

## VA Medical Admitting Resident & Intern 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 teams oversees all admissions.

Please go to the following webpage for complete list of faculty attendings:

[https://www.upstate.edu/medicine/va\\_faculty.php](https://www.upstate.edu/medicine/va_faculty.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 in the emergency department.

### II. Learning Venue

**A. Rotation Description** - The MAR/MAI 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. The resident may do up to 8 admissions and the intern up to 5 admissions. All patients will be thoroughly evaluated and a complete H&P will be presented to the accepting inpatient attending, on call attending, or the nocturnist. The MAR acts as the primary liaison for all patients admitted through the ED to the floor or direct admissions from other facilities. The Night MAR also acts as the liaison for all ICU admissions.

**B. Expectations for PGY1 (MAI):** under the guidance of the MAR, you will be doing admissions to the four medicine teams. You will staff the admission with the respective attending, on-call attending, or the nocturnist if after 7PM. You will work Monday-Friday as medicine admitting intern from 12 PM to 10PM. You will work Saturday 7pm to 7am as night float intern to provide cross coverage for medicine team patients. You are not involved in admitting or cross-covering ICU patients.

**C. 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. You will also assign and supervise admissions to MAI. All patients will have a complete H&P done and be presented to the admitting attending. H&P must be completed prior to leaving for the day. 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 and attend to rapid response or codes. Night Float MAR will also evaluate and admit patients to the ICU. When admitting to ICU at night, discuss with the nocturnist about patient and you may be asked to contact ICU fellow and/or attending.

#### D. Teaching Methods:

##### 1. Presentation of Cases

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 Conference for Day MAR/MAI

As part of the didactic curriculum, the mandatory noon Conference attendance is expected from the day MAR/MAI if he/she does not have urgent patient care to attend to. Noon report is from 12:00 – 1:00 PM. Conference at University Hospital can be attended virtually. Conference at the VA will be a resident patient presentation followed by board question discussion facilitated by the chief resident and Teaching attending of the week. Some sessions will focus on quality/patient safety discussions and simulation.

##### 3. Evening Report for Night MAR

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 30-45 minute case presentation and/or topic review conducted by the Night float attending physician of the week.

4. Procedures

There may be opportunities to perform the following procedures:

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

5. Recommended Reading and Resources

- Harrison's Principles of Internal Medicine, 21th Edition
- Up-To-Date Online
- ACP/Annals of Internal Medicine, [www.acponline.org](http://www.acponline.org)
- NEJM – Interactive Medical cases; Videos in Clinical Medicine
- Stanford Antimicrobial guide
- Phone app: Journal Club: Medicine (quick reference for landmark trials)

### III. Method of Evaluation

Evaluations are based on the six core competencies. The attending physician, day MAR, night MAR, MAI, 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** – The patients always come first. You will be exposed to diverse patient population with varying complexity of medical and psychiatric co-morbid. You are expected to provide patient-centered care to ensure both medical and other needs are addressed and appropriate services are involved in doing so.
- B. **Medical knowledge** – This is a unique opportunity for the residents and intern to be exposed to evaluating patients first in the ED. You will learn how to identify severity of illness and appropriate disposition for the patient. You will gain knowledge of how to work-up, diagnose, and manage most illness requiring admission to medicine service with the guidance of the medicine attending. The Intern/Resident is also expected to read and take initiative in self-directed learning.
- C. **Professionalism** – MAR/MAI rotation allows the resident to develop professional relationships with multitude of services to provide appropriate care for the patient and determine appropriateness level of care. Uphold professional responsibilities, including timely completion of patient evaluation, triage, and notes. Be available and answer pages/call in a timely fashion and complete assigned educational activities.
- 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 1-week rotation in the MAR/MAI position. Also, the resident will need to be able to work with the residents on each of the inpatient services which include both interns and a resident house-staff.
- E. **Practice Based Learning** – Resident is expected to praise and assimilate evidence based medicine to improve patient care. Additionally, self-assessment and targeted learning both experientially and independently is expected to enhance ongoing patient care.
- 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.

**VA Hospital**  
**The MAR/MAI and Admissions/Transfers**

**Guiding Principles:**

- **The patient always comes first.**
- **The MAR determines team assignment for every patient.**
- **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) before the end of shift.**
- **The on-call Medicine Chief Resident should be contacted with any questions.**
- **Pager numbers for all services can be found at [www.amion.com](http://www.amion.com) (password: vasyr for the Syracuse VA)**

**MAR Duty hours:**

- **Weekdays** – Monday through Friday
  - Day MAR hours are 7AM – 7PM
  - Night MAR hours are 7PM- 7AM
- **Weekends** – Saturday and Sunday:
  - 7AM - 7PM: 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.

**MAI Duty hours:**

- **Weekdays** – Monday through Friday
  - MAI hours are 12:00PM – 10:00 PM
- **Weekends** – Saturday only
  - 7PM - 7AM: work as Night float intern cross-covering medicine teams.

**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.
- **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:**

- 07:00 – 12:00: The day MAR triages/completes all admissions and distributes across the 4 acute medicine teams in rotation (freeing up the acute medicine teams to focus on discharges in the morning).
- 12:00 – 4:00 pm: The day MAR triages admissions, and takes a turn with the MAI and the 4 acute medicine teams in admitting patients and distributes admissions across the teams in rotation.
- 4:00 pm– 7:00 pm: The day MAR triages admissions, and alternates completing admissions with the MAI and on-call medicine team. The last admission ( no more than 3 after 6pm and no more than 1 after 6:30pm) of the day MAR is 6: 50PM.
- 7:00 pm – 7:00 am 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. You may also be called for Medicine consult for patients that need overnight evaluation from other services.

- **Weekends:**

- 7:00 am– 2:00 pm: The long call team senior resident becomes the day MAR, triages and distributes admissions rotating to all 4 medicine teams. However, admission will be staffed with short call attending and long call attendings only (attendings who have a senior resident that day).
- 2:00 pm – 7:00 pm: The long call team senior resident continues in the role of the day MAR, and triages/completes all admissions to all the teams in rotation, staffs with on call attending. MAR covers the ICU team/ICU admissions after 2pm on Sundays only.
- 7:00 pm – 07:00 am: 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 when resident is not available) contacts the MAR to find out which team is next in rotation to accept the transfer.
  - The ICU resident (or ICU fellow when resident is not available) contacts the team resident accepting the patient to discuss the patient. The ICU fellow or attending will also contact accepting team attending to discuss the transfer.
  - ICU resident will do an ICU transfer of care note and once accepted by the team attending will place transfer order.
  - The accepting service assumes responsibility of the transferred patient immediately after discussing the patient's care with from the ICU team and transfer orders are placed.
- 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 – 4:00 pm Monday through Friday. 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 resident 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.
  - The Medicine consult resident will assume responsibility to transfer the patient and staff it with the respective team attending, on-call attending, or medicine consult attending.

**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 APD Dr. Iyerus Tariku, Dr. Mitchell/Chief of Medicine, or Dr. Knohl/Internal Medicine Residency Program Director**

**Dr. Iyerus Tariku 319-215-1032**

**Dr. Joan Mitchell: Pager: 315-249-2506; cell phone 315-569-3336**

**Dr. Stephen Knohl Pager: 315-467-4535**

Reviewed & Revised by: Iyerus Tariku

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