



**Department of Medicine
Internal Medicine Residency Program**

JOB RESPONSIBILITIES/SUPERVISION

PGY 2 and 3 Residents

1. Initial care plans for all patients admitted to the teaching services will be made by the resident and intern.
2. Patients admitted to the team will be seen and examined by the resident, and a Resident Admit Note (RAN) will be completed for each new patient in first 6 months (July-December).
3. The resident will review daily care plans for the patients with the Intern and will lead daily work rounds with the interns and students.
4. The resident will assign patients to students and interns on admission days.
5. The resident will directly supervise the work of interns and students, including all procedures.
6. The resident will discuss all patient care plans with the attending physician on a daily basis during rounds. On services with fellows, the resident will discuss all patient care plans with the fellow and the attending. The presence of the fellow should not diminish the role of the resident.
7. The resident will identify any educational needs of the team and convey these to the attending physician.
8. The resident will immediately notify the attending physician of all problems, need for invasive procedures, questions on patient care, change in the level of patient care (i.e. transfer to the ICU), deaths, and risk-management issues. The resident will make certain the attending physician, or another approved supervisor is present for any procedures for which the resident has not been deemed competent to perform without direct supervision. All procedures should be recorded in the E*Value system.
9. Residents are expected to provide 1-2 teaching sessions with the students each week and should pull pertinent articles for the team.
10. The residents are expected to attend Noon Conferences, Grand Rounds and Morning Reports whenever possible. The program requires that residents attend at least 60% of all Grand Rounds, Morning Report and Academic Half Day (AHD) requirement. However, AHD is mandatory unless on MICU, VICU or nights.
11. Residents should assist interns to allow rapid completion of discharge summaries (write progress notes, orders, call consults, etc.).
12. Residents assume patient care duties when an intern has the day off, in clinic, or AHD.

13. If the team has an MS IV, the resident will be responsible for the notes of their patients. After 5:00 P.M. and on weekends the resident covering for General Medicine is responsible for all emergent Medicine consults. The resident should call the Chief Resident if at the VA or admitting attending if at MUSC to review the consult.
14. Admissions arriving after 7:00 A.M. will be seen by the on-call team. The patient must be examined and assessed. If not acute, holding orders may be written. The H&P and Resident Admit Note (RAN) do not need to be written until after rounds. The primary team MUST be notified of the patient as soon as possible.
15. On ambulatory rotations and in continuity clinic, PGY 2 and 3 residents present all patients directly to the attending physician. The resident is expected to develop the care plan. The attending physician will directly see patients as needed.

Interns

1. The intern will be responsible for all daily care of the patient.
2. She/he will see all patients within a timely manner, once admitted to the floor, and will write comprehensive histories and physical exams on each admitted patient.
3. The Intern will write all orders and will follow-up on all patient studies and consults. Interns will review all laboratory results and medication regimens daily, making necessary adjustments.
4. The intern will discuss all admissions with the Resident on the night of call.
5. Interns will present their patients to the attending physician and will assist students in preparing presentations.
6. Interns will make lists of all patients under their care each night to checkout to colleagues. The on-call interns will write notes on all patients seen on cross-cover and will expect the same from colleagues.
7. Interns (or students under their direction) will write daily progress notes and discharge notes and will write the notes of the MSIV when the resident is off.
8. Interns are expected to attend all Academic Half Days, Grand Rounds and Morning Reports.
9. Interns will perform all procedures on the wards and Residents are expected to assist and supervise as needed. All procedures are to be documented in the patient's chart. Informed Consent must be obtained prior to all non-emergent procedures.
10. Interns will report all problems directly to the resident.
11. Interns are responsible for appropriate off service notes on all their patients prior to switching services.
12. Interns should only accept patients when contacted by the resident on-call for that service. No admissions are to be accepted by the intern from fellows, attending physicians, or other services. The resident should be notified of all ICU transfers.

13. Check out time is 5:00 P.M. Housestaff may check out earlier but must stay on pager, return all pages, and return to the hospital if any major patient care problems arise. The primary housestaff team is responsible until 5:00 P.M.
14. On ambulatory rotations and in continuity clinic, PGY 1 residents present all patients directly to the attending physician. The intern is expected to begin developing the care plan. The attending physician will directly see all patients initially.

Acting Interns (MS-IV)

The MS IV will carry the same role and responsibilities as the interns with the following modifications:

1. All patients worked up by the MS IV will be presented to the resident the night of call, and all admission orders will be examined by the resident and co-signed before they are entered in the chart.
2. The MS IV will discuss all patient care plans daily with the resident.
3. All orders written by the MS IV must be co-signed by the resident or intern before they are entered into the chart.
4. All invasive procedures done by the MS IV must be directly supervised by the resident and/or attending physician.
5. MS IV call schedules will be assigned by the Medicine office. Students are expected to adhere to these schedules.
6. On ambulatory rotations and in continuity clinic, MS-IV residents present all patients directly to the attending physician. The intern is expected to begin developing the care plan. The attending physician will directly see all patients initially.

Third Year Students

1. Students will follow 3-5 patients assigned to them and will be responsible for adhering to the call schedules assigned to them by the Medicine office.
2. Students will write at least one full history and physical exam, which will be handed in to the attending physician each week. The H&Ps must include a problem list and discussion of differential diagnosis and plan. The student will have read a medicine text on the subject before handing in the H&Ps.
3. Students will follow the patients they have admitted on a daily basis and will present these patients in a concise manner (5-7 minutes) to the attending physician post-call.
4. Students will present their patients on work rounds to the team each day, including subjective, objective data and a daily plan.
5. Students will attend all required conferences.
6. Students will write daily progress notes on their patients.
7. Students will identify their own educational needs and convey these to the resident and attending physician.

8. Students are supervised by the interns, the resident, the fellow (when applicable), and the attending physician. They are assigned to the intern following their patients for supervision in seeing the individual patient.
9. On ambulatory rotations and in continuity clinic, MS-3 residents present all patients directly to the attending physician. The intern is expected to begin developing the care plan. The attending physician will directly see all patients initially.

Benjamin Clyburn, MD
Program Director, Internal Medicine Residency Program
Updated July 2019