

General Program Policies on Inpatient Service Rotations

1. Lines of Responsibility / Supervision

Inpatient teaching services involve an attending physician, one or more interns and one or more medical students. Attending physicians must oversee all patients on service and be readily accessible to participate in all diagnostic and management decisions. A second or third year resident will be available at all times on site and will assist on call in all decisions regarding admission of patients while supervising and acting as consultant to interns for patients admitted. The intern on service will be primarily responsible for all order writing, daily progress notes and formal completion of the medical record in a timely manner.

2. Order Writing

Residents should write all orders for patients under their care. Medical students may write orders on patients they are following if closely supervised and if the orders are appropriately cosigned by a physician member of the inpatient service team. There should be appropriate dialogue between attending physicians, interns, and residents regarding necessary orders.

3. Duty Hours

Residents will not be asked to regularly perform excessively difficult or prolonged duties. The program will however, insist that all residents recognize the need for continuous adequate patient care coverage and that their obligation to their patient is not automatically discharged at any given hour of day or any particular day of the week. Residents must demonstrate responsibility in signing over their patients to covering residents by assuring that proper care and welfare of their patients is assured when patient responsibility is signed over.

When averaged over four weeks, residents should spend no more than 80 hours per week on patient care duties during their inpatient service rotations. Residents will not be assigned call more than every fourth night and will be granted, on average, at least one day out of seven free of patient care duties.

4. Caseload Limitations

Interns will care for patients with a variety of challenging and sometimes complex problems, but will not be required to assume care of excessive numbers of patients that would jeopardize learning and proper patient care. Interns will not be asked to care for more than five new admissions per admitting day. When the number of admissions to a ward team needs to exceed this number, it is expected that the supervising 2nd and 3rd year resident will assume primary responsibility for these patients. Interns will not be assigned more than eight new patients in any 48 hour period and will not be responsible for the ongoing care of more than 12 patients. Second and third year residents will not be assigned more than 10 new patients per admitting day or more than 16 new patients in a 48 hour period. Second or third year residents will not be responsible for ongoing supervision of more than 24 patients.

5. Procedures

Many procedures and technical skills will be learned and performed while on inpatient service rotations. Required skills to be learned include: breast examination, rectal examination, pelvic examination including PAP smear, basic and advanced cardiopulmonary resuscitation, venous and arterial blood draws, intravenous line placement (peripheral and central), nasogastric intubation, lumbar puncture, abdominal paracentesis, thoracentesis, endotracheal intubation, and knee arthrocentesis procedures. A minimum number of directly supervised, successfully performed procedures must be completed before a resident may perform these procedures with indirect faculty supervision. The resident must still review with faculty plans to perform any invasive procedure prior to performing the procedure.

It is the resident's responsibility to provide documentation of the required number of supervised procedures. A personal log book to collect this information will be provided to each resident.

Please see the accompanying *Procedure Supervision and Documentation Policy* for more details.

Procedure Supervision and Documentation Policy

A minimum number of directly supervised, successfully performed procedures must be documented to fulfill basic procedural skills required for certification by the American Board of Internal Medicine. Once these procedural requirements (under direct supervision) have been met, a resident may perform the procedure independently with indirect faculty supervision. These procedures (performed under indirect faculty supervision) should also be documented. Each resident will be supplied with a procedure log book to document the date, patient name, and medical record number and supervising physician for each required procedure.

The diagnostic and therapeutic procedures that must be documented are listed below. The numbers that must be performed under direct supervision are also indicated:

<u>Procedure</u>	<u>Minimum # Under Direct Supervision</u>
Abdominal paracentesis	3
Arterial puncture for blood gas analysis	5
Arthrocentesis of knee joint	3
Central venous line placement	5
Lumbar puncture	5
Nasogastric intubation	3
Thoracentesis	5
Breast examination	5
Pelvic examination and Pap smear	5
Rectal examination	5
ACLS Training	active certification required

Additional procedural skills can be attained in this training program. A minimum number of directly supervised procedures will be required before a resident is allowed to independently perform these procedures. Personal preference, practice expectations and local delineation of privileges may influence the number of these procedures that each resident may wish to document before completing their residency training.

<u>Procedure</u>	<u>Minimum # Under Direct Supervision</u>
Swan Ganz catheter	5
Flexible sigmoidoscopy	25
Chest tube	3
Endotracheal intubation	3
Temporary cardiac pacemaker	3
Bone marrow	3