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INTERNAL MEDICINE SUPERVISION POLICY

The Internal Medicine Residency Program fully endorses and adheres to the Accreditation Council for Graduate Medical Education – International (ACGME-I) Common Program Requirements for Supervision (section VI.D.2) and the VinUni Graduate Medical Education Institutional Supervision Policy.

The purpose of this policy is to set forth standards with regard to the notification and communication of attending physicians by Residents and Fellows and to allow for appropriate implementation by Departments and attending physicians.

SCOPE

This policy covers all trainees directly involved in the care of patients in the Internal Medicine Residency Program at VinUni, that attending physicians for those patients, and Departments involved with Residents and Fellows.

IMPLEMENTATION AND MONITORING

Implementation of this policy is the responsibility of the attending medical staff with respect to their patients, and Departments. Monitoring of compliance with this policy is the responsibility of the Clinical Department Chair.

PROCEDURE

The principles and behaviors regarding this policy are:

1. Attending Notification of Admissions to the Hospital

Principle

Attending physicians must be promptly notified when patients are admitted to the hospital on his/her service.

Admissions to an intensive care unit must have attending notification within one hour of admission to the hospital. For other hospital admissions attending notification should occur promptly after a patient is examined and evaluated or earlier if clinical circumstances necessitate. Attendings should be notified immediately if patients are determined to be medically unstable and the patient is to be seen as clinically necessary. All hospital patients must be seen by the attending within 24 hours.

Behavior

Each Department must establish a procedure by which the attending physician is promptly notified of all admissions to the hospital in accordance to the principles above. The Department will be responsible for assuring that the house officer will contact the attending physician, unless the attending has already contacted him or her and is aware of the admission.

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2. Identification of the Attending Physician

Principle

Patients should be notified and be able to identify the attending physician in charge.

Behavior

The hospital will establish a mechanism for letting patients know who their attending physician is. This will involve use of a "white board" at the patient's bedside that states the name of the attending physician. If Departments prefer, they may choose to establish a different mechanism for this notification.

3. Discharge Decisions

Principle

The responsibility to discharge a patient is the attending physicians. The patient must be seen by the attending physician within a period of time prior to discharge that is established by the Department, not greater than 24 hours.

Behavior

Departments must establish a policy in regard to attending involvement in discharge decisions. Attending physicians must see their patients and make the discharge decisions as defined by Departmental policy.

4. Attending Notification and Communication in Major Treatment Decisions

Principle

Attending physicians should be aware of, and participate in, treatment decisions for all major events in a patient's clinical course (e.g., transfer to an ICU, deterioration in status, complications, etc.). In addition, if an attending physician (e.g. Emergency Department attending) informs a consulting resident that the resident's attending physician must be contacted, then the resident will contact his/her attending physician promptly and the consulting attending should be available to speak with the requesting attending.

Behavior

Attending physicians should review and document a plan of care for all significant clinical events including transfers to an ICU, deterioration in status, and significant complications.

5. Availability of Attending Physicians

Principle

Attending physicians are responsible for informing house staff, and other clinicians as appropriate, regarding how they can be contacted. If another attending physician is covering for them, this information must be clearly conveyed.

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Behavior

Attending physicians should be available (when requested) to return house staff or other physician telephone calls relating to an inpatient's care, within 30 minutes.

Attending physicians are responsible for clearly documenting in the chart when another physician is covering for them.

Attending physicians must call other attending physicians when there is to be a transfer in service.

Attending physicians must document their availability and assessment of the case when they come "on-service."