TEXAS HEALTH PRESBYTERIAN HOSPITAL DALLAS
INTERNAL MEDICINE
RESIDENTS' HANDBOOK

RESIDENCY WEBSITE

- The website URL is **phdres.caregate.net**
- The residency website contains the following updated information including:
  - Wards/Call schedule
  - Conference schedule
  - Paid Time Off (PTO) form
  - Curriculum
- It is your responsibility to remember the dates you are required to present a conference.

DUTY HOURS

- **All duty hours should be updated on the New Innovations website weekly.**
- **UPDATED duty hours are a requirement for PTO approval**
- Refer to ACGME website for further clarification of duty hours.

START AND END OF ROTATIONS

- Interns start new rotations on the first of each calendar month
- Upper levels switch rotations 5 days before the end of the calendar month

WARDS

- **There are 5 ward teams:** 4 single intern teams and 1 double intern team.
- **Team Assignments:**
  - **Interns** will be assigned to single or double intern teams based on logistics for the month.
  - **Upper-level residents (ULR)** will be assigned to single or double intern teams based on logistics for the month.
- There is no specified minimum or maximum number of single or double intern team months during any academic year. There is also no specified minimum or maximum number of teaching teams one can be on in an academic year.

CALL SCHEDULE

ON CALL	POST CALL	POST POST CALL	PRE PRE CALL	PRE CALL	ON CALL

- Every 5th day your team is on call.
  - If the call shift falls between Sunday -Thursday, the on-call shift hours are from 8:00 a.m. to 9:30 p.m. The following post call day between Monday – Friday, the hours will be from 7:00 a.m. – 5:00 p.m.
  - If the call shift falls on Friday or Saturday, the team will work a 24-hour shift from 8:00 a.m. to 8:00 a.m. the following day plus an additional four hours for transition of care (Total 28-hour shift). The following post call day Saturday and Sunday, the hours will be 8:00 a.m. – 12:00 p.m.
- Upper-level residents (ULR) and interns are equally responsible for patients during duty hours.
- If a resident is unavailable (ex. off, in clinic, etc.), the intern should reach out to any ULR for help
- No vacation is permitted during ward months unless specifically **approved for emergency situations per the discretion of the PD/APD.**
- Interns are not allowed to work alone for two days in a row on wards. If an ULR is off for any reason, then there needs to be coverage if the intern is alone for more than one day.

PRE-CALL - SIGNING OFF PATIENTS

- If the team has an excess number of patients (more than 5) on pre-call day that are expected to be carried over to call day and will limit the ability to admit new patients, then the **ULR** may request to sign off on some patients if there is no ongoing active management.
- It is reasonable to start a call with about 5 patients or less, however, if the team has 3 patients or less there is no reason for the team to sign off patients.

CALL DAY ADMISSIONS

- ULR on a single intern team can carry up to 14 patients at one time.
    - Post Call Day Monday – Friday; HARD cap post-call census of 14 patients
    - Post Call Day Saturday – Sunday; **HARD** cap post-call census of 10 patients
- **Single intern teams:**
    - **On call intern:** Interns can take a maximum of 5 NEW admissions plus 2 transfer patients per call day and may only be responsible for the ongoing care of only 10 patients at any given time.
    - **On call ULR:** Admits the rest of patients to meet the census cap (hard cap 14 on weekday post call vs hard cap 10 on weekend post call when doing 28-hour shifts)
- **Two intern teams:**
    - **On call interns:** Interns can take a maximum of 5 NEW admissions plus 2 transfer patients per call day and may only be responsible for the ongoing care of only 10 patients at any given time.
    - **On call ULR:** Admits at least 10 NEW patients on every call day (maximum 5 with each intern). The maximum number of transfers is 4. The total census for the team cannot exceed 20 patients.
- **Other Admission Considerations:**
    - Resident clinic patients or early readmissions must be accepted unless hard capped. If a clinic patient or a re-admitted patient (discharged within 10 days) comes in after the team is HARD capped, you may NOT admit the patient. Inform the Attending Physician that the call team on the following day will take the patient as a transfer. Inform the ULR who is on call the next day/morning to take over the clinic or re-admit the patient as a transfer.
    - Taking a clinic patient from another team or a re-admit from another team is allowed on post-post-call days.
    - If you are not capped by the end of your shift, you must ask Night float ULR to admit patients of your team (up to two) that you will pick up on the post call morning.
- **Accepting admissions on Call Day:**
    - The ULR MUST accept the first 4-5 patients as they come. This includes transfers admitted to hospital for <48 hours.
    - Do not respond to any Attending Physician messages regarding new admissions before 8 am.
    - If you are offered more than 4 patients by 8 am, accept pts in the following priority order:
        - patients offered by teams A and D teaching Attending Physician must be accepted first (regardless of which team you are on)
        - Pick patients that you deem interesting (regardless of the order they were offered). Try not to pick simple /easy patients.
        - You may decline to accept the rest of the patients. Let the Attending Physician know that you have received too many admissions and are unable to accept more.
    - After 4-5 patients, if the team is too busy or if they are looking for an interesting admission based on the current census, the ULR may decline a new patient.

    - If you are too busy, decline by informing the Attending Physician the length of time it will take to get to the patient they are offering, hence you are temporarily capped.
    - ULR must make all reasonable efforts to admit full quota of patients especially if patients were declined during the day
- **Accepting transfers:**
    - The team may NOT refuse a transfer patient < 48 hours in the hospital if the team has a transfer spot available.
    - Only accept one transfer patient per Attending Physician that is offered before 8am
    - Inform the Associate Program Director/Program Director if any Attending Physicians consistently admit inappropriate patients to the teaching service.
    - If the patient has been in hospital for more than 48 hours, ask the Attending Physician to confirm with the APD/PD first.
- **Workflow for accepting new patients on call days:**
    - ULR receives the admissions and supporting information from the Attending Physicians and will pass the information along to the intern.
    - When getting a new admission:
        - See the patient in a timely manner.
        - If getting multiple patients at once, review their vital signs and interventions in the ED. Prioritize seeing sicker patients rather than on a first come first serve basis.
        - The intern will add 'Teaching Service,' Upper Level, and themself to the "Treatment Team". This is done so that the patient will automatically be added to the "Teaching Service" list which can be accessed by all residents for cross cover purposes.
        - Add "Teaching Flags" by selecting the "THR FYI" tab, then selecting "new flag," and type the following phrase: .imresidencyflag
    - Review the chart (ie incomplete notes, vitals, labs, chart review, care everywhere, etc.) prior to seeing the patient:
    - Evaluate/Interview the patient with or without the ULR:
        - Introduce yourself as part of the teaching service working with the admitting Attending Physician.
    - Update the History tab and Current Medications list.
    - Create assessment and plan. Discuss these with Upper-level Resident **PRIOR** to discussing with the Attending Physician.
    - Checkout with the Attending Physician within 2 hours of receiving the patient.
    - Call consults if needed.
    - Place orders
        - You may enter Full Code status when applicable.
        - Only the Attending Physician enters DNR status. You must, however, get the form signed by the patient/MPOA and inform the Attending Physician. The form must be handed to the RN or unit secretary to scan in the chart,
    - Finish notes and co-sign to the Attending Physician

Day Float Schedule:

- A PGY1 resident on wards who is not on call, post-call, or off provides weekend coverage for post-call teams patients between the hours of 12:00 P.M. – 5:00 P.M on Saturdays and Sundays

Night Float Schedule

- 1 month per year for PGY2 and PGY3
- Will provide overnight coverage for all patients on the teaching census between the hours of 9:00 PM – 8:00 A.M and can admit up to two patients as needed to fill call-team's census. At minimum, the NF resident will admit 2 patients every 3 nights worked.

- Worknights are Sunday – Thursday (Friday and Saturday off).
- Receives checkout between 9:00 PM – 9:30 PM from on-call team. During checkout, it is the Night Float resident's responsibility to ask the Call Team Resident whether the Team is capped.
- Evaluations will be done at the end of the month by Dr. Gill after discussion with the Attending Physicians you worked with overnight.
- If the post-call team is capped and the night float inadvertently admitted a patient overnight, then the call team on the following day must accept that patient.

Checkouts with Attending Physicians on Call Days:

- A checkout by intern OR AN UPDATE FROM ULR is expected within 2 hours of accepting the patient. If ULR is giving an update s/he must provide a reasonable expected time for a detailed checkout while being mindful of the Attending Physician's duty hours.

Wards Cross Cover:

- If an intern goes to see a cross cover patient, s/he MUST update the resident about the patient and proposed plan.
- If this is an acute patient, the ULR must see the cross-cover patient with the intern.
    - Intern must sign the cross-cover note stating that the plan was discussed with ULR.
- If an Attending Physician has to be called on a cross cover patient, the ULR on call MUST have seen the patient before the call is made to the Attending Physician.
    - If discussed with any Attending Physician, make sure it is documented that the Attending Physician was informed.

CODES

- On call team MUST respond to and actively participate in all codes.

POST CALL DAY Monday – Friday

- You are discouraged from leaving the hospital early since this is the time you are expected to make phone calls, educate patients and families, take care of loose ends, and teach medical students. The earliest you can hand off is 3 PM. If you choose to leave early, stay within 10 minutes of the hospital.
- You can forward Vocera messages to the on-call team at 5pm.

POST CALL DAY Saturday - Sunday

- You may accept new patients until 8 AM followed by completing essential tasks for patient care transition (checkouts, notes, calling consults, discharges etc) for next 4 hours (till noon max). **The post-call team must leave the premises by noon.**
- Post call day tasks are expected to be shared by both ULR and intern.
- **Let Attending Physicians know you are post call when paging them for check out.**
- Post call team signs out to Day float from 11:30am - 12:00pm. Day float intern will then crossover post call team patients until 5 pm.
    - Post call team may give hand-off early, but they are not to sign out their Vocera to the DF before Noon.

Role of post call ULR on the day of wards switch:

- If this transition happens on a weekend that the new ULR starts wards, the post call ULR must help the incoming resident with patients in the morning and present in morning report (MR)
- If the transition happens over the weekend, the ULR resident who is switching off is still expected to present in Morning Report on Monday. If you will be moving to ICU or taking PTO on the

following Monday (hence unable to present in MR), you must inform the APD/PD so Morning report may be adjusted accordingly.

Roles of post call interns on the first of the month (IF IT IS A WEEKEND):

- On the first of each month if it is a weekend there will be two interns available to the post call team. Each intern has a role as outlined in the following guidelines:
- **Single intern team**:
    - Intern one: The intern who was on wards during the previous month and has stayed overnight. This intern should round with the intern and help as needed.
    - Intern two: This intern should come in at 7am and will be responsible for his/her patients until 5 PM.
- **Two intern team:**
    - Overnight intern and new intern picking his/her patients follow the same guidelines as above. Both new interns will cover their patients until 5 PM.

NON-CALL DAYS

- The workday starts at 7:00am.
- You are discouraged from leaving the hospital early since this is the time you are expected to make phone calls, educate patients and families, take care of loose ends, and teach students.
- The earliest you may hand off on weekdays is 3 PM **IF** all the routine tasks are taken care of ***AND*** on call team is available (on call team is not expected to entertain handoffs if they are busy). Any pending tasks (e.g following up on imaging results) must be followed up by the primary team until 5 pm. You may forward/sign off Vocera at 5 PM.
- ULR and Intern are expected to work as a team in the afternoon. If any one team member needs to leave early (after taking care of active tasks), the other team member must remain available to take care of patients/tasks and no coverage will be provided. If the other team member is in clinic or on PTO, then the team member needing to leave early should find coverage. Chiefs should be informed any time a Ward Team member will be leaving early or be unavailable to take care of their duties.

WARDS: WEEKENDS

- Non-post call teams are allowed to handoff at 10 AM and forward/sign off VOCERA at Noon (at the earliest) on the weekends **IF** all the routine tasks are taken care of ***AND*** on call team is available (on call team is not expected to entertain handoffs if they are busy). Any pending tasks (e.g following up on imaging results) must be followed up by the primary team till 5pm.
- On call team will only address unexpected situations between noon – 5pm, not pending tasks. The primary team is expected to stay available to the call team until 5pm in case any information is needed.

WARDS: DAILY CHECK-OUTS

- All sign outs between residents/interns (including Day float intern) **must** be done in person.
- Check-outs with an Attending Physician are mostly over the phone.
- Check-outs with Attending Physicians must be completed before noon and preferably before 10.30am. Interns should inform the Attending Physicians if check-out is delayed.
- To check out with an Attending Physician, you will need to page/text the Attending Physician and wait for their call back. Give the Attending Physician 20 minutes before re-paging/re-texting.
- You can text or PMD the Attending Physicians. If you do not have their number, Sound Physicians can be paged via the operator at x8480 (or texted via PMD). For THPG, you can page through www.amion.com with login: thpghmadal.

WARDS: DAILY NOTES

- Notes must be completed by 2pm.
- For the internal medicine residency templates, the dot phrase for the notes all start with .IMRES. The options are IMRES HP, IMRES progress note, IMRES Discharge summary.
- Ensure all notes are accurate with current information, medications, and any other updates. Do NOT rely on copying and pasting without ensuring significant changes that make the notes unique for you and for the date of service

WARDS: CONSULTS

- All consults must be placed as soon as possible. Offices open between 8:00am and 9:00am.

WARDS: PAGING THROUGH VOCERA

- All residents are expected to download and set up the VOCERA app on their smartphone to communicate with nursing staff and answer pages.
- You must attach the appropriate teaching flags for all your patients, so the nursing staff knows how to reach residents
- If you are off it is your other team member's responsibility to update the flags at 7 AM in the morning to reflect this.
- **Signing Out Vocera to Cross Cover Groups/Night float**
    - There are 2 cross cover groups listed under the Call schedule on the IM residency website.
    - Sunday – Thursday All teams will sign out their Vocera to the assigned call team member based on the intern's coverage group at 5 PM. At 9 PM the call team will do handoff and forward their Vocera to the NF resident who will cover the entire teaching service until 7-8AM the following day.
    - Friday – Saturday: Teams may forward Vocera at noon if there are no pending tasks to be done on the patient but need to remain available to the Call Team until 5 PM for any questions. If the Call Team is busy and it is not 5 PM yet, then they may ask the primary resident team to handle pages/see patients on their list until 5 PM. Although Vocera may be forwarded at Noon to the Call Team, the Primary Team must NOT log out of Vocera until 5 PM.
    - On a weekend post-call day, the post call intern for teams A-D will sign out their Vocera to DF no earlier than Noon. For double intern team, long-call interns sign out their Vocera to the short call intern on post-call day.
    - DF (Saturday/Friday will sign out the post-call-intern's Vocera at 5:00pm Saturday-Sunday to the on-call intern/resident based on the **post-call intern's** coverage group listed on the IM residency website.
    - When the intern is off, the ULR will sign out the intern's Vocera to the on-call intern/resident that is in their team's **intern's coverage group.**

DISCHARGING PATIENTS

- Unless there is a medical reason for a delay, discharge orders need to be placed before Noon.
- **Do not place conditional discharge orders with contingencies unless specified by the Attending Physician.**
- Make sure patients have appropriate follow up.
- Once the patient has left the hospital, remove the Teaching Flag and the Treatment Team.
- **Next Site of Care (NSOC):**
    - Discharge to Home/Home with Home Health/Nursing Home/Independent Living/Assisted Living Facility/Hospice is considered a regular discharge.

    - There is no need to print and sign orders on regular discharge orders. Most medications are e-prescribed. Any printed scripts will need to be signed.
    - All other discharges need facility transfer orders.
    - Jackson Rehab is the hospital's inpatient rehab.
    - Other facilities include SNU/SNF/LTAC/other inpatient rehab
- **Facility Transfer Orders (SNU/SNF/LTAC or Inpatient Rehab):**
    - **Jackson Rehab**: Under the Discharge Tab, click on the "Facility Transfer" sub-tab on the top of the discharge orders. You will sign and hold these orders. **No paperwork needs to be printed or signed**.
    - **Other facilities:** Click on the "Mark as facility transfer" from the left-hand column under the discharge tab. You will need to print out the facility transfer orders, check which orders need to be continued, sign and date the transfer orders. Place these signed and dated transfer orders in the patient's chart. Transport is arranged throughout the day so check what time transport is expected to have the orders completed in advance. No prescriptions will print (they are all marked as "facility transfer").
    - Assisted living facilities/independent living facilities do NOT need facility transfer orders.
- **Medications**
    - Confirm the patient's pharmacy before ordering discharge medication. DO NOT rely on previously entered pharmacies.
    - If the patient chooses to use the THD pharmacy, the patient can have their scripts filled and delivered to their room before they leave. Note THD pharmacy is closed on the weekend.
    - Your DEA number is only valid in our facility.
    - Always confirm discharge pain meds with the Attending Physicians.
    - **All controlled scripts have to be ordered by an Attending Physician**. Inform Attending Physicians in a timely manner so they can place these orders.
- **Discharge Summary:**
    - Discharge summaries must be done within 24 hours after the discharge order is placed.
    - The discharge summary must be routed to the patient's PCP (through fax route in EPIC).
    - Ensure the note time is accurate. Do not sign the discharge summary prior to the patient leaving the hospital.
    - Refresh the discharge summary if the Attending Physician has sent a script.
- **Billing/Documentation/EPIC Inbox/Queries:**
    - Address EPIC inbox notifications and queries within 24 hours.
    - If your note is already attested, write a progress note to address the billing query.
    - DO NOT edit your note after it is attested as this will remove the attested status.

TEACHING ROUNDS

- Teaching Attending Physicians and meeting rooms can be found using the residency website. On the main IM residency page, go to Conferences and Calendars -> Attending Physician Physicians. You can also find the teaching Attending Physicians on the Wards/Call Schedule on the IM residency website.
- Teams A and D have a Sound Physicians hospitalist as the teaching Attending Physicians. Teaching on teams A and D is focused/based on patient care. The teaching plan/schedule is made and discussed at the beginning of each month by one of the teaching Attending Physicians. Post call day morning checkout is either bedside rounding or table checkout.
- For teams B, C, and E, Teaching Rounds are typically held Monday, Wednesday, and Friday between 10:30am to 12:00pm. The ULRs are encouraged to discuss the teaching schedule for the whole month on the first day.
- Expect feedback during and at the end of the month.

EMERGENCY COVERAGE DURING WARDS

- In case of an emergency that precludes you from performing clinical duties or you feel you are unable to perform your duties for any reason (ie fatigued, etc), inform the Chief Residents and APD (and/or PD) as soon as possible.
- Chief residents will try to find coverage voluntarily first. However, if it does not work out, they will follow our residency program policy and residents/ interns on electives who are not on PTO will be randomly assigned into wards for emergency coverage.
- The resident on emergency leave must "pay back" and make up for the days that they missed.
- **If only one day needs to be paid back, it cannot be post call day.**
- When the covering resident is being paid back, S/he MUST go back to the original rotation to make-up the missed days. THIS IS NOT TIME OFF.

Day Float Emergency Coverage:

  - If a DF intern calls in due to an emergency, the DF coverage should be provided by an intern on wards first and if not possible then find an intern on an elective. We will follow the same policy as above to ask for volunteers. If we cannot find volunteers, then we will follow the policy and randomly assign one of the available interns on electives and not on PTO.
- Residents cannot use their ambulatory month to pay back their coverage.
- When paying back, residents must work the required number of days to get credit for their rotation (see PTO policy for requirement) ***.

CONTINUITY CLINIC DURING WARDS

- You are expected to be in the clinic on your scheduled clinic day.
- Verify in advance that you are not scheduled for patients on your on-call/post-call/day off just in case you are accidentally scheduled for patients. Scheduling errors can happen, and these are real patients so be vigilant.
- To ensure that residents have at least three clinic days in a month and do not miss clinic days more than 3 weeks at stretch, they will be assigned Make up clinic days. This is designated as "MU" on the call schedule.
- If you are in clinic and your other team member is off, it is the Call team's responsibility to provide coverage on your patients while you are in clinic in the event of an emergency.

MEDICAL STUDENTS

- Medical students may be assigned to your team. Include them in discussions and decision-making (as appropriate).
- Review medical student expectations prior to working with them.
  - should write at least 2 full History and Physicals per call day that must be reviewed by the ULR
  - may follow up to 3-5 patients and are required to write progress notes daily
  - should pre-round (chart check and evaluate their patients) prior to rounding with their interns and upper levels (or Attending Physicians).
  - should be prepared to give summaries in SOAP format to their interns/upper levels or Attending Physicians
  - are required to wear their name badge, clean white coat, closed toed shoes and dress professionally
- It is primarily the upper level's responsibility to teach and include the medical student in daily rounding, discussions, and teaching opportunities as they present themselves. Interns are expected to do the same.

ELECTIVE ROTATIONS

- Only one resident per rotation unless otherwise approved
- Stay cognizant of the requirements for categorical residents as this is your responsibility to ensure completion of all required electives.
- **DO NOT DELAY** required electives to the last months as unforeseen circumstances may impact these and delay your graduation.
- You must complete the following rotations to graduate:
    - 1 month of Ambulatory Medicine
    - 1 month of Infectious Diseases
    - 1 month of Cardiology
    - 1 month of Nephrology
    - 1 month of Endocrinology
    - 1 month of Neurology
    - 1 month of Gastroenterology
    - 1 month of Pulmonary Medicine
    - 1 month of Geriatrics
    - 1 month of Rheumatology
    - 1 month of Hematology-Oncology
    - 1 month of Pain, Palliative and Addiction
- You must come to ALL the scheduled conferences while on elective rotations (see discussion on conferences).
- Categorical Residents will have their continuity clinic on their scheduled day. Categorical Residents are required to notify the elective physician they are working with of the days of their clinic at the beginning of the rotation.
- **Contact the Attending Physician/office at least two weeks prior to starting the rotation** to introduce yourself, determine what time you should arrive and where the office is located. Send a second reminder about a week ahead of the start date.
- Refer to the laminated reference card for updated phone numbers:
    - **Ambulatory Clinic:** Let Sonya Thompson or Katherine Dodds know the exact dates you are on rotation so that she may start scheduling patients for you.
    - **Cardiology:** Presbyterian Heart and Vascular Group – Dr Carter King and Peter Kunkel
    - **Dermatology:** Dr. J Foshee
    - **Emergency Medicine:** Dr. Ramano Sprueil
    - **Endocrinology:** Endocrine Associates of Dallas – Dr. Jamie Weibel
    - **Gastroenterology:** UT Southwestern Gastroenterology- Dr. Rekha Reddy
    - **Hematology/Oncology:** Texas Oncology – Dr. Kristi McIntyre
    - **Neurology:** Neurology Consultants of Dallas – Dr. Samir Shah
    - **Infectious Disease:** Infectious Care – Connie Alonzo and Dr Allison Liddel
    - **Pulmonology:** Southwest Pulmonary Associates – Dr Rebecca Doebele and Jordan Wood, PA
    - **Renal:** Dallas Nephrology Associates – Dr. Jasmeet Gill
    - **Rheumatology:** Rheumatology Associates – Dr. Stanley Cohen
    - **Hospitalist:** Sound Physicians – Dr. Rahul Gill
    - **Radiology:** Dr. Noah Appel

Elective Choices

Ambulatory****	**Infectious Disease**
Dermatology**	**Cardiology**
Research	**Nephrology*****
Hospitalist	**Endocrinology**
Neuro ICU	**Palliative**
Radiology	**Neurology**

PM&R*	**Gastroenterology**
Away Rotation***	**Pulmonology**
Private Practice	**Geriatrics********
Rheumatology	**Hematology/Oncology**

*** PM&R for prelims only unless express permission is obtained.**
****For Dermatology, reach out to Dr. Foshee two months prior to starting the rotation to make sure she is not on leave.**
*****Prelims may not participate in the nephrology rotation**
******Ambulatory and Geriatrics are only PGY2 or PGY3 rotations**
******* Discuss with PD prior to scheduling for the upcoming academic year**

ROTATION CHANGES

- Any rotation changes or switch request over two weeks in advance can be approved by chiefs.
- Rotation changes or switch within two weeks must be approved by APD or PD.
- All pertinent Attending Physicians must be informed of rotation change or switch.
- Do not approach an Attending Physician regarding approval for rotation before talking to chiefs or APD. This behavior puts undue pressure on Attending Physicians.
- If you need to change elective rotations, determine an alternate in advance.
- If you need to switch with another resident, it is your responsibility to work out the change. Availability of an alternative or agreement of switching resident does not mean the change will be approved.

PAID TIME OFF

- You are allowed 20 days of paid time off for purposes including vacation and **sick leave**.
- Up to 5 days of vacation is permitted during full one-month elective rotations and not during a combined elective (2 weeks of two separate electives in one month). Residents must do 14 days in each elective and may take PTO for extra days beyond that
- Categorical residents may only miss 1 clinic day during each elective while on PTO.
- Review the conference schedule in advance. If you are scheduled for a conference during your vacation, you will need to find a replacement well in advance.
- In addition, PGY-2 and PGY-3 will be given an additional three (3) days per year **exclusively** for interviewing for fellowships and MUST be approved by PD beforehand. If you take these during a month you have taken PTO, you must ensure you have 14 workdays still scheduled to receive credit for the rotation.

PTO Form Submission:

- Have these requests completed at least two weeks prior to the planned vacation. Do not purchase any airline tickets or make firm travel plans until your PTO has been approved.
- Download the PTO form from the residency website.
- Categorical interns and ULRs must have the vacation (PTO forms) signed by the clinic first.
- Everyone must have the form electronically verified by the elective Attending Physician (E-mail) and approved by APD.
- For ULRs completing K drive admission entry is a prerequisite for PTO approval.
- For all residents (ULR and interns) completing pending evaluations and ensuring charts/work hours are uptodate is a prerequisite for PTO approval.
- All residents must keep an accurate tally of requested/available PTOs.
- **Any time taken off must be reported to the program** even if it is approved by supervising subspecialty Attending Physician. PTO forms are expected to be filled for any time off taken. Failure to do so will lead to extension of residency to make up for the lost time.

- ***** Unapproved days off allowed by subspeciality Attending Physician count as "study day." On these days, you are expected to attend conferences (MR, noon conf etc) and remain available for any emergency coverage as needed. *****

Sick Leave:

- You must notify the chief residents, Residency Coordinator, your elective Attending Physician and APD as soon as possible and fill out a PTO form when able.
- If on wards or ICU, notify the chief residents immediately

CONFERENCES

- If you have questions regarding the requirements/recommendations for your conference, contact an upper-level resident for an example of past presentations.
- **It is the individual resident's responsibility to review the conference schedule and prepare for the presentation.**
- **If you take a vacation or cannot give the presentation on the specified date, it is your responsibility to find a replacement.**
- CPC conference presentations must be emailed to the chief resident(s) for review and then to the program director before being sent to the discussant. This needs to be done in an appropriate time frame to give everyone enough time to review
- Since the noon conference schedule for the entire year is set up ahead of time while the call schedule is made only 3 months ahead of time, there may be times when you find yourself scheduled to present a noon conference on your "on call" or "post call" days. As patient care must take precedence, **YOU ARE NOT ALLOWED TO PRESENT NOON CONFERENCE ON YOUR CALL DAY. IT IS YOUR RESPONSIBILITY TO ENSURE THAT YOU EXCHANGE YOUR CONFERENCE WITH SOMEONE ELSE IF YOU FIND YOURSELF IN SUCH A SITUATION.**

NOON CONFERENCE ATTENDANCE

- Conference attendance is an integral part of the internship and residency program. A 3-year curriculum has been created to cover a wide range of internal medicine topics.
- All residents are expected to attend the following conferences:
    - Didactic lectures: Noon on Mon, Tues, Thurs, Fri.
    - Update in Internal Medicine/Grand Rounds: Noon on Wed (currently virtual).
    - Upper-level Residents on wards are required to attend Morning Report at 9AM, Mon-Fri.
    - Interns are also expected to attend the interns conference at 11AM on Tuesday.
- Conference attendance is documented in your permanent record as a major component for professionalism and commitment.
- You may not sign into conference if you are 5 minutes or more late.
- Poor attendance will reflect on evaluations.
- Acceptable reasons for missing conferences include PTO, a critically ill patient, Night float, or as approved by APD/PD.

CONFERENCE FORMAT GUIDELINES

- **Review the conference topics document on the K drive to ensure you do not repeat the topics or the journal article already presented.**
- **Journal Club** (2 per year): This should be on a recent article published in a reputable journal (e.g. NEJM, JAMA, Circulation etc.) within the last 12 months (preferably 6 months) and preferably a randomized, controlled trial. DO NOT present phase 1 or 2 studies.
- DO NOT add more than 2-3 slides for introduction. Follow the format of the article:
    - Study design
    - Endpoints

    - Inclusion/Exclusion criteria
    - Baseline characteristics even between groups
    - Statistics
    - Strengths and weaknesses
    - Duration: 20-25 minutes
- **Potpourri** (2 per year): Choose an interesting case you have seen, and that no other resident or intern has already presented. Avoid topics that have been presented already.
    - Pertinent H & P
    - Pertinent labs
    - Pertinent imaging
    - Discussion of the differentials
    - Discussion of the disease/condition
    - Duration: 20-25 minutes
- **Resident's Conference / Safety Story.** (1 during PGY1 and PGY3 years and two during PGY2): Discussion of a topic of your choosing that must be relevant to internal medicine. Avoid topics that have been presented already.
    - Can be a specific condition or group of disorders
    - Discuss pathophysiology, presentation, treatment, etc.
    - You can use a vignette
    - Feel free to be creative but the topic must be relevant to IM
    - Duration: 45-50 minutes
    - Must present a safety story at the beginning of the conference.
- **CPC Clinical Pathological Conference / Safety Story** (1 per year for PGY3s only): Residents involved in patient care present cases to expert discussants who are unaware of the patient's diagnosis. That expert then takes the audience through a discussion of the case to determine a diagnosis. This is held with the Departments of Radiology and Pathology. CPC topics will be chosen and reviewed by the Chief residents and PD. Prepare the presentation ahead of time as it must be edited by the Chiefs and PD.
    - Duration:
        - Resident: 15 minutes
        - Radiologist: 5 minutes
        - Pathologist: 10 minutes
        - Discussant: 25-30 minutes
        - Resident: 5 minutes
    - Must present safety story at beginning of conference.
- **Intern's Conference**: Present a full H & P of an interesting case which has not been presented already. This is from 11 AM- 12 PM in the morning report room every Tuesday.
    - If you are the designated intern and take PTO, you may switch with another intern. The designated intern must be present at least twice.
    - All interns are EXPECTED to attend regardless of the rotation. The only exceptions are if you are on call, post call, off, ICU or taking care of an unstable patient.
- **Patient Safety and Quality Improvement Conferences**
    - **M&M** (1 per year, only for PGY2/3): M&M conferences involve the analysis of adverse outcomes in patient care through peer review. The objectives of a well-run M&M conference are to identify adverse outcomes associated with medical error, to modify behavior and judgment based on previous experiences, and to prevent repetition of errors leading to complications. Conferences are non-punitive and focus on the goal of improved patient care. The presentation includes:
        - Patient's history and physical
        - Laboratory data
        - Pertinent imaging
        - Pathology materials

- Adverse outcomes
- Root cause analysis and cognitive error
- Tools to prevent such errors and learning objectives
- Duration: 45-50 minutes

CATEGORICAL REQUIREMENTS

- **Categorical interns MUST complete STEP 3 prior to becoming a PGY2 resident.**

PROCEDURES

- Procedure requirements for categorical residents include:
  - 5 Pap Smears and/or Pelvic Exams (Ambulatory Clinic)
  - 5 Code Blues (Wards and/or ICU)
  - 5 Peripheral IV Insertions (ER rotation)
- Do not wait until the last month of your third year to complete these. You may also be certified in other procedures such as intubations, central line insertions, lumbar punctures, etc. if you complete five of each and are signed off on these procedures.

RESEARCH/SCHOLARLY ACTIVITY REQUIREMENTS

- All categorical residents are required to meet the research/scholarly activity requirement for graduation.
- Categorical resident **must complete at least one**:
  - Acceptance of abstract or Poster presentation at an ACP or national conference
  - Published research/case presentation article
  - Qualifying Quality Improvement Project
- Before any publication or presentation submission, inform the APD or PD in a timely fashion.
- If the expectation is for the program to pay for publishing a paper or for presentation at a conference than the APD or PD are to be included in the activity
- PGY1s are excluded from working on research/scholarly activity for the first 6 months of residency to focus on clinical work
- For research activities initiated before starting residency.
  - You will need to get approval from PD or APD to continue working on the project during residency.
  - It cannot interfere with clinical activities or performance
  - PD and APD will not need to be included in the research authorship.
  - Program will not sponsor or pay for this scholarly activity

During the three years of residency, categorical residents **must p**articipate in the following committees for 3 months and attend at least two monthly meetings**:**

- IPAC (Inpatient Physician advisory committee)
- **Plus** 2 of these 3 committees
  - Peer review
  - Sepsis
  - QIPSC (Quality improvement and patient safety)
- AND participate in at least one Root cause analysis project
- AND present a safety story prior to starting residents conference during noon conference
- AND present two Mortality and morbidity conferences

EVALUATIONS

- www.newinnovations.com

- You will receive regular emails regarding updating your duty hours and completing evaluations for Attending Physicians and your fellow residents. Stay up to date on these and do not let them lapse.
- You will be evaluated every month, and you will be evaluated by others (team members, Attending Physicians) every month.
- You are required to submit an evaluation form to any Attending Physician that you have worked with for 7 days or more during a rotation. Complete evaluations promptly.
- **All pending evaluations must be completed as a prerequisite for PTO approval.**

Continuity Clinic Rules

- Categorical residents are assigned a clinic day. This will be your clinic day for all three years in residency.
- Clinic hours are 1:00pm - 5:00pm.
- It is the resident's responsibility to make sure they are Attending Physician three clinic days a month.
- When on wards, you may be assigned a "Make Up Clinic" depending on your schedule. It is denoted on the call calendar as "MU".
- You will not be expected to see patients in the clinic on days when you are on-call, post-call, or on PTO/NF.
- It is the resident's responsibility to check their clinic schedules to make sure no patients are scheduled for them on a PTO, on Call, or post call day. If you see that you have patients scheduled on those days, alert the clinic staff immediately to correct the error.
- Interns are required to check out every patient to their clinic Attending Physician before seeing the next patient. Upper levels, as allowed, will check out all new patients to their Attending Physician.
- New patients are usually assigned a 1-hour time slot. Some unique patients (e.g. non-English speaking patients or overly complicated patients) may be assigned a longer time slot upon request.
- Become familiar with the "Dot" and "Flag" systems. You will need to use both while you are in the clinic. It is also helpful to tell the RNs/MAs when you have finished with a patient:
    - Blue = Patient in waiting room
    - White = Nurse is in the room with the patient
    - Green = Ready for doctor
    - Yellow = Doctor is with the patient
    - Red = Patient needs a blood draw
    - Black = Patient is ready for discharge
- If you have seen all your patients, you may leave at 3:30 PM after checking with the office staff and your supervising physician.
- Prior to leaving the clinic, make sure you have done the following:
    - Leave all laptops plugged in.
    - Log out completely from each workstation.
    - Check with the front staff and medical assistants for any last-minute questions.
    - Make sure all paper documents are signed and given to MA for processing.
- Once you leave the clinic on your clinic day, answer pages from the clinic within 20 minutes. DO NOT LEAVE BEFORE YOUR PATIENT HAS LEFT THE OFFICE.
- All interns are expected to complete their notes in the office prior to leaving.
- **Do not leave the hospital campus within clinic hours as you may be asked to come back and see a patient.**

Clinic Labs

- If a lab is to be performed by clinic nurses, be sure to choose the option that is labeled “THPG” when placing lab orders. A special code is entered into the Charge Capture subtab under Wrap-Up for billing purposes (36415). Make sure to insert the Clinic Attending Physician’s name into the order under Billing Provider.
- Clinic nurses will draw blood only up until 4:15 PM, afterwards the patient will have to go to Quest Diagnostics on the 3rd floor for blood draws. Patients without insurance will have to go Quest Diagnostics as well.
- All labs must be ordered and drawn before 4 PM.

Clinic Imaging

- For imaging orders, choose the orders labeled “Hospital Rad”. In the order, choosing THD RAD DIAGNOSTIC will send the imaging order to Presbyterian Hospital’s radiology clinic where most patients will want to get their imaging done. Select an Expected Date and Expiration for the order as shown below. Also select a Reason for the imaging order.
- Do not use a "V" or "Z" codes associated with certain orders, including "Healthcare Maintenance," "Annual Visit" or "Well Woman Exam" on your Medicare patients. Find some other code, i.e. "Hypertension" as the visit diagnosis even if you are just performing a well woman exam.

Notes:

- **Notes should be completed by the end of the day. Please put in notes for sick patients ASAP.**
- When you are done with the note, select Sign on Saving Note at the bottom of the note writer module and then click Accept. You can addend clinic notes up until the Attending Physician signs them.
- DO NOT COPY AND PASTE NOTES.

Check Out:

- Interns are required to check out every patient to their clinic Attending Physician before seeing the next patient.
- Upper levels, as allowed, will check out all new patients to their Attending Physician. Old patients may need to be checked out if the ULR has questions or if the patient is sick.

Follow Up:

- You must set follow up for patients prior to discharging them from their visit.
- New patients are assigned a 1-hour time slot. If you need longer for some patients (i.e., non-English speaking patients or complicated patients) denote that in the LOS section for their next appointment.

Mail Baskets:

- You have a mail basket in the clinic’s resident lounge. Any patient’s paperwork that needs to be completed will be put in these baskets.
- These forms should be completed within 2 weeks so check them regularly.
- If you are going to take paperwork out of the clinic, then make sure to make a copy to leave in your basket so that nothing gets lost.
- Review all paperwork with the attending and after filling out the paperwork, give it to one of the nurses for faxing, documentation in the patient's chart, etc.
- Make sure to initial at the bottom of the paperwork so that the nurses are aware you have seen and completed the paperwork.

Communication with Patients:

- Patients who have lab studies performed will usually have results back within 1 week.
- Once results are back, you should call the patient to inform them of their lab/imaging results and what actions you plan to take based on the results. You can discuss the results and your plan with the Clinic Attending Physician. Be sure you document this as a brief note.
- When you call a patient, you should document the discussion. Go to the chart of the patient while in the THPADS context and choose **Telephone Call** at the top. You can also click on **Encounter** instead and select *Telephone Call*. Select the patient whose chart you are documenting in and click on the New button to open a new page where you will document the following: In-going or Out-going call, Reason for the call, and a brief description of the call.
- All patients must be called with their lab results in a timely manner.

Prescription Refills:

- Forward your prescription refills to the nurses' pool "**AMB THPADS MA/NURSES POOL [4011111183]".** This is the only way they will know you have addressed the refill request.
- **Do not assume the medical assistants or nurses requested the correct prescription dose and amount. It is your responsibility to check the chart first prior to approving the prescriptions.**
- Refills must be approved or rejected within 24 hours. If a refill, message, or lab result comes to your inbox that does not belong to you, forward it to the correct physician.

Scheduling for Blood Draws:

- If you wish to schedule a patient to visit the clinic for just a blood draw and not a full visit, make sure to route the telephone encounter to the nursing pool so that they are aware and can schedule the patient. You will not have to see the patient during this brief visit, a nurse will just draw their blood for the lab orders you specified.
- Visits for blood draws can be scheduled from Tuesday-Thursday, 9:30-10:30AM and 1:30-2:30PM. If they cannot visit during any of these times, lab orders can be sent to a Quest Diagnostics facility.

PTO Clinic Considerations

- Remember that you must get the clinic staff to approve your PTO request 2 WEEKS before you plan to take the time off.

Out of Office Function:

- Find an ULR to forward your EPIC inbox to while you are on PTO so that important results and messages are not missed

Laptops:

- You must sign in and out the laptops. You must plug them in when you are finished with them.

DRESS CODE

- Appropriate scrubs are acceptable on wards/ICU but not mix and match T shirts/lowers or logos of other facilities. Your name badge must always be visible.

IMPORTANT CONTACT INFORMATION

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Hours of Operation: 8:30 a.m. to 5 p.m.

Location: Main Building - Ground Floor