

Information Regarding Internal Medicine Ward Call Coverage, IMMC

1. On Call Coverage:
 - Yunker 8 Pulmonary Service
 - Yunker 8 GI Service
 - Yunker 7 General Medicine Service

2. Backup Assistance:
 - a. Private attending physician covering patient that day/night should be primary contact when new questions or concerns arise about one of the teaching service patients.
 - b. Resident on call for ICU/CCU can help on procedural issues or when more immediate assistance with an unstable patient is needed.

3. Specific Duties:
 - a. See problem patients when asked by nurses if patient is on one of the above teaching services.
 - b. Admit new patients to above services (unless those services are full) **when called by Attending Physician who is admitting patient**. You will not be asked to care for more than five admissions in 24 hours or eight admissions in 48 hours.
 - c. Attend **all** codes in hospital except Trauma Calls including “Doctor Needed Immediately” calls.
 - d. Pronounce patients dead and complete “Report of Death” form provided by nurses for all patients on above services.
 - e. On call hours are: 4:30 p.m. to 7:30 a.m. Monday through Friday
7:30 a.m. to following day 7:30 a.m. Saturday & Sunday

4. Important Reminders
 - a. Notify attending physicians of any deaths or significant changes in patient status.
 - b. Notify attending physicians who call with new admissions when you have already reached the cap of 5 admissions in 24 hours or 8 admissions in 48 hours
 - c. Try to obtain autopsy consent on any teaching service patient who dies.
 - d. Notify service/fellow interns promptly the next day regarding any problem patients overnight and any new admissions. Remember to *write the names of these new admissions and problem patients on the erasable boards in the conference rooms* as instructed.
 - e. Be sure to complete all dictations and sign all notes, dictations, and orders by the last day on service. Learn to use the HPF electronic medical record retrieval system which allows completion of medical records from remote sites during and after the rotation. IMMC Medical Records staff will demonstrate proper use of the HPF system.
 - f. IMMC Cafeteria Hours

Breakfast Hours	6 a.m. - 10:00 a.m.
Hot Lunch Line	10:30 a.m. - 1:30 p.m.
Hot Supper Line	4:00 p.m. - 7:30 p.m. (4:00 – 6:00 Sundays)
Late Night Supper	2:00 a.m. – 4:00 a.m. (Monday thru Friday)

5. Problem Areas

- a. **Pronouncing patients on non-teaching services.** Occasionally while on call you may be asked to pronounce patients dead on non-teaching service areas. This is not a requirement or expectation. On occasion you may be willing to **provide this service as a courtesy** but you may request that the attending physician involved contact you directly to ask for your help and to indicate to you the cause of death that should be reported on the "report of death" form provided by nurses. You are certainly able to decline to act if you are busy with other clinical responsibilities.
- b. **There are occasions when an internal medicine resident on call is asked to see or evaluate a non-teaching service patient. This is not an expectation, and in most cases, is not appropriate.** Residents should remind nurses and non-teaching physicians when they call that residency program regulations and hospital malpractice/liability insurance do not allow residents to care for patients not assigned to approved teaching services at IMMC. This **does not refer to emergency or code situations**, where it is appropriate for a resident to assist until the patient's non-teaching attending physician arrives to assume care for the patient. Liability coverage would apply in this type of emergency setting.
- c. There will be occasions when you are asked to admit a teaching service patient to a non-teaching service area (when a bed is not available on Younker 7 or Younker 8). This is appropriate, but those patients are to be transferred to Younker 7 or Younker 8 teaching areas when a bed becomes available.
- d. What to do when uncomfortable with patients status, treatment plans previously discussed and decided on, etc. There will be occasions when you assess patient status and treatment needs differently from the attending physician overseeing that patient's care. You need not be alone in this challenge. You may wish to discuss your concern with the senior resident physician on call in the intensive care unit to seek their input and analysis of the problem. You can suggest to the attending physician that you would like to get formal input and consultation from an appropriate specialist in the area of concern to determine their recommendations for patient evaluation and treatment. You may need to ask the attending physician to return to the hospital to directly evaluate the patient with you when you feel that degree of involvement and assessment is needed.

With regards to the problem areas cited above, these are general guidelines only. Your judgment and diplomacy in dealing with these types of concerns is crucial. If you encounter difficulties, you may contact Dr. William Yost , Director of the Internal Medicine Residency Program, in the residency program office at 241-5995.