



**Internal Medicine Clinical Responsibilities, Backup
Responsibilities, Teamwork, and Transition of Care Policy**
**Addendum to the MHG Clinical Responsibilities, Teamwork
and Transition of Care Policy 500.14**
Effective July 2024

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.

Backup Responsibilities

Jeopardy System (AKA Backup Coverage)

The backup coverage system for vital clinical service roles termed historically as the jeopardy system exists to provide back-up for residents who find themselves unexpectedly unable to work their assigned rotation due to illness or personal emergency. Jeopardy system structure and rules:

1. Be professional, responsible and conscientious
 - This system is to be used ONLY when absolutely needed for sickness or personal emergency, so please use it responsibly.
 - Please do not abuse this jeopardy system and be mindful of your co-residents time and life.
 - Any abuse to the system will not be tolerated and will have consequences.

2. The person assigned to jeopardy must be available 24 hours a day for the duration of their jeopardy coverage. That means:

- Able to make it to the hospital within 1 hour
- Make sure your cell phone and pager are on and working 24/7.
- Be professional and responsible (sober and able to work).
- Failure to answer jeopardy call is a breach to professionalism and has consequences (listed below).

3. Coverage

- Generally PGY-1 will cover PGY-1, and PGY-2/3 will cover PGY-2/3.
- There will be a PGY-1 on First Call to cover a PGY-1, a PGY-2/3 on First Call and a PGY-2/3 on Second Call to cover a PGY-1/2/3
 - PGY-1 coverage: PGY-1 on First Call then PGY-2/3 on First Call, then PGY-2/3 on Second Call.
 - PGY-2/3 coverage: PGY-2/3 on First Call then PGY-2/3 on Second Call.
 - If PGY-2/3 on First Call was already covering for an PGY-1 and an additional PGY-2/3 is needed, then PGY-2 on Second Call will cover.
 - If more coverage is needed at any given time, the program may call other residents to cover based on their schedule and availability.

4. Jeopardy call process:

- Call the Chief Resident/PD to inform him/her of inability to work and reason.
- You must CALL. Text messages and emails are not acceptable.
- You must call before your scheduled shift unless of course there is an emergency or illness that started during your shift.
- Informing the Chief Resident/PD of absence from work after the work shift has started or is done is not acceptable and will be considered a breach of professionalism.

5. Chief Resident/PD will call the jeopardy resident

- You will be called on your cell phone first (please make sure it's working 24/7)

- If cell phone was not answered, your emergency contact will be called.
- You have 15 minutes to answer the jeopardy call. Failure to answer a jeopardy call within this time is a breach of professionalism.
- If First Call PGY-1/PGY-2/3 the Chief Resident/PD will call the PGY-2/3 on Second Call.

6. Consequences

- Any breach of professionalism to include, but not limited to, failure to answer jeopardy calls, not reporting to the assigned work shift, refusing to report the assigned work shift, will have consequences.
- Consequences can include, but not limited to, assignment of extra jeopardy call coverage, assignment of weekend shifts, refer to internal medicine clinical competency committee, as determined by the program administration.

7. Jeopardy Exchanges/Coverages

- It's the resident's responsibility to find someone to switch jeopardy time with you or cover your jeopardy time.
 - PGY-2/3 can cover for PGY-1
 - PGY-1 cannot cover for PGY-2/3
- When you find someone agreeable to switch/cover, email the Program Coordinator with the following:
 - Your name and jeopardy time.
 - Covering: The resident's name who is covering
 - Switching: The other resident's name and their jeopardy time
 - You have to cc the switching/covering resident's email to ensure he/she has visibility, and acknowledges and agrees
 - The Program Coordinator will update New Innovations with the switch/change after the resident cc'd in the email acknowledges and agrees

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.
 - 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.