

R1/AI Expectations

Schedule Overview

- Morning teaching starts promptly at 8:00 am. Each intern should arrive early enough to allow time to gather information, see their patients, meet with the team leader to discuss plans and be ready to round with the team by 8am..
- The resident teams will alternate call days, admitting patients and managing floor work until night float arrives at 7:00 pm.
- Checkout to the night float will occur at 7 pm. Residents will then have 1 hr to complete their work before leaving the hospital at 8 pm.
- Interns are to have a minimum of 8 hours between shifts, but ACGME recommends 10 hours. To meet this requirement, interns are to leave by 8 pm on their call days and not arrive until 6 am the following morning.
- Interns will never work more than 16 consecutive hours.
- Duty hours must be logged in New Innovations at a minimum of every 5 days.
- Each resident will generally work one weekend day (7 am - 5 pm) per weekend.
- If staffing permits, each intern will have 1 week of overnight experience w/ an upper level resident.
- You should have at least one day off per week on average over the course of the month. Please notify the team leader or attending as soon as possible if you notice any issue or problem with the schedule.

Patient Care Responsibilities

- Each intern must *average* 5 patient encounters per day (including H&Ps, consults and D/Cs). This means that some days they will carry more than 5 patients. They should know their patients thoroughly including current medications, recent VS, labs, etc. See “pre-rounding expectations” for more details on this.
- AIs have a hard “cap” of 5 patients regardless of skill level. They are not permitted to exceed this for any circumstance.
- All PCP’s need to be called on admission and discharge, and if there is a significant event during hospitalization (eg transfer to ICU, unexpected surgery, etc). Some PCP’s (Drs. Downey and Rosenthal) appreciate daily phone calls, even weekends for Dr. Rosenthal. Texting is fine if the attending requests this just omit pt names.
- If the PCP is one of our residents, they must be called everyday and are expected to “round” at least once during the admission. Rounding must include a brief social visit note followed by a phone call to the attending of record.
- All consultations should be called personally. Give a 30 sec presentation. Be sure to have an explicit clinical question.
- Family members should be called as requested by patients. For patients who are confused or unable to relay information, please call one family member daily.

- The census should be updated prior to checkout each day. Please use the IPASS format (.ucfmsignout). You will be evaluated by your written and verbal handoff weekly.
- Check out must be supervised by a senior resident or an attending. See “Checkout expectations” for more details. It is expected that checkout will not interfere w/ planned teaching sessions (ie noon checkout should be done by 12:15) nor result in violation of duty hours (ie checkout to night float should be complete prior to 8 pm).
- After rounds each day, the team leader will review new orders to be placed and assist in prioritizing these orders.

Learning Expectations

- Complete of all quizzes on the website by the end of the month.
- Attend noon conference Mon - Fri at 12:15 pm (Monday, Tuesday, and Friday: 2N Library; Tuesday and Thursday: MOB in residency office suite 340)
- Attend morning teaching Mon - Fri at 8 am.
- Identify a specific clinical question each day during rounds.
- Self-directed studying including reading around patients on a daily basis.
- Identify resources throughout the month (up-to-date, articles on the website, apps for smart phone/iPad's, etc). Ask others what resources they like and how they find information that they look up!

Teaching Expectations

- Interns/Al's will be assigned a few morning teaching segments on a topic pertinent to patient care by the Team Leader. This is expected to last **no longer** than 15 min (including discussion) so planning for 10 minutes is best. Writing on the white board is encouraged, power point presentations are not.
- At least 1 of the assigned morning teaching sessions should be presented in an EBM format (see Evidence Based Presentations on the website).

Supervision

- Interns/Al's are never in the hospital unsupervised.
- The TL will be available for patient care questions, looking over med rec's, discharge summaries, orders, etc, and helping to prioritize to-do lists after rounds, identifying clinical questions and appropriate resources, providing tips on how to improve efficiency and so on.
- All H&P's must be staffed on the day of admission with the TL, an R2, or an attending.
- The Attending is to be called or paged for any of the following:
 - ICU transfers
 - Deaths
 - Conflicts with consultants or ED
 - Significant conflicts with families

- Pt's signing out AMA
- Direct admissions or transfers from Outside hospitals
- Consults must be staffed on date of consult (via phone or in person).

Evaluations

- Each learner will have weekly feedback with an attending as well as an end of the month evaluation with an attending. Feel free to ask for feedback earlier or when you have specific questions.
- A written evaluation by the attending can be reviewed on New Innovations within 2 weeks of completing the rotation (residents). AIs will get feedback and grades within 2 weeks per normal UCCOM protocol.
- Each resident has the opportunity to provide feedback on both the rotation itself as well as each attending through New Innovations (feedback is not provided to the attending immediately, and instead are batched and given every quarter so your feedback is truly anonymous).
- Each intern/AI will evaluate the other members of the team. These forms are available on the website. Deadline for completion is within 2 wks of completing the rotation.
- Interns/AI's will receive feedback from other members of the team via the evaluation forms on the website.