**For Geri Fellows**

1. A week prior to rotation start Dr. Hess will send you a welcome email. Make sure you reply back to confirm you received it. If you havent, reach out to Dr. Hess or the attending on service.
2. On first day, get there before 8 am to go get your photo ID from the human resources building. This is the same building we went to on orientation week where we went to ask for our badges and they asked us all for ACLS training etc. I have circled it on the map attached and its next to parking lot D.
3. For entering the hospital, if you park in lot D, make sure if you dont have a parking permit on first day, park on the last two floors at the top. When you exit parking lot D, you will walk toward the hospital and on the left side you will see a small entrance where it says employee entrance. You can swipe your badge to the badge reader on the left and there is a security sitting there. Enter, walk down the hall to the end. Make a RIGHT, then youll reach the MAIN ELEVATORS. To find an area to chart go to the 5TH floor.
4. Note for parking, Lot D is often full, so usually at the top, they start having valet parking where you will be given a ticket, dont lose this ticket.
5. Now there is also a little known fact of another area for parking where not too many employee know. Thank you Dr. Wu for letting us know. This parking lot is located on CARSON street across the street from the hospital where it says ALL KIDS DENTAL clinic. These spots are reserved for harbor employees. Just park, cross the street and enter the hospital. It may be tricky finding the main elevators but just ask. In the MAP I ATTACHED, I denoted it by a circle with X.
6. The attending on first day will give you the pager, parking pass and a key. This key can use for employee bathrooms and it can be used to get into the ICUs.

**Places to chart and use computer**

1. Medicine Resident room on 5th floor when get off elevator, its next to the entrance of the 5 west wards.
   1. Door code is 2-4-1
2. 5 East Swing room
   1. get off 5th floor, go down 5 east wards. Once reach the nurse station, make a right, then immediate left to see the 5east swing room noted on the door entrance. There are 4 computers here and its quiet. Usually the computer closest to the printer by the entrance the endocrine team sits there, so sit anywhere else.

**For geri fellows, remember for this rotation you need to do the following before the month ends:**

1. 30 min Lecture presentation on a topic of controversy in geriatric medicine. Ask attending when is a good day to present. Send your list of references by email to the attending who was present for your presentation
2. CEX for communication with PCP
3. CEX for memory evaluation using RUDAS
4. You will after rotation ends receive evaluation through medhub for the residents you worked with

**Curriculum**

1. Attendings will discuss topics each week based on a set curriculum. You can access this curriculum via
   1. MS SHAREPOINT- when you sign onto a county computer, you can see if you have the sharepoint icon on the desktop. If you DONT, then at the bottom left where icon for search is (icon looks like magnifying glass), type ms sharepoint. It will show on the right ms sharepoint collaboration software. Click there and it will take you to a webpage. Click sign in and use your DHS email to sign in (DHS email is usually first initial lastname together .dhs.lacounty.gov)
   2. Then in the top search bar type geriatric PRESS ENTER
   3. in search results youll see GERIATRIC CONSULTS in green color, click that
      1. here you will see the curriculum with articles,etc.
   4. each week there is a theme to the didactics, so see the corresponding seminal articles etc.

**Microsoft TEAMS**

1. This is how we as a team communicate
2. when you sign onto a county computer, find the icon that states microsoft Teams, its a purple icon
3. once it opens click on the chat icon on left
4. to start a new group chat, where it says chat in bold black, to the right of this will be a paper with pencil icon, click that and then search for your team members to create your new group chat
5. **Tip**- fellow should use microsoft teams and create a chatbox and include the attending and residents of the team so that you can communicate with each other throughout the day. At 8 am I would send a text to team via microsoft teams to check in to see if any news overnight or auto consults and to remind everyone of their patient assignments.

**Daily structure**

8am--check in with attending and fellow to see if any new consults and ask what time attending would like to round. Depending on the attending and the day you may round in the morning or in the afternoon. Usually if we rounded in the morning it wouldnt be earlier than 1030am and usually afternoon rounds were after 1pm, latest start was around 2pm. We do walk rounds to see our patients. After rounds, we call our consulting teams and give our recs and finish our notes. The fellow Monday thru Friday is on call between 8 am to 8pm. From 8pm to 8 am the hospitalist overnight will take any consults for us and let us know in the morning. I would always check in as fellow in morning with the attending since sometimes we will get what are called auto-consults. Weekends are off for the residents.

Tues AM or Wed AM-- geri fellow has clinic 8am-12/1pm

Tues PM- residents have didactics

Thurs PM- geri fellow has didactics 2pm-5pm

Friday AM- residents have clinic 8am-12pm, certain Fridays geri fellows have 8am-9am grand rounds or journal club

Saturday- fellow will chart check and see all our patients and write notes and check in with attending to see what time attending would like to round by phone. Fellow covers pager from 8am to 5pm. Please check in with your attending regarding forwarding pager to attending.

Sunday- fellow is off. Attending will cover team and pager

**Patients we get consulted on**

1. auto consults for trauma patients over 65 or surgical patients age 70 plus who screen positive for frailty
2. requested consults by primary services. Those under age 65 years should be seen by gen med consult service
3. orthopedic co-management- preop evals and medical comanagement. We CAN write orders on these patients EXCEPT for anticoagulation. Primary team ortho gets calls from nurses. Sometimes however anesthesia will do preop evals. These patients we need to write a note everyday.
4. patients needing transfer to medicine service from another service. Transfers must occur before 2pm, if after 2 pm, we can do a consult and the next morning page the medicine team for transfer. For these patients document in your note that patient should be transferred to medicine and staffed with attending. I would ask attending and medicine residents on your team the schedule for who is up next for an admission. Get the names of the attendings from both admitting and transfer teams. Transferring team needs attending name in order to put in transfer orders. We can give sign out as well to the medicine team getting patient.

**Opening patient charts and seeing list of geri consult patients**

* when you log onto county computer, click the BLUE icon called POWERCHART
* Click physician handoff worklist
* Click List
* click manage care team lists
* click all facilities
* click service as geriatrics
* click geriatrics HAR consult geriatrics
* click SAVE
* this is how you see the patients on our consult service
* if you get a new consult, you can add a patient by clicking ADD PATIENT on the right

**Seeing patients**

1. New consults- we do a full geriatric assessment. Attending and fellow can guide you through this. I have attached the geriatric assessment for your convenience.
2. ***When you see your patients, try to always have the following information***
   1. type of insurance- usually you can find this when open a patient's chart on the left hand side, click UTILIZATION REVIEW and then click insurance info. This helps guide us in discharge and services available
   2. PCP- good for getting past med hx and med lists
   3. medical spokeperson/caregiver- useful for collateral and if patient cannot make decisions for themselves
   4. orientation question (ask name, place, date, why here)
   5. always do an attention task (ask can you tell me the days of the week backwards starting with Sunday or tell me the months of the year backwards starting with December)
   6. for patients you suspect are delirious, do a CAM assessment, see the attached geriatric assessment to see how to do this
   7. monitor ins and outs, BMs
      1. on the left side of the patient's chart click IVIEW AND I&O
         1. then click the intake and output icon at the bottom
         2. here you can see at the top the 24 hr intake and output, drains, urine output, BMs. Can scroll back to other days to see trend too
   8. can click on documentation, under the display button, click ALL, this way you can see all notes done overnight for patient, including PT and OT evals, nutrition, speech evals, social work notes etc.
   9. If you only want to see doctor notes, click ALL and select all physician notes
   10. Results review on the left is where you can see a bunch of icons
       1. vitals tabs for vitals
       2. diagnostics- for ECG, ECHOs, imaging
       3. labs 7 days vs 18 months to see labs
       4. micro to see cultures
       5. assessments provider view- can scroll to pain section to see PCA info if patient on PCA
       6. assessment provider view- can scroll down to NUTRITION-ADL- to see how much patients are eating each day percentage of their meals
3. Note- I have attached the template you should use for the initial consult. Please save this as a dot phrase, see below on how to make dot phrases.
4. Writing note for new consults
   1. click documentation
   2. click ADD
   3. Type select Geriatric Medicine Consult Note
   4. Title- delete what is already there and can type Geriatric Medicine Initial Consult Note
   5. For note template click free text note
   6. use the initial consult template I have attached here
   7. For those of you not familiar in creating templates or quick phrases/dot phrases, do the following:
      1. after you have clicked the free text note above and the note has opened, click the small icon that looks like two sheets of paper with a red arrow and upright ruler
      2. this will allow you to create any dot phrase you like. I suggest creating ones for things you tend to type a lot, like your signature/name for signing note, etc
      3. Next click the BLUE ADDITION PLUS button at the left
      4. for abbreviation, this is what you like to type in the note to bring up your dot phrases. For example I use ...gericonsultnote. You can do three dots, two dots, one dot, whatever you are used to or like. You write the phrase you want to bring up whatever template or phrases you want.
      5. In the body of the page then you can type your template or anything you want to use for your dot phrase. I would here at least copy and paste the gericonsult template I have attached to this email
      6. click save
      7. then click X to get out of the dot phrase menu
      8. now in the body of the free text note youve created type your dot phrase, for me its ...gericonsultnote
      9. voila ! thats it
5. Writing note for old patients
   1. click documentation
   2. click ADD
   3. type- select geriatric medicine inpt progress note
   4. title- delete what is there and type geriatric medicine inpt progress note
   5. for note template, select progress/soap note
6. For ALL notes make sure after clicking sign, a pop up box comes and you can search for your attending to add them as a co-signer. Once you find their name, click on the "sign" option, not review.
7. Note click SAVE every so often so that your note is getting saved as you type it, in case there is a power outage for some reason.
8. You can click SAVE AND CLOSE if you want to come back to your note later.
9. If you need to edit your notes AFTER you have signed it, right click on your note, click modify and you can highlight and click the strikethrough icon to delete things you want out. Then write your addendum and sign again.

**Useful Numbers/Pager Numbers**

1. Paging
   1. all pagers at Harbor UCLA begin with 310-501- xxxx
   2. Can call from any phone, once you hear the beep beep beep, type in your extension or number you are at, then click pound #
2. Phone numbers
   1. all phone numbers at Harbor UCLA begin with 424-306-xxxx
3. Useful pager numbers and extensions
   1. geri pager- 0840
   2. orthopedics-2304
   3. trauma team A- 2430
   4. trauma team B- 0284
   5. trauma team C- 3604
   6. trauma team D- 0799
   7. SICU- usually I just call extension 64654 (call 424-306-4654 if calling from outside of Harbor)
   8. in person Spanish interpreters- 424-306-8440 to request
   9. phone interpreter- 424-306-6000
      1. press 01 for Spanish
      2. Put the interpreter ID number in your note

**Discharging patients and communication with PCP**

1. KEY to our patients is making sure we communicate with the patient's PCP about this hospital stay, changes to medications, things that need to be followed up on.
2. I have attached a letterhead format you can use for this that the attendings gave us.
3. You will need the PCP's full name to do this and general location or what city they are in
4. In the patient's chart, click COMMUNICATE in the the top middle part of the chart, click the ARROW, then select PROVIDER LETTER
5. Where it says external NPPES, type the name of the PCP by last name, first
6. the results will come up, double click on the PCP -->this will have the name pop up in the below box external recipients
7. click OK
8. Under MODE, click fax, mail or secure email. Generally I clicked fax since the system has the fax number
9. click OK
10. now in the empty box, you can copy and paste the letter to PCP template I have attached
    1. Make sure you are succinct and clear. What I found useful was typing letters such as
       1. these are the following medications stopped:
       2. these are the following medications started:
       3. these are the following items that need workup or follow up:
11. Click browse documents. Here you can attach any notes that you feel are important.
    1. click on the note you want to attach, then make sure you click the box attach full document. Then you can add additional documents if you like
    2. For sure attach initial geri consult note and the last geri note. You can also attach the discharge summary of the primary service, any consultant notes you deem are important and imaging.
    3. click ok
12. To add lab results, click on the ADD RESULTS in the bottom right. Choose what you want, this may take some time to attach
13. Click preview to see how your note will look like
14. then click OK and you are done
15. Just make sure you also right click on the note that now appears in the patient's chart, click FORWARD and make sure you forward to your attending
16. Geri fellows this is the CEX for communication to PCP that we are evaluated on

**Attachments to this email**

1. Geriatric medicine assessment for our new patients
2. Geriatric medicine consult template for your new patient notes
3. Common geri syndromes to consider for your patients in your geri syndromes part of your note , can save this as a dot phrase too
4. letterhead for when you are reaching out to the PCP upon discharge to update them
5. Map of the harbor ucla campus

**End of rotation for geri fellows**

* make sure at the end of the rotation you give signout to the oncoming fellow
* make sure you give the attending the bathroom key, the pager and the parking pass