Internal Medicine Clinical Faculty members are responsible for the following on all inpatient ward rotations. This includes: general medicine wards, ICU/CCU, Hematology/Oncology services/Digestive Health. Please note that these responsibilities comply with the National ACGME and LCME requirements.

Clinical supervision
The attending physician:
- Must see patients every day.
- Must round with team to review patients daily. Rounds MUST include bedside time. Rounds should be limited to two-three hours per day to facilitate work effectiveness and compliance with duty hours (exceptions may occur when teams are busy or patient care requires longer rounds).
  - Rounding times vary by service but usually should occur between 8am-10:30am.
- Must participate in a verbal attending “sign out” rounds with team at the end of the day, should occur between 4-6pm.
- Must call the night team member to “check in” and verbally discuss unstable or very ill patients between 9-10pm nightly.
- Must be available by pager or other identified contact method at all times for communication regarding issues such as clarification of patient status, change in patient clinical status, death of patient (includes night-time hours).
- Must see, evaluate and document involvement in new patient admissions within 24 hours of the admission time.
  - Same day oversight of admissions 7am-5pm Monday through Friday; 7am-3pm Sat/Sun
- Must document involvement in patient care and co-sign resident notes as indicated. See documentation below.
- Should be present to observe/supervise procedures.
- Must ensure direct supervision of interns when the senior resident has a day off.
- For MCVH wards only, residents and/or attending must attend daily discharge planning at scheduled time.
- For all inpatient services, attending must provide oversight of and teaching for the night team. The night team member will participate in rounds to present new patients at 8:00 am. Bedside rounds for new patients are strongly recommended as an efficient and effective manner for providing supervision of patient care and an excellent teaching opportunity for both the day and night team members.

Teaching - general
The attending physician:
- Is responsible for supervising the educational experience for the ward team (students, interns, senior residents).
- Is required by accreditation requirements to devote time to education/teaching. These teaching hours per week are in excess of the time required to round with the team for the purpose of management of patients. The teaching sessions should occur daily but must occur at least 3 times per week. Time devoted to teaching/education MUST include bedside teaching. Bedside rounds are STRONGLY encouraged. Skill development in bedside rounding is available for all faculty members.
- May incorporate teaching into clinical rounds as long as it meets the requirement outlined above.
- Should lead the team after rounds to morning report at 11am in the N9 conference room. Resident attendance is required. Attending physician attendance is requested and expected. Intern and student attendance is encouraged.
- Should devote at least two sessions per week to student-level directed teaching (review of H&Ps, physical exam skills, basic internal medicine topic reviews, etc).
- Is encouraged to use creative, active learning methods, including having the learners direct the educational sessions.
- Is required to meet with students and residents at the beginning to review expectations and learning objectives.
- Is required to provide verbal mid-rotation feedback and end-of-rotation feedback to each learner. This feedback should be constructive, specific, and behaviorally-based.
- Must complete evaluations of learners in a timely manner. Resident evaluations are done through the web-based system, New Innovations - https://newinnov.com/Login/. Student evaluations are completed in the VCU electronic database. Both will be sent directly to you. If you do not receive an evaluation electronically, please contact the resident office (828-9726) or the clerkship office (828-5566).
Documentation

The attending physician:

- Must document their daily involvement in patient care.
  - May be done using separate attending notes (documentation requirements as per E/M requirements)
  - May be done using statement of agreement in chart after reviewing resident/intern note... “I have seen, examined and discussed the patient with the housestaff team on rounds this am. I agree with the detailed note of Dr. X, including details of history and physical examination which I verified on rounds. Additional comments ...”
  - May be done using template addendum to resident notes. Templates must be approved by the Department and Hospital. Template statements must meet teaching physician documentation guidelines.
  - There must be physician documentation of all key components to daily notes as well as admit notes.

- Is responsible for reviewing all resident and student notes. Feedback to learners should be provided regularly.
- Must follow E/M coding guidelines and submit billing electronically in a timely manner.

Reminders:

- Teaching physicians base billing code on total documentation and service provided (residents and attending) – as long as documentation supports involvement.
- Observation patients are coded using separate codes.
- Discharge codes should be used on day of discharge – based on attending time involved in discharge planning and discharge services performed (see E/M guides).
- Special billing/documentation issues on MCV general medicine wards (where a GME nocturnist is involved):
  - The GME nocturnist will document and bill for the admissions that he/she does without housestaff on the nights that the GME nocturnist staffs the senior resident position. The ward attending will document and bill a follow up visit on the day the patient is received (if not same day).
  - The GME nocturnist will oversee admissions but will not document or bill for them otherwise.

- Are ultimately responsible for discharge dictations even though this is a resident responsibility.
  - The Internal Medicine program policy is that discharge summaries are done on the day of discharge.
  - Non-compliance with discharge dictation policies may result in suspension of privileges
  - Students should not be required to dictate or type discharge summaries

- Should contact or see that housestaff contact referring physicians and primary care providers for all patients on patient admission and discharge
- Should assist with team in contacting each patient within 48 hours of discharge
- Should ensure that resident addends each admission H+P they supervise

- Discharge summaries and copies of the DIF (at MCVH) should be sent to the referring physician and primary care providers at discharge.

M3 specific requirements

- Review at least one student admit note per two-week block per student. Write-ups should be critiqued for thoroughness in history and physical examination assessment and documentation (reporting function). In addition, M3 students should be producing a thorough differential diagnosis (interpreter function). As the M3 year and months on medicine progress, students should be expected to move towards the development of a more context-appropriate differential diagnosis. Feedback on the write-ups should be given orally and in a timely manner to allow for improvement.
- Student daily progress notes should be reviewed by residents and/or attendings. Feedback should be given on an ongoing basis.
- Students are required to complete an EBM assignment monthly on a clinical topic (based on patient encounter). This student is expected to present the assignment to the attending physician who should provide formative feedback.
- Students are expected to evaluate at least two new patients per week. They should present these patients formally to the attending physician either on team rounds or separately.
- Students are required to maintain a list of patients that they have evaluated. This is done via the School of Medicine Passport tool. Attending physicians may review the list but are not required to do so.
- Concerns, questions about students should be directed to the clerkship director, Dr. Jeff Kushinka.

Resident specific requirements

- Supervising clinical faculty are required to review the curriculum/learning objectives for each rotation at the beginning of the month. Please refer to ERIC and/or New Innovations (www.eric.vcu.edu – curriculum section) for this information. These are also sent to you electronically each month.
- Supervising clinical faculty are required to provide mid- and end-of-two week feedback in oral and written form. Please indicate that evaluations were verbally discussed in the electronic system when asked.
- Evaluations should be based on resident progress in Internal Medicine milestones. The evaluations at the end of each rotation will be based on the milestones for the specific level of training. You will be asked to evaluate interns and residents based on their level of competence in each milestone. Early in the year, interns and residents will likely be
functioning at a novice or emerging competence level. They are expected to develop competence and proficiency over the course of the year.

- The attending physician is responsible for oversight of duty hours for all team members.
  - All housestaff must have an average of 1 day off in 7 over each rotation (regardless of length of rotation).
  - No housestaff member may work more than 80 hours per week, averaged over rotation length.
  - Interns may not work more than 16 hours sequentially; Residents may work more than 16 hours sequentially but may not work more than 28 hours.
  - All housestaff must have 8 hours off between tours of duty; they should have 10 hours when possible.
- All services must comply with ACGME service limit requirements; structures are in place to ensure this occurs (patient caps as outlined by RRC-IM)
- Supervising faculty must provide opportunities for residents to attend required conferences, unless special agreements or arrangements have been made with program (morning report in ICU/CCU). PGY2/3/4 residents have required conferences at 11 AM M/W/Th/F. Interns must attend intern conference once per week at noon. All residents must attend the Tuesday core conference block from 3-6pm. Bridge coverage supplied by sibling teams.
- Concerns, questions about residents should be directed to the training program director, Stephanie Call.