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1. You are here to learn. You are responsible for your own learning.

Set 2-3 goals for the month.Ask questions. Try to answer your own question before you ask it, but then let’s talk about it.

Read. Read uptodate (quick management help and interns). Bring in journal articles. Get used to asking questions that need to be researched to be answered.

2. Have integrity.

No lying. Say what you know and what you don’t know. Own your mistakes.

Ask for help. If you knew it all, you wouldn’t be a resident. Or a doctor.

3. Be nice.

Be courteous and helpful in all interactions with other services and nursing staff.

Help other services be accountable when they aren’t being helpful and courteous to you.

Let’s have healthy discussions about patients and their care, but do not argue with your team in

front of families.

The team room, lounge, or my office is a safe place for whatever frustrations you have.

4. Be on time for morning check out, noon conferences, and other residency requirements.

I expect you to be at noon conference, Grand rounds, and other required appointments.

You may have to remind me of the time- that is ok.

5. Be a team player. We are ALL responsible for ALL patients on the team. There is no “that’s not my

patient.” Everyone is responsible for teaching everyone. Be proactive about your patient’s

needs.

6. Call outside hospital for blood culture/lab results prior to rounds. The more information we have, the

better we can care for patients.

7. You should be the person the patient/family identifies as the doctor. You should know everything

first. Wake the families up in the mornings, use a translator if English isn’t their first language-

feel free to see patients as groups (students and residents together) if able.

8. Keep the checkout list updated and include PCP information. Give good handoff to the night team

and don’t leave tasks for them to complete that should have been done during the day.

9. Discharge planning starts at admission. Daily, ask yourself what needs to be done/met for discharge.

Utilize the afternoon SW/CM meetings well and PLAN AHEAD with PHPs, prescriptions, AAPs.

10. Notes should be done before rounds, and if not by rounds, by early/mid afternoon. Discharge

summaries are to be done on the day of discharge. Copy/pasting notes without updating

EVERYTHING is unacceptable and grounds for failing the rotation if occurring repeatedly.

11. Complete discharges early (on rounds if patients are ready). Call consults early in the day. Work to

develop an efficient system of organized patient care that works for YOU.

Dr. DeLeon’s Team goals:: Be on time to checkout. Learn how to critically think about medical management of inpatient pediatric patients, including differential diagnosis; step wise workup, including appropriate lab and radiology studies; treatment; expected outcomes and follow up care.