

Department of Medicine

Faculty Responsibilities

Expectations Policy

For years, the graduating students have cited mentoring as the most important factor that influenced their decision on choice of specialty. This underscores the importance of your interactions with our students and trainees.

To ensure that we are consistent in our approach in providing **the best possible educational experience** to our housestaff and students, and that our trainees attain the ACGME six core competencies, we have created this document to provide guidance for when you are working with trainees in any venue at (or affiliated with) our institution.

The residency program is required to be in compliance with the rules and regulations set forth by the Accreditation Council for Graduate Medical Education (ACGME). The program and institution is reviewed on a regular basis by the ACGME-appointed Residency Review Committee (RRC) and by the ACGME-appointed Clinical Learning Environment Review (CLER) group, respectively.

You are responsible for reviewing the ACGME/RRC document titled “ACGME Program Requirements for Resident Education in Internal Medicine”. This document is included in this syllabus (section titled “ACGME Program Requirements”) and is also located at the following web address:

https://acgme.org/Portals/0/PFAssets/ProgramRequirements/140_InternalMedicine_2020.pdf?ver=2021-05-06-152419-420

You are also responsible for reviewing the document describing CLER (Clinical Learning Environment Review) which can be found at the following web address:

<https://documentcloud.adobe.com/link/review?uri=urn%3Aaid%3Ascde%3AUS%3A82e1830c-9759-4d81-b898-de0edf91d45c>

- **ACGME Rules Regarding Supervision**

- *Direct Supervision*, defined by immediate on-site supervision (via either physical or telecommunication presence; the choice of which will depend on the situation and time of day), is required for all procedures performed by non-credentialed housestaff regardless of the time of day. The supervisor may be a credentialed house officer or faculty

member; if the former, the responsible faculty member must be immediately available either on/off site (this is defined as Indirect Supervision depending on the time of day as is described below).

- *Indirect Supervision*, defined as immediate availability (via either physical or telecommunication presence; the choice of which will depend on the situation and time of day), is required on-site by faculty between 7AM-4PM daily, off-site at a minimum by faculty between 4PM-7AM daily, and is required on-site by senior housestaff 24 hours a day for PGY-1s.
- *Oversight*, defined as after-care/procedure review of performance

- **ACGME Rules Regarding Duty Hours**

- The Work Day
 - No shift can be longer than 24 hours for PGY-2/3s
 - No shift can be longer than 16 hours for PGY-1s.
 - An additional 3 hours can be utilized to finish work that does not relate to direct patient care.
 - There must be 10 hours off between shifts.
- The Work Week
 - No work week (Sunday through Saturday) can exceed eighty (80) hours under any circumstance.
 - Moonlighting (for fellows and chief residents) counts toward the eighty (80) hours; PGY1s-PGY3s may not moonlight.
 - There must be a continuous twenty-four (24) hours off per week.

- **ACGME Rules Regarding Patient Numbers per Intern and Resident**

- Interns (PGY-1)
 - *Interns can follow no more than ten (10) patients at any one time.*
 - No more than five (5) new patients + two (2) transfers can be assigned to an intern during a routine day of work.
 - No more than eight (8) total patients (news + transfers) can be assigned to an intern over a 2-day period.
- Senior Residents (PGY-2/PGY-3)
 - *With one (1) intern on the team, the supervising resident can follow no more than fourteen (14) patients at any one time (this means the intern can follow up to ten (10) patients and the resident, without the intern, can follow an additional four (4) patients).*

- With one (1) intern on the team, the supervising resident can only have five (5) new patients + two (2) transfers assigned to the team during a routine work day.
- No more than eight (8) total patients (news + transfers) can be assigned to the team over a 2-day period.
- *With two (2) interns on the team, the supervising resident can follow no more than twenty (20) patients at any one time.*
 - With two (2) interns on the team, the supervising resident can only have ten (10) new patients + four (4) transfers assigned to the team during a routine work day.
 - No more than sixteen (16) total patients (news + transfers) can be assigned to the team over a 2-day period.

The Six (6) Core Competencies

1) Medical Knowledge – What is your role?

a. Floor Team Expectations

- i. At least 45 minutes per day should be dedicated to “teaching rounds”.
- ii. At least 60 minutes twice per week should be dedicated to teaching medical students.
- iii. Every member of your team should present at least one topic using evidence-based protocols (one example would be the PICO [Patient, Intervention, Comparison, Outcome] format).
 1. You will formally evaluate their performance on MedHub.
- iv. You will supervise a complete history and physical for each MSIII and MSIV on your service; additionally, you may also be asked to supervise a complete history and physical for a housestaff member of your team.
 1. You will formally evaluate their performance on a Mini CEX form.
- v. Acting Interns
 1. You will assign your AI a topic in which they will present a 15 minute talk to you and your team.
 - a. You will formally evaluate their performance on MedHub.

b. ACS/ICU Expectations

- i. At least 45 minutes per day should be dedicated to “teaching rounds”.
- ii. At least 60 minutes twice per week should be dedicated to teaching medical students.
- iii. You should supervise a complete history and physical for each learner of your team.
 1. You will formally evaluate their performance on a Mini CEX form.
- iv. Acting Interns
 1. You will assign your AI a topic in which they will present a 15 minute talk to you and your team.
 - a. You will formally evaluate their performance on MedHub.

c. Consult Service Expectations

- i. At least 45 minutes per day should be dedicated to “teaching rounds”.
- ii. At least 60 minutes twice per week should be dedicated to teaching medical students.
- iii. You may be asked to supervise part of a or an entire history and physical by learners on your service.

1. If done, you may be asked to evaluate their performance on a Mini-CEX form.
- d. *Continuity Clinic Expectations*
- i. Every patient encounter should include a clinical pearl.
 - ii. You may be asked to supervise part of or an entire history and physical by learners on your service.
 1. If done, you may be asked to evaluate their performance on a Mini-CEX form.

2) **Professionalism – How should you model this?**

- a. You will abide by the policies set forth by Upstate Medical University.
- b. You will model behavior that you would expect from your physician.
- c. Feedback will be provided to each trainee at a minimum at the halfway and end points of each rotation. Please see “Your Role as Educator” for additional information on Feedback.
- d. The resident (and student) file is akin to the patient record and should be treated as such; thus, evaluations will be completed within a week of receiving them to ensure that the resident (and student) file remains current. Please see “Your Role as Educator” for additional information on Evaluation.
- e. **You will not nor will you allow housestaff/students to complain or turn down admissions/transfers**
- f. You will promote communication between team members, including the importance of phone calls to you, day or night.
 - i. While not every phone call may have been necessary, please use this as a teaching opportunity rather than a time to chastise.
- g. You will ensure that any housestaff under your supervision abides by the ACGME requirements regarding Duty Hours; you must report any violation of these Duty Hours to the Educational Programs Office immediately. Please see the attached sheet for a summary of the ACGME rules.
- h. You will make every effort to attend Senior Capstones and Quality/M&M Conferences on Thursdays from 12PM-1PM. CME Credits (as well as MOC credits for Quality/M&M Conferences) will be offered.
- i. You will follow the daily rounding times/format outlined on the attached sheet.
 - i. Remember we should aim for hospital discharges by 9AM daily.
 - ii. Remember that residents (not interns) attend Noon Report weekdays from 12PM-1PM while interns attend Noon Didactics during the same time; as such, please

make every effort to excuse housestaff by no later than 11:45AM Monday-Friday.

1. The attending is responsible for urgent patient matters during the 12PM-1PM period Monday-Friday as this one hour block is protected education time for the housestaff.

3) Patient Care – How would you want to be treated?

- a. Nothing less than outstanding clinical care is expected from faculty, housestaff, and students.
- b. If a whiteboard is available in a patient's room, please write your name and title on the board and ask the same of your housestaff.
- c. For patients transferred from surgery to medicine, it is expected that a meeting with family, medicine attending, and surgery attending be conducted within 48 hours after the transfer.

4) Interpersonal and Communication Skills – How you should talk or relate to other individuals?

- a. You will engage all individuals in a friendly, respectful manner and expect the same from them.
- b. If you feel that a house officer is not meeting this expectation, please report this to that house officer's supervisor (i.e. Chief Resident, Fellowship Director, Associate Program Director, Program Director).
- c. If you feel a student is not meeting this expectation, please report this to the student's supervisor (i.e. Clerkship or Course/Elective Director)
- d. If you feel another member of multi-disciplinary team is not meeting this expectation, please report this to that individual's supervisor.
- e. If you feel a patient is not meeting this expectation, please contact Patient Relations.

5) Systems-Based Practice – “The whole is greater than the sum of its parts.”

- a. You will educate the housestaff (and students) about the social and economic forces relative to your field.
- b. You will ensure that the entire team is participating in discharge rounds and effectively communicating with all services relevant to the patient's care.
- c. You will review the importance of accurately recording primary diagnoses and comorbidities as it relates to DRGs, length of stay, and observed vs. expected mortality data.

- d. Regarding ICU/ACS transfers:
 - 1. An off-service/transfer note must be written by the critical care service while an acceptance note must be written by the floor service.
 - 2. The ICU/CCU fellow will contact the MAR for patient downgrades who will in turn provide the fellow a team/attending
 - 3. The ICU/CCU fellow will then call the accepting attending and provide a patient handoff
 - 4. The ICU/CCU service will then place transfer orders for the patient downgrade and write an interim summary for those patients on their service for > 48 hours
 - 5. Once the above has been completed, only then will the accepting team/attending assume responsibility of the transferred patient.
- e. Regarding Inter-Departmental Transfers:
 - 1. An off-service/transfer note must be written if we are the transferring service while an acceptance note must be written if we are the accepting service.

6) Practice-Based Learning and Improvement – “Practice makes perfect.”

- a. You will model appropriate search techniques used in evidence-based medicine.
- b. You will ask each house officer (and student) you work with to formulate medically-relevant questions and then search for the answers using evidence-based protocols (one example would be the PICO [Patient, Intervention, Comparison, Outcome] format).

Finally, you are expected to review the Residency Handbook at least annually so that you remain apprised of program requirements for and expectations of the housestaff; each division/site will receive a copy of the manual annually and all information can also be found on our website. Additionally, you must be aware of and ensure that the ACGME rules on duty hours and patient numbers per team are being strictly followed.

Faculty assigned to inpatient services will meet with members of EPO on a quarterly basis to review policy as well as discuss relevant issues.

Thank You,

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Vice Chair for Education

Zachary Shepherd, MD
Undergraduate Education Director

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Department Chair

PS: All activities, including those performed by credentialed housestaff, are always under some level of supervision by the responsible faculty member; it is the faculty member's responsibility to determine what level of supervision is necessary.