



Internal Medicine Clinical Responsibilities, Teamwork and Transition of Care Policy

Addendum to the MHG Clinical Responsibilities, Teamwork and Transition of Care Policy 500.14

Effective July 2023

The changing clinical care environment of medicine has meant that work compression due to high complexity has increased stress on residents. Faculty members and program directors need to make sure residents' function in an environment that has safe patient care and a sense of resident well-being. Some Review Committees have addressed this by setting limits on patient admissions, and it is an essential responsibility of the program director to monitor resident workload. Workload should be distributed among the resident team and interdisciplinary teams to minimize work compression.

Clinical Responsibilities

The clinical responsibilities for each resident will be based on PGY level, patient safety, resident ability, severity and complexity of patient illness/condition, and available support services.

Teamwork

Residents must care for patients in an environment that maximizes communication. This must include the opportunity to work as a member of effective interprofessional teams that are appropriate to the delivery of care in the specialty and larger health system.

- There will be a multi-disciplinary approach to training which will include pharmacists, social workers, case workers, discharge planners, nutritionists, and psychiatrists which will occur during multi-disciplinary rounds.
- Residents will actively participate in multi-disciplinary rounds when assigned to inpatient ward months to effectively communicate the plan of care and engage in collaborative communication with all members of the health care team.
- Residents will be trained in effective, patient-centered communication including, how to talk with families, delivering bad news, code status discussions, and other common interactions, and locally created direct observation tool will be utilized in the inpatient and outpatient settings to assess for competency.

Transitions of Care

The IM residency will design clinical assignments to minimize the number of transitions in patient care and ensure and monitor effective, a structured hand-over processes to facilitate both continuity of care and patient safety. The program will ensure residents are competent in communicating with team members in the hand-over process.

- Transitions of care will occur face to face at the end of the shift at sign-out rounds.
- Transitions of care will occur in an organized fashion using the I-PASS Handoff system: Illness Severity, Patient Summary, Action List, Situational Awareness and Contingency Planning, and Synthesis by Receiver.
 - o I-Pass: <http://www.ipasshandoffstudy.com/>
- For synthesis by receiver, the team/individual being signed out to, will briefly repeat a summary of what is heard, ask questions, and restate key actions/items to do. This will cover medical patients on inpatient services as well as inpatient consults.
- Transitions of care will always occur under the direct supervision of an attending physician to ensure information is not lost and to provide immediate resident feedback.
- A Direct Observation Tool will be utilized periodically to standardize the process and provide objective competency-based assessment and feedback.