

DEPARTMENT OF MEDICINE ATTENDING PHYSICIAN POLICY

Schedule

Attending rounds are held seven days a week and begin at different times depending on the rotation and type of call schedule. Generally, rounds begin at 9:00 AM Monday through Friday, and at a mutually agreeable time on Saturday and Sunday, usually starting between 7-8 AM. Rounds are not permitted during Morning Report (8:15-9 AM on weekdays). The length of attending rounds is variable, again depending on the call schedule. Rounds need not take two full hours if the team has completed its work before then. On rotations with team call, it is strongly advised that the attending round with the team in the late afternoon or evening of the on-call day to complete 4-6 admissions. Since the team will usually admit 10 patients, completing some of the work-ups during the on-call day will make the post-call day more manageable. When the members have been in-house overnight, they must leave within 28 hours of arrival (by 10:30 AM). For a listing of your team members and their on-call schedule, go to <http://www.amion.com/> (password = umdim).

Patient Discharges

It is important to discharge patients as early as appropriate, preferably before 12 noon. Remind residents to complete discharge paperwork including follow-up appointments on the day prior to discharge if possible. This is an important process which will not only ensure an efficient transition from the hospital, but allow as many discharges as appropriate from the hospital by noon. This must be strongly emphasized by the team's attending physician.

Attending Availability

Attendings must be available to the residents at all times (24/7) by beeper or cell phone and should not be away from Baltimore during their attending assignments. If absence is absolutely necessary, please arrange coverage and notify the appropriate offices of all schedule changes.

Attending Schedule Changes

Inform Robyn Crandell at rcrandel@medicine.umaryland.edu of all changes in the attending schedule so that it can be posted at http://medschool.umaryland.edu/medicine/attending_schedules.asp

Clinical Care of Patients

Attending physicians are the physicians-of-record in charge of the care of all medical service patients not having their own physician. These patients should be fully presented to you at rounds or earlier if their medical condition requires, and be visited daily, just as you would do for your private patients. You must exercise appropriate leadership and supervision in the diagnosis and treatment of these patients.

The department's Professional Fees Office will bill for your professional care for each of these patients at UMMC and complete the billing records from information contained in the medical chart. Collections from these billings will be credited to the clinical income of your division and will consequently increase the funds available for divisional activities of direct value to you. The Director of Professional Fees will meet with you personally to review documentation procedures.

Teaching

Your principal educational responsibility is to teach the residents and students the fundamentals of Internal Medicine. Third year students are assigned to most units and should be brought into the discussions as appropriate, but the level of teaching should be suitable for residents. The specific needs of third year students should be addressed in weekly 1-2 hour sessions devoted solely to them. During these sessions, attendings should teach fundamentals of medicine, emphasize teaching at the bedside, strengthen personal rapport with the students and emphasize the moral and ethical basis of our profession. Evidence based medicine should be emphasized. A compilation of landmark articles in all subspecialties of medicine is available on our Black Board site at <https://umblackboard.umaryland.edu> (login and password are both **imres**). Please visit this site often for updates.

Presentations should be crisp and factual. Help members of your team develop their skills in this regard.

Emphasize practical aspects of medical care. Review fully the differential diagnosis and analyze the history, physical examination, laboratory tests, evaluation and treatment. Discuss relevant pathophysiology to the extent that your knowledge permits. Involve the team in the discussions by occasionally asking questions in a Socratic manner. Examine the patients with the team. Advise team members about charting techniques. Do not limit your rounds to discussions in the conference room; go to the bedside, question patients, draw from them important historical facts and demonstrate physical findings. Bedside teaching is expected and a critical part of your responsibility.

Junior Medicine Clerks

The third year program is one of our most important educational responsibilities, and the departmental leadership is strongly committed to making it a successful experience for the students. We want students to experience enough internal medicine so that in the event they do not select a medicine subinternship during their senior year, they will have had sufficient experience in internal medicine to function effectively during their postgraduate training regardless of their specialty. The following are some recommended guidelines that will ensure a successful and rewarding clerkship experience:

1. Review the Goals and Objectives of the Clerkship. They will be emailed to you at the beginning of each academic quarter.
2. On the first day of each rotation, set aside time to meet with the Junior Students on your team to review your expectations with them and, in turn, identify their expectations of you.
3. Ask your resident to develop a "curriculum" of at least 10 topics to be covered by members of the team during attending rounds in the course of the month.
4. Each student should admit 1-3 patients each call and perform comprehensive histories and physical examinations on each patient.
5. Students should follow 3-4 patients at any given time and write daily progress notes on each patient. The attending and/or the resident must review the students' progress notes, providing constructive comments and feedback.
6. Students should submit one write-up per week to the attending physician for constructive comments and feedback
7. Oral presentations should be accurate, concise and include the appropriate pertinent positive and negative ROS and physical findings. The diagnoses are best presented in a systems-based manner.
8. Students should be directly observed completing a history and physical examination (partial) once during the month.
9. To comply with the LCME requirements, attending should complete student evaluations in E-Value no later than 4 weeks after the completion of the rotation.
10. Final grades (A, B, C) for the course are based upon the performance of all of the students rotating during that block. Direct feedback should be given mid-way and at the conclusion of the rotation.

Immediate, direct, verbal, face-to-face feedback is an absolute requirement of every attending.

(See Department of Medicine grading policy posted at:

http://medschool.umaryland.edu/Departments/Department-of-Medicine/docs/Medicine_Grading_Guidelines.asp

Subinterns

A fourth year medical student will frequently be assigned to your service. The subintern works under the direct supervision of the senior resident on the service. Subinterns will evaluate at least two new patients on long call days and one patient on short call days. A full-physician write-up will be completed by the resident in addition to the subintern's written documentation. The subintern should function as fully in the capacity of intern as possible within the scope of his/her abilities. Subinterns will write daily progress notes on their patients, assist with the patient's discharge, and observe the 80 hour work week limitations. Subinterns are **not** permitted to complete discharge dictations. The attending will complete the subintern's evaluation in E-Value within 4 weeks after the completion of the rotation.

Giving Effective Feedback

Providing our learners with effective and useful feedback is a critical responsibility of being an attending. Both formative feedback at the mid-point of the rotation plus summative feedback at the conclusion of the rotation must be given. It is suggested that you arrange a private meeting time with each member of the team to deliver feedback and solicit comments on how the rotation is progressing. This is especially important for students who are experiencing difficulties. Since the senior residents receive training in giving effective feedback, the head resident should be included in the feedback session for each of the interns and students on the team.

In addition, the attending must complete all written student evaluation in E-Value within 4 weeks of the end of the rotation. A specific time should be designated during the final week of each rotation to review students' performances with the team resident and to complete their final evaluations. Attendings are strongly encouraged to review their assessment with students.

Assessing Clinical Competency

At the conclusion of the month, each attending will receive an electronic competency-based evaluation form through E-Value for each resident and student on the service. The resident evaluations include an assessment of their clinical competency and medical record documentation. Attendings evaluate residents on the 6 ACGME competencies, e.g., patient care, medical knowledge, professionalism, interpersonal and communication skills, problem based learning, and systems based practice. If there are two attendings on service for that month, each attending must complete an evaluation form for each member of the team. Evaluations and attending compliance are tracked through E-Value. All evaluations must be completed within 4 weeks of the end of the rotation. Please be certain to provide written comments for all learners. At the end of the month, you can access your teaching evaluations at this web site (www.e-value.net).

Adhering to ACGME Duty Hour Requirements

We must be fully compliant with all RRC Requirements for the residency program (<http://www.acgme.org>), including Duty Hour Requirements. These requirements gave impetus to our current system of call and patient coverage. As faculty, we must ensure that we are not implicitly or subliminally requiring our residents to violate these requirements. The most important of these requirements are:

- 1) Residents must have have **8-10 hours off** between duty shifts. Hence, when on call with night float coverage, the long call team must leave the hospital between 9-10 PM.
- 2) Residents must have **4 full 24-hours** off per month. These days are assigned by the Chief Resident and are listed in the schedule at Amion at www.amion.com (code = umdim).
- 3) Residents must not work more than **80 hours/week** on average over the month.
- 4) Continuous on-site duty may not exceed **24 consecutive hours for residents and 16 hours for interns**. Residents may work an additional 4 hours for follow-up care, didactic activities, and maintenance of patient continuity. Hence, when on overnight call, residents must depart after completing **28 hours** of duty, usually by 10:30 AM on the post-call day. The timing and structure of attending rounds in the ICU's, the Cancer Center and other services with overnight call (e.g., Med-ID) must be tailored accordingly, often allowing the post-call resident to present his/her patients first, relate events that occurred overnight and sign out all clinical responsibilities within 28 hours.

Privilege of Attending

Only those members of the Department who attend effectively will be selected to teach supervise on the medical services. While attending we must take an active role, teaching enthusiastically and skillfully and be highly interested and involved in the work. We consider seriously the feedback from residents and students about attendings' performances in determining promotion and compensation.

While on service as attending physicians, we should read texts and journals to learn about the latest developments and keep up to date in fields other than our subspecialties. To maintain our knowledge at the highest possible level, we strongly recommend regular attendance at Medical Grand Rounds. All faculty are invited to Morning Report (8:15-9 AM, Monday-Friday at UMMC and Tuesday and Thursday at the VA).

Revised: 06/20/2011