

Medical Admitting Resident/Intern

The Medical Admitting Resident rotation involves the evaluation of patients that are admitted to the medicine service by the emergency department. The rotation serves as an opportunity to expose the resident 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 from the ER 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/MAI is a hospital-based service at University Hospital that will allow the housestaff 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 thru the ER to the floor or ICU, direct admissions or transfers from other services.

Expectations of PGY-1 (Night MAI or AM MAI): The MAI will initially evaluate many of the patients that the MAR deems appropriate for admission to Medicine. The MAI will focus their efforts on doing timely and accurate H&P's for the patients they are assigned. It is our expectation that interns will do a sufficient number of admissions in their first year and the MAI rotation is an important means to that end. All patients should be presented to the MAR prior to contacting the attending.

Expectations of PGY-2/3 (Day MAR, Night MAR, AM MAR): In addition to the duties that are expected from the PGY-1, the MAR is expected to closely supervise the MAI. The Night MAR, in addition, may be asked to provide assistance to the Night Float team and may be called to do an urgent Medicine consults. All of these patient care decisions need to be triaged (like admissions in the ER) 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 presented to the admitting attending. Please see the Department of Medicine's admission policy which first and foremost requires that patient care always come first.

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 at admission or triage along with any valid teaching points for the case.

2. Morning Report

The Day MAR will be expected to attend morning report each day that he is not actively doing an admission. Morning report is a daily 1-hour case presentation and question review conducted by the Chief Resident and Teaching attending of the week.

3. Noon Conference

As part of the didactic curriculum, the mandatory Noon Conference attendance is expected from the day MAR if he/she does not have urgent patient care to attend to.

4. Recommended Reading:

- [Harrison's Principles of Internal Medicine, 16th Edition](#)
- [Up-To-Date Online](#)
- [PIER at \[www.acponline.org\]\(http://www.acponline.org\) is an excellent peer reviewed resource](#)
- [Stanford Antimicrobial guide](#)

C. Mix of Diseases and Patient Characteristics

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

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 hospitalist, MAR, MAI, and Night Float intern are expected to complete formal evaluations at the end of each rotation using the web-based E-Value evaluation software. In addition all attendings are encouraged to evaluate the MAR/MAI'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 residents '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 7 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 12 housestaff.
- 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: Stephen J. Knohl, MD

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