can call an officer to escort you to your car at 214-590-8496.
5. **Post-call rounds after a long call day occur at 7:00AM.**
6. Print out an H&P from your first call cycle and go over it with your attending for feedback. Use the online **MedHub H&P form** as guide for feedback. The attending will submit the form when you complete the feedback. **DO NOT** wait for your attending to ask for the H&P! This is your responsibility to initiate this feedback!

## Conferences/Lectures

Students are excused from clinical duties for the following mandatory conferences.

CONFERENCES & LECTURES		
<b>Radiology Conference</b>	1 <sup>st</sup> and 3 <sup>rd</sup> Wednesday	3:00pm – 4:00pm
<b>Clinical Reasoning</b>	Every Friday ( <i>Tuesdays on week of shelf exam</i> )	12:00pm-1:30pm
<b>GHHS Ethics Session</b>	2 <sup>nd</sup> Wednesday (once/month)	12:00pm-1:00pm
<b>Reflection Rounds</b>	Friday(once/month) see schedule for YOUR assigned date	1:30pm-2:30pm
<b>Physical Diagnosis Rounds</b>	Thursday(once/month) see schedule for YOUR assigned date	1:30pm-3:00pm
<b>Team Oriented Teaching Sessions</b>	1 <sup>st</sup> Monday	9:00am - 12:00pm
	3 <sup>rd</sup> Monday	8:15am – 11:30am
<b>Simulation Session (Didactic &amp; Simulation)</b>	1 <sup>st</sup> or 3 <sup>rd</sup> Monday (once/month) see schedule for assigned date	12:00pm-4:00pm

In addition, students should attend the resident noon conferences and Internal Medicine Grand Rounds on 8AM Friday mornings when not scheduled for another didactic.