VA Medical Admitting Resident Curricula

The Medical Admitting Resident rotation involves the evaluation of patients that are admitted to the medicine service. The rotation serves as an opportunity to expose the residents to various disease processes spanning the entire medicine spectrum and the ability to triage, evaluate, and possibly admit these cases. The attending physician of record on the inpatient team oversees all admissions and clinical work. Due to the large-scale nature of this rotation, any attending on service that is in the Department of Medicine's faculty can be the attending of record for the patient.

Please go to the following webpage for complete list of faculty attendings:
http://www.upstate.edu/medicine/facultyclin.php

I. Educational Purpose

The general internist should be competent to evaluate and appropriately triage patients with any medical disease. This includes primarily the ability to facilitate patient admissions, but occasionally the MAR will be part of a decision to discharge patients who can be followed closely in the outpatient setting, or place the patient on another more appropriate service. It is critical to develop professional skills that allow one to work with a multitude of physicians, especially the emergency department.

II. Learning Venue

A. Rotation Description - The MAR is a hospital-based service at the VA Hospital that will allow the house-staff officer to see medical patients ages 18 and older, of male and female gender, and of varying ethnicities/cultures. The service coordinates 10 - 20 admissions daily, of which the resident may do up to 8. All patients will be thoroughly evaluated and a complete H&P will be presented to the accepting inpatient attending. The MAR acts as the primary liaison for the Department of Medicine on all patients admitted through the ED to the floor, ICU, or direct admissions.

Expectations of PGY-2/3 (Day MAR, Night MAR): The MAR will focus their efforts on triaging and doing timely and accurate H&P's for the patients they are assigned. All of these patient care decisions need to be triaged based on how unstable the patient is. Based on the time of day, the MAR will either do the admission or assign the patient to a colleague. All patients will have a complete H&P done and be presented to the admitting attending. Patient care always comes first. The Night MAR, is part of the Night Float team and may be called to do an urgent Medicine consult or attend a rapid response or code.

B. Teaching Methods:

1. Presentation of Cases

   Since this is not a floor service, there are no morning rounds. However, each case presentation to the attending will be the premise for the teaching involved in each admission or triage decision. The history/physical, labs/diagnostic tests, diagnosis, orders, and management will be thoroughly discussed with the Attending physician at admission or triage along with any valid teaching points for the case.

2. Noon Report

   The Day MAR will be expected to attend noon report each day that he is not actively doing an admission. Noon report is a daily 1-hour case presentation and question review conducted by the Chief Resident and Teaching attending of the week. There will be workshops and simulation sessions a few days a week

3. Evening Report

   The Night MAR will be expected to attend evening report each day that he is not actively doing an admission, or have urgent patient care to attend to. Evening Report is a daily 45 minute case presentation and/or topic review conducted by the Night float attending physician of the week.

4. Noon Conference(AM conference form July1, 2016)

   As part of the didactic curriculum, the mandatory am Conference attendance is expected from the day MAR if he/she does not have urgent patient care to attend to. This may be attended through a live teleconference connection with University Hospital at the VA in the sixth floor conference room (C605).

5. Recommended Reading

   - Harrison's Principles of Internal Medicine, 16th Edition
   - Up-To-Date Online
   - PIER at www.acponline.org is an excellent peer reviewed resource
   - Stanford Antimicrobial guide

6. Mix of Diseases and Patient Characteristics

   This rotation has the potential to expose the MAR to all different patient and disease types.

7. Procedures

   There may be opportunities to perform the following procedures:

   Thoracentesis
   Paracentesis
   Central Line Placement
   Lumbar Puncture
   Nasogastric tubes
   Arterial puncture
   Arthrocentesis

III. Method of Evaluation

Evaluations are based on the six core competencies. The attending physician, day MAR, night MAR, and Night Float intern are all expected to complete formal evaluations at the end of each rotation using the web-based E-Value evaluation software. In addition, all attending physicians are encouraged to evaluate the MAR's based on the quality of their H&P's, patient care, medical knowledge and communication skills.

IV. Rotation Specific Competency Objectives

A. **Patient care –** generic link to competency document
B. **Medical knowledge –** generic link to competency document
C. **Professionalism** – Generic link to competency document
D. **Interpersonal and Communication skills –** Triage services are by nature rotations that test a resident's 'people' skills. Most of the time, the patient will be found to be appropriate to admit to medicine. The resident will need to interact with at least 5 different attending physicians across his/her 2-week rotation in the MAR position. Also, the resident will need to be able to work with the residents on each of the inpatient services which include both an intern and resident for a total of 13 house-staff.
E. **Practice Based Learning –** generic link to competency document
F. **Systems Based Practice –** This rotation offers a unique opportunity to work in a cross specialty environment including ED and other services that may be initially involved with the patient, including: surgical, neurology and psychiatric hospitalized services. In addition, the resident will need to learn how to maneuver within the complex system of admitting a patient that involves a multitude of services including: radiology, social work and nursing.

Reviewed & Revised by: Pratibha Kaul, MD
Date Revised: 6/1/2016

VA Hospital
The MAR and Admissions/Transfers

Guiding Principles:

- **The patient always comes first.**
- **The patient is best served under our care.**
- **The MAR determines team assignment for every patient whether admitted or transferred.**
- **Ultimately, the MAR has final say of what Medicine service a patient is admitted to.**
    - The MAR may confer with a Hospitalist, other attending physicians, Chief Residents, or whomever else they see fit, but the MAR has the responsibility and authority to make admitting decisions. Once the MAR has made a decision, the decision is final.
- **Admitted/transferred patients will be discussed with the accepting attending.**
- **No attending physician can refuse to admit a patient from the Emergency Department (ED) without coming in person to see the patient themselves, and discussing the rationale with the MAR, and ED attending physician.**
- **All Notes must be complete, legible, and include date/time/signature, and entered into the VA Computerized Patient Record System (CPRS).**
- **The on-call Medicine Chief Resident should be contacted with any questions.**
- **Pager numbers for all services can be found at www.amion.com (password: vasyr for the Syracuse VA)**

MAR Duty hours:

- **Weekdays** – Monday through Friday
    - 7AM – 8PM: The day MAR arrives at 7AM for Morning conference(on Thursday- Power Rounds); takes over night MAR responsibilities at 8AM.
    - 8PM - 8AM Monday through Friday: The Senior Night float resident is the night MAR, and carries the MAR pager.

- **Weekends** – Saturday and Sunday:
    - 7AM - 8PM: The long call team resident takes over day MAR responsibilities, and carries the MAR pager.
    - 7PM - 7AM: The Attending Physician on duty takes over the responsibility of the night MAR, and carries the MAR pager.

MAR Responsibilities:

- The MAR (and those acting in the MAR role/carrying the MAR pager) are responsible for triaging all patients admitted to the Medicine service 24/7, and assigning patients to the proper teams in rotation.

- The MAR must add every admission/transfer to the team sign-out, and keep a log of admissions/transfers so patients are distributed equitably between the 4 acute medicine teams, and the ICU if/when needed.
- If help is needed, the MAR may contact the Medicine Chief Resident who will then be responsible for finding additional manpower.

VA Medicine Inpatient Teams (all teams are covered with house-staff):

- Team 1: General Medicine (up to 20 patients maximum)
- Team 2: General Medicine (up to 20 patients maximum)
- Team 3: General Medicine (up to 20 patients maximum)
- Team 4: General Medicine (up to 20 patients maximum)
- ICU Team: up to 12 patients maximum.

Guidelines for Admissions/Transfers

Admissions:

- The MAR triages all patients admitted to the Medicine service and assigns them in sequential order to the 4 acute medicine teams in rotation, and the ICU service if/when necessary.
- The MAR consults the ICU fellow or attending physician with any potential ICU admission.
- **The MAR has final say of what Medicine service a patient is admitted to.**
- If a team is at cap (20 patients), they will be skipped in rotation until they fall below cap.
- In the unlikely event that all Medicine teams are capped (all teams at 20), patients should be admitted to the covered team service attendings, but without house-staff coverage.
- Each covered service attending can follow 24 patients total if needed (20 by house-staff and 4 by the attending directly).
- Only the Medicine Chief Resident (in collaboration with the MAR) can make adjustments in the team rotation sequence if teams are below cap, and only if there is an urgent/emergent patient safety issue.
- Unless there is an urgent/emergent patient safety issue, the ACGME rules may not be violated under any circumstance.

    - **Weekdays:**
        - 08:00 – 12:00: The day MAR triages/completes all admissions and distributes across the 4 acute medicine teams in rotation and the ICU service if/when necessary (freeing up the acute medicine teams to focus on discharges in the morning).
        - 12:00 – 16:00: The day MAR triages admissions, and takes a turn with the 4 acute medicine teams in admitting patients, and distributes admissions across the teams in rotation, and to the ICU team if/when necessary.
        - 16:00 – 20:00: The day MAR triages admissions, and alternates completing admissions with and onto the on-call medicine team. The last admission(no more than 3 after 7pm and no more than 1 after 7:30pm) of the day MAR is 19:50 (7: 50PM).

        - 20:00 – 08:00 Monday through Friday: The Senior Night float resident becomes the night MAR, and triages/completes all admissions and distributes them among the 4 acute medicine teams in rotation, and the ICU team if/when needed.

    - **Weekends:**
        - 08:00 – 14:00: The long call team senior resident becomes the day MAR, triages and distributes admissions equally between the short-call and long call acute medicine teams, and the ICU team if/when needed.
        - 14:00 – 20:00: The long call team senior resident continues in the role of the day MAR, and triages/completes all admissions to their team, and the ICU team if/when needed. MAR covers the ICU team after 2pm.
        - 19:00 – 07:00: The Night float attending physician becomes the night MAR, triages/completes all admissions and distributes them between the 4 acute medicine teams in rotation, and the ICU team if/when necessary.

Transfers:

- From the ICU:
    - The ICU resident (or ICU fellow/attending physician on the rare occasion the ICU resident is not available) writes an off-service/transfer note, and contacts the MAR to find out which team is next in rotation to accept the transfer.
    - The ICU resident (or ICU fellow/attending physician on the rare occasion the ICU resident is not available) contacts the attending physician on the team accepting the patient in transfer and gives the accepting physician the opportunity to discuss the patient's care plan.
    - ICU resident should do a ICU transfer of care note.
    - The accepting service assumes responsibility of the transferred patient immediately after discussing the patient's care plan, and writes transfer orders for the patient to come onto their team.

- From an Outside Facility:
    - The outside facility must contact our Utilization Review office at 315-425-4323 for all potential transfers. The Utilization office personnel are available 07:30 – 16:00 Monday through Friday, and the Nursing Supervisor accepts calls at all other times 315-481-9274 (including weekends/holidays).
    - Utilization review personnel or the Nursing Supervisor will determine patient eligibility for transfer to the VA, bed and resource availability to care for the patient, and coordinate the transfer with an accepting attending physician.
    - The accepting attending physician contacts the MAR about the incoming transfer.

- On patient arrival, the MAR is notified, triages the patient and contacts the team next up for admission so that team can assume responsibility for that patient.

- From another Department within the VA Hospital:
  - Any potential transfer from another department requires a medicine consult evaluation, or a direct request from the transferring attending to the receiving medical attending.
  - The medicine consult service, or accepting medicine attending physician contacts the MAR regarding the patient transfer onto a medicine service so the MAR can assign the patient to the next medicine team in rotation helping maintain accurate team numbers.
  - ICU resident or senior night float will write a detailed H&P.

- From within the Department of Medicine:
  - The transferring medical team must inform the MAR of the transfer so that accurate team numbers can be maintained.
  - Unless there is an urgent/emergent patient safety issue, no changes in team assignment for existing team patients will be made for continuity of care.
  - The transferring medical team needs to write a transfer note details events during hospitalization and need for transfer.
  - The ICU resident or senior night float will write a detailed acceptance note and reason for transfer.

If house-staff have any concerns about this policy, please feel free to contact the covering Medicine Chief Resident.

If faculty have any concerns about this policy, please feel free to contact Dr. Mitchell/Chief of Medicine, or Dr. Knohl/Internal Medicine Residency Program Director

Dr. Joan Mitchell: Pager: 315-249-2506; cell phone 315-569-3336
Dr. Stephen Knohl Pager: 315-467-4535

Reviewed & Revised by: Rushikesh Shah, MD, Pratibha Kaul, MD

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