

Policy Name: INTERNAL MEDICINE POLICIES & PROCEDURES - INTERNAL MEDICINE EMERGENCY COVERAGE (For the Internal Medicine Training Program)	
Approved by: GME Committee and THR Legal	Effective Date: 11/2003
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INTERNAL MEDICINE EMERGENCY COVERAGE

1.0 PURPOSE:

To define the Internal Medicine Training Program policy and procedures in the event that a resident becomes unable to provide patient care.

2.0 SCOPE:

This policy applies to all residents (PGY1 [interns], PGY2 and PGY3 [residents]) in the Internal Medicine Graduate Medical Education Training Program at Texas Health Presbyterian Hospital Dallas.

3.0 POLICY:

Interns and residents in the Internal Medicine Training Program shall follow the procedures in Section 4.0 below when the intern or resident needs to arrange for emergency coverage of patients.

4.0 PROCEDURES:

4.1 On-Call Days

4.1.1 PGY1:

An intern requiring emergency coverage will contact his/her upper level resident as well as the Chief Resident immediately. The intern shall also notify the Program Coordinator, the Program Director and the Associate Program Director by email. The Program Coordinator will insure that PTO is recorded for the absent PGY1.

In the case of a single intern team, the Chief Resident will contact the first PGY1 resident on the randomly ordered list of PGY1 trainees who is not on Paid Time Off and is not already on a ward or ICU rotation. The selected resident will be notified and relieved of elective duties during the period when s/he is providing coverage.

It is expected that the intern requiring emergency coverage will work for the substituting intern on a future call day.

In the case of a 2-intern team, it is acceptable for the team to operate on the on-call day with a single intern.

4.1.2 PGY2/PGY3:

A PGY2/PGY3 requiring emergency coverage will contact the Chief Resident immediately. The resident shall also notify the Program Coordinator, the Program Director and the Associate Program Director by email. The Program Coordinator will insure that PTO is recorded for the absent PGY2/PGY3.

The Chief Resident will contact the first PGY2/PGY3 resident on the randomly ordered list of PGY2/PGY3 trainees who is not on Paid Time Off and is not already on a ward or ICU rotation. The selected resident will be notified and relieved of elective duties during the period when s/he is providing coverage.

If the PGY2/PGY3 trainee is already at the hospital at the time s/he becomes unable to continue to provide care, s/he should wait at the hospital for coverage to arrive and should continue to cover codes if possible.

It is expected that the PGY2/PGY3 requiring emergency coverage will work for the substituting PGY2/PGY3 on a future call day.

4.2 Non-Call Days

4.2.1 PGY1:

An intern requiring emergency coverage will contact his/her upper level resident as well as the Chief Resident immediately. The intern shall also notify the Program Coordinator, the Program Director and the Associate Program Director by email. The Program Coordinator will insure that PTO is recorded for the absent PGY1.

The upper level and Chief Resident will determine whether coverage is required for care of the intern's patients. This may depend on variables including the size of the intern's service, the acuity/complexity of the patients, the upper level resident's clinic schedule and the number of days the intern is projected to be off duty.

If the upper level and Chief Resident determine that coverage is needed, the Chief Resident will contact the first intern on the randomly ordered list of PGY1 trainees who is not on vacation and is not already on a ward, ICU or night float rotation. That intern will be relieved of elective duties during the period when s/he is providing coverage.

In general, if the intern requiring emergency leave is projected to miss duty for more than 2 days, PGY1 coverage will be required. Clarification should be sought by the Chief Resident from the Program Director and Associate Program Director if needed.

If a categorical intern requires emergency coverage on a clinic day, s/he must also notify the internal medicine clinic administrator and the clinic faculty immediately so that arrangements can be made to reschedule patients.

4.2.2 PGY2/PGY3:

An upper level resident requiring emergency coverage will contact the Chief Resident immediately. The resident shall also notify the Program Coordinator, the Program Director and the Associate Program Director by email. The Program Coordinator will insure that PTO is recorded for the absent PGY2/PGY3.

The Chief Resident will determine whether coverage is required for the purpose of supervising the intern(s) and medical students. If the upper level resident is projected to be off duty **more than 1 day**, coverage is **mandatory**. In this case, the Chief Resident will contact the first PGY2/PGY3 resident on the randomly ordered list of PGY2/PGY3 trainees who is not on vacation and is not already on a ward or ICU rotation. That resident will be relieved of elective duties during the period when s/he is providing coverage.

If the upper level resident is projected to be off duty for **1 day only**, the Chief Resident will determine whether dedicated in-house coverage is required for supervision of the intern(s) and medical students. This may depend on variables including the number of interns on the team, the presence/absence of medical students on the given day, the acuity/complexity of the patients and the interns' clinic schedule. If the Chief Resident deems that dedicated in-house coverage is **not** required, the Chief Resident will contact the on-call PGY2/PGY3 resident that day to arrange for that resident to be available for questions and consultation with the interns whose resident is off duty.

The Chief Resident will notify the interns whose resident is off duty to inform them of the chain of supervision during this period. Clarification regarding the appropriateness of coverage should be sought by the Chief Resident from the Program Director and Associate Program Director if needed.

If a PGY2/PGY3 trainee requires emergency coverage on a clinic day, s/he must also notify the internal medicine clinic administrator and the clinic faculty immediately so that arrangements can be made to reschedule patients.

4.3 NIGHT FLOAT

An intern requiring emergency coverage during night float rotation will contact the Chief Resident immediately. The Program Coordinator, the Program Director and the Associate Program Director should be notified by email as well. The Program Coordinator will insure that PTO is recorded for the absent PGY1.

The Chief Resident will contact the first PGY1 resident on the randomly ordered list of PGY1 trainees who is not on vacation and is not already on a ward or ICU rotation. The selected resident will be notified and relieved of elective duties during the period when s/he is providing coverage.

It is expected that the intern requiring emergency coverage will work for the substituting intern on a future night float shift.