

Department of Medicine

Faculty Responsibilities

Expectations Policy

For many years now, the graduating students both at Upstate and throughout the United States cite 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 attending on one of the floor teams, the ACS, or the ICU.

- **ACGME Rules Regarding Supervision**

- *Level 1/Direct Supervision*, defined by immediate, in-person supervision, 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).
- *Level 2A/Indirect Supervision*, defined as immediate on-site availability, is required of faculty between 7AM-4PM daily for housestaff clinical responsibilities and is required of senior housestaff 24 hours a day for PGY-1s.
- *Level 2B/Indirect Supervision*, defined as immediate availability from off-site faculty, is required of faculty between 4PM-7AM daily for housestaff clinical responsibilities.

- **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 PICO (Patient, Intervention, Comparison, Outcome) project during your block of service.
 1. You will formally evaluate their performance on E-Value.
- 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. See accompanying page on Evaluation and Feedback.
- vi. 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 E-Value.

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. See accompanying page on Evaluation and Feedback.
- 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 E-Value.

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 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.

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. 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.
- d. On-The-Fly evaluations (both praise and concern) will be routinely used; students and housestaff want feedback.
- 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 follow the daily rounding times/format outlined on the attached sheet.
 - i. Remember that hospital discharges should be completed by 9AM daily.
 - ii. Remember that senior residents have Morning Report M,T,W,F (7AM-8AM at UH and VA); you should be working with the intern from 7AM-8AM on those days to take care of time-sensitive work (i.e. discharge

- patients, see new admissions, and see the acutely ill on your service).
- iii. Remember that all housestaff should attend Power Rounds on Thursdays from 7:15AM-8AM.
 - iv. Remember that all housestaff should attend Noon Conference or Senior/Intern Report Monday-Friday from 12:15PM-1PM.

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 on your team (from the senior resident down to the 3rd year medical student) in a friendly, respectful manner and require the same from them.

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:
 - i. The ICU/ACS writes an off-service/transfer note and transfer orders (in which they remain the covering team/attending).
 - ii. The accepting service assumes responsibility of the transferred patient immediately upon the patient's administrative transfer.

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 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; this can 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 the Program Director, Clerkship Director, and Department Chair prior to starting their particular block as well as at the end of their block of service.

Thank You,

Stephen J. Knohl, MD
Residency Program Director

Sarah Lappin, DO
MSIII Clerkship Director

Michael Iannuzzi, MD
Department Chair

PS: All activities, including those performed by credentialed housestaff, must be under the direct or general supervision of an attending at all times.