
PURPOSE To assure the safe, efficient and excellent care of the patient admitted to the teaching service.

SCOPE Applies to all interns and residents (hereafter all will be referred to as trainees) in the Internal Medicine training program on the Texas Health Presbyterian Hospital Dallas campus.

PROVISIONS

Inpatient service

Attending:

- Admission of a patient to the teaching service requires that the Internal Medicine Resident on call be paged at 214-345-8480.
- The Attending will provide the resident with a brief synopsis of the case (**please refer to policy #7 sections II D-F.**)
- The Attending must be available in person or by phone/beeper to discuss the plan of care for the patient. If he/she will not be available, he/she must tell the resident who will be responsible for discussing the admit plan of care. The attending covering must have ~~some~~ knowledge of the patient admitted.
- The housestaff's plan for evaluation and treatment should be reviewed by the admitting physician. This is a "teaching opportunity" for the resident and intern.
- The attending or his/her coverage must be available for consultation with the residents twenty-four hours a day.
- The attending must see the patient daily, review the residents notes and orders and discuss the management with the resident. The authority of the attending is final.
- Residents or interns must write all orders, including admissions and daily orders. Attendings are not permitted to write order on patients admitted to the teaching service.

- For billing, the Admitting/Attending Physician must do the following:
 - See the patient daily.
 - Do significant portion of the exam or watch the resident do it.
 - Perform a history and physical separate from those of the intern and resident.
 - The Admitting Physicians progress notes can be linked to the residents note as long as the Admitting Physician documents that he or she saw the patient and performed a pertinent exam.
 - Billing for a patient on teaching service must be noted with the modifier.
- If for some unknown reason, the attending is not available, the resident will call the Program Director or the Associate Program Director:
- The program director will advise the resident regarding the care of the patient until the attending can be located.

Resident:

- The second or third year resident on call for Internal Medicine will accept admissions from Texas Health Presbyterian Hospital Dallas Internal Medicine Attendings. He/she may not accept admissions from any other department.
- The resident will assign the case to his/her intern.
- The resident should assess the patient. He/she is responsible for the care delivered to the patient by the intern under his/her supervision.
- The resident must be aware of all orders and notes written by the intern in the chart daily. The resident's authority supersedes that of the intern. If the intern is in disagreement with the resident, it should be discussed together with the attending physician.
- The resident will also write a complete history and physical on at least two patients (preferably those expected to be presented in morning report)
- During a MET/Code Blue, the most senior resident present will be in charge.

Intern

- The interns on call for Internal Medicine will accept admissions from the resident he/she is working with.
- The interns will make an immediate assessment of the patient, create a plan of care and then proceed with a full history, physical and orders. The plan of care and orders should be discussed with the resident first and then the attending. This must be done on a daily basis.
- The intern will write a complete history and physical on ALL patients admitted to his/her team.
- Interns must communicate daily with the attending either by a face to face meeting or by phone. There are no exceptions to this rule.
- Interns must communicate with the resident when he/she make a significant change in the patient's plan of care.

All trainees

The Trainees will arrange for an efficient discharge plan, write the prescriptions, and dictate the discharge summary.

ER Rotation:

- The intern/resident will see the patient independently. The ER attending will review the findings and discuss the plan of care with the resident. The ER attending will give autonomy commensurate with the level of training. No patient will be discharged from the ER without discussion with the attending prior to discharge.

Consultative Services:

- The interns/residents will see the patient independently. The attending will examine the patient and discuss the case with the intern/resident in terms of findings, and plan of care. All orders will be written by the intern/resident. The intern/resident is responsible for calling and communicating with the attending of record whenever a recommendation regarding the plan of care for the patient is made by the consulting team.

Internal Medicine Clinic:

Attending:

- Responsible for the oversight or the residents' care for each patient in the clinic.
- Responsible for reviewing each progress note and when necessary, discussing alternative plans of care with the residents.
- Responsible for seeing every patient with the interns during the first 6 months of internship.
- The final authority regarding patient care issues.

Resident:

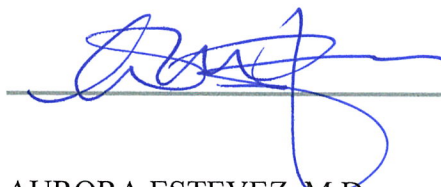
- All PGY2's and PGY3's are responsible for seeing 5 to 7 patients per clinic day.
- They must assess each patient and address their medical problems thoroughly.
- They must inform their patients of their lab and test results.
- They must communicate directly to any physician to whom they are referring their patients.
- They must return patient phone calls within 1/2 hour of receiving them.
- They must discuss any difficult management issue with the attending.

Interns:

- All of the responsibilities as listed under Resident except:
- Must present every case to the attending.
- Will only be scheduled for 3 patients during the 1st three months of internship.



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