THE UNIVERSITY OF TOLEDO
College of Medicine

Name of Policy: Med II Service

Policy Number(s): IM – PC 16

Issuing Office: Residency Office, Department of Internal Medicine

Scope of Policy: Internal Medicine Residents

OFFICIAL POLICY

Effective Date: 08/20/2007

Responsible Agent: Director, Residency Program

POLICY

Medicine II service rotation protocol for internal medicine residents

PURPOSE

Describe the internal medicine resident dealings while rotating with attendings on this rotation.

PROCEDURES

1. Two to three interns will be assigned to the Med II rotation to be precepted by the Hospitalist attendings.

2. The cap for the senior resident will be 20 patients, with each intern covering a maximum of 10 patients. If the census is above 20 the attending will directly supervise the patients above the cap if covered by an intern, and provide for the care without resident/intern involvement if the interns are all capped.

3. Interns will get one day off during the week. When the intern is off, the attending will be covering for any number of patients over the cap. At least 2 interns will round on the weekends. If one of the interns is on vacation for a week, that week will be covered by the Jeopardy intern.

4. No-Doc admissions will be covered by Med I & Med II services on a q24 hour alternate day basis.

5. Interns will sign-out their patients like any other existing service to the short call interns.

6. At night, the patients will be covered by the night float team.
7. No-Doc patients sent from Pulmonary, Nephrology, Cardiology clinics etc., or No-Doc transfers on a Med II day will be admitted to Med II service with respective services consulted.

8. No-Doc patients sent from Pulmonary, Nephrology, Cardiology clinics etc., or No-Doc transfers on a Med I day will be left at the discretion the subspecialty attending as to whether they want to admit the patient as a primary to their service, or have the patient be admitted to Med I.

9. All South Toledo Internist and Ruppert Center GIM patients will be admitted to either Med I or Med II, based on which team is accepting admissions. If the teams are capped then it will be expected that the attendings on both Med I and Med II will communicate to place the patient appropriately. The attending at South Toledo Internists or the Ruppert Center GIM office may request the patient be admitted to Med I unless Med I is capped then the attending will either see the patient privately or admit the patient to Med II.

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