

IOWA LUTHERAN HOSPITAL FAMILY MEDICINE RESIDENCY PROGRAM

Policy: Medical Staff/Resident Relationships

There are many occasions when residents are expected to work with members of the staff other than the faculty of the Family Medicine Residency Program. These times may occur in any area of the hospital but especially on rotations or on-call in the Emergency, OB and Psychiatric units. The following are some guidelines to be considered, with flexibility of interpretation to each individual case.

A potential source for misunderstanding may arise when a staff member sends a message through intermediaries that he/she would like a resident to see a patient. If this is an urgent request to see a patient, residents should respond and take appropriate action, including life saving measures. Whatever the state of the patient, however, after an appraisal, the resident should communicate any concerns with the physician directly. An exception to this may be when the resident is asked to see a patient as the house officer. Often this is a case (on the psychiatric floor, for example) where the attending staff would like the resident to “eyeball” a patient with a particular problem. The resident should see the patient, write a note, make further recommendations, and order appropriate testing, if needed. In the instance that there is a particular finding that requires further treatment or formal consultation, the resident may leave the communication of events with nursing staff or in the medical record. Such encounters should be staffed with the supervising faculty physician.

Residents are not expected to perform routine histories and physicals unless they are delegated some responsibility in the medical management of the patient. Valuable learning possibilities are present when the physician-in-training works with the experienced practitioner.

The resident should appreciate and take advantage of the opportunity to learn from the members of the medical staff who are, in a sense, donating the patients as well as their own time for the education of the house staff.

A note by the resident should be entered on the patient's chart with the following information:

1. The source of this request and by whom it was delivered.
2. An appraisal of the patient's condition.
3. The action or recommendation made by the resident.
4. Results of the resident's return call to the staff physician. If the physician is not available, this should be specifically recorded.
5. A clear statement conveying the responsibility for further care of the patient.

If the resident has any questions about his/her duties in regard to seeing patients not on the usual teaching services, this should be discussed with the senior resident or supervising Family Medicine faculty