**THE UNIVERSITY OF TOLEDO**  
College of Medicine

**Name of Policy:** Clinical Rotation Guidelines  
**Policy Number(s):** IM – PC 3  
**Issuing Office:** Residency Office, Department of  
Internal Medicine  
**Scope of Policy:** Internal Medicine Residents

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**OFFICIAL POLICY**

**Effective Date:** 03/26/2007  
**Responsible Agent:** Director, Residency Program

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**POLICY**

**PURPOSE**

Provide a working guideline for inpatient management in regards to preventing resident fatigue and to enhance patient safety.

**PROCEDURES**

1. A first-year resident must not be assigned more than five new patients per admitting day; an additional 2 patients may be assigned if they are in-house transfers from the medical services.  
2. A first-year resident must not be assigned more than 8 new patients in a 48-hour period.  
3. A first-year resident must not be responsible for the ongoing care of more than 10 patients.  
4. When supervising more than one first-year resident the supervising resident must not be responsible for the supervision or admission of more than 10 new patients and 4 transfer patients per admitting day or more than 16 new patients in a 48-hour period.  
5. When supervising one first-year resident, the supervising resident must not be responsible for the ongoing care of more than 14 patients.  
6. When supervising more than 1 first-year resident, the supervising resident must not be responsible for the ongoing care of more than 20 patients.  
7. First-year residents should interact with second-or third-year internal medicine residents in the care of patients.  
8. Second-or third-year internal medicine residents or other appropriate supervisory physicians (e.g., subspecialty residents or attendings) with documented experience appropriate to the acuity, complexity and severity of patient illness must be available at all times on site to supervise first-year residents.  
9. Residents must write all orders for patients under their care, with appropriate supervision by the attending physician. In those unusual circumstances when an attending physician or subspecialty resident writes an order on a resident’s patient, the attending or subspecialty resident must communicate his or her action to the resident in a timely manner.
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