



# General Internal Medicine Residency Schedule and Policies

Henry Ford Macomb Hospitals

Academic Year

2023-24

## A) Internal Medicine Teams

Teams*	Seniors	Interns
A (AIMS)	1	2
B (AIMS)	1	2
C (AIMS)**	1	2
D (Great Lakes Medicine)	1 or 2	2 or 1
Night Float Team***	1-3	0 - 2

\*Medical students will be assigned to day teams and will follow intern schedule. Team residents number may vary

### Internal Medicine Schedule

								<b>Golden</b>
								<b>Team A</b>
On Call	A	B	C	D	A	B	C	Senior 1
Post Call	D	A	B	C	D	A	B	Intern 1
Regular 1	C	D	A	B	C	D (OFF)	A (OFF)	Intern 2
Regular 2	B	C	D	A	B	C (OFF)	D (OFF)	
Post Call Rounds	D	C	A	B	D			<b>Team B</b>
Night Call	NF	NF	NF	NF	A	B	NF	Senior 2
								Intern 3
								Intern 4
On Call	D	A	B	C	D	A	B	
Post Call	C	D	A	B	C	D	A	<b>Team C</b>
Regular 1	B	C	D	A	B	C (OFF)	D (OFF)	Senior 3
Regular 2	A	B	C	D	A	B (OFF)	C (OFF)	Intern 5
Post Call Rounds	B	D	C	A	B			Intern 6
Night Call	NF	NF	NF	NF	D	A	NF	
								<b>Team D</b>
								Senior 4
On Call	C	D	A	B	C	D	A	Senior 5
Post Call	B	C	D	A	B	C	D	Intern 7
Regular 1	A	B	C	D	A	B (OFF)	C (OFF)	
Regular 2	D	A	B	C	D	A (OFF)	B (OFF)	<b>Hospitalist Team</b>
Post Call Rounds	A	B	D	C	A			Senior 6
Night Call	NF	NF	NF	NF	C	D	NF	<b>Night Float</b>
								Senior 7
								Intern 8
On Call	B	C	D	A	B	C	D	Intern 9
Post Call	A	B	C	D	A	B	C	
Regular 1	D	A	B	C	D	A (OFF)	B (OFF)	
Regular 2	C	D	A	B	C	D (OFF)	A (OFF)	
Post Call Rounds	C	A	B	D	C			
Night Call	NF	NF	NF	NF	B	C	NF	

\*\*\*Night float will be comprised of a combination 1 - 3 seniors with interns

## B) Duties and expectations – General Guidelines

In order to provide the educational experience in clinical medicine that incorporates the diverse pathology in acute inpatient medicine, on the average, a PGY1 is expected to care for 6-8 patients per day not exceeding the ACGME specified maximum of 10 patients per day. On the average, a PGY2/3 supervising 2 interns or more is expected to care for 14-16 patients per day, not to exceed more than 20. A PGY2/3 with 1 intern would manage on average 10-12 patients without exceeding 14. The supervising attending physicians will assign transfers and new admissions to the team each day to achieve these goals in clinical experience while abiding by the ACGME specified limits on admissions and transfers per admitting day and 48 hour periods. Pick ups from night float and ICU are considered transfers.

When not on call, Residents and interns on the internal medicine service are expected to start the day at 6.30 a.m. and leave no earlier than 4 p.m. When needed for patient care on occasion, non-call residents may stay until 5.30 – 6.00 p.m. Residents and Interns on call will provide cross coverage and admit late admissions and are expected to be on duty until 8.00 p.m except on the 24 hour Fri/Sat overnight calls. When assigning patients, the attending physicians will keep these duty hour goals in mind and assign patients no later than 3 p.m for non-call residents and no later than 6 p.m. for residents on call. The senior resident as well as the interns are encouraged to discuss any workload and duty hour

concerns with the supervising attending and the program director in order to maintain the optimal balance between clinical experience and duty hours.

On Call Day	Post Call Day	Regular 1 Day	Regular 2 Day
<ul style="list-style-type: none"> <li>* Relieve NF team of oncall duties at 0700</li> <li>* Patient care from 0700 – 2000</li> <li>* Last admit at 1800</li> <li>* Cover rapid responses from 2 pm-7pm</li> <li>* Respond to all code blues</li> <li>* Sign out to Night Float team at 2000</li> </ul>	<ul style="list-style-type: none"> <li>* All admissions prior to 1500</li> <li>* Sign out to On Call team no earlier than 1500</li> </ul>	<ul style="list-style-type: none"> <li>* All admissions prior to 1500</li> <li>* Sign out to On Call team no earlier than 1600</li> </ul>	<ul style="list-style-type: none"> <li>* All admissions prior to 1500</li> <li>* Sign out to On Call team no earlier than 1600</li> </ul>

**The Key ACGME regulations that apply to the IM rotations are summarized as follows:**

**Admission/Transfers**

A first-year resident must not be assigned more than five new patients per admitting day; an additional two patients may be assigned if they are in-house transfers from the medical services

A first-year resident must not be assigned more than eight new patients in a 48-hour period;

When supervising more than one first-year resident, the supervising resident must not be responsible for the supervision or admission of more than 10 new patients and four transfer patients per admitting day or more than 16 new patients in a 48-hour period;

**Intern/Resident Daily Census**

A first-year resident must not be responsible for the ongoing care of more than 10 patients;

When supervising one first-year resident, the supervising resident must not be responsible for the ongoing care of more than 14 patients;

When supervising more than one first-year resident, the supervising resident must not be responsible for the ongoing care of more than 20 patients;

**Duty Hours**

Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in-house clinical and educational activities, clinical work done from home, and all moonlighting.

Residents should have eight hours off between scheduled clinical work and education periods.

Residents must have at least 14 hours free of clinical work and education after 24 hours of in-house call.

Residents must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks).

1. All teams will be expected to complete work up for their patients with dispositions before sign out to call team.
2. Didactics – Please refer to google calendar. All residents should have over 80% didactic attendance.
3. Call team senior will be responsible for covering rapid responses from 2pm and all code blues during didactic lectures.
4. Nursing units will be informed to contact respective team attendings for resident team patients during didactics.
5. All team phones except for code phone should be placed on silent mode.

**C) General Day Team Information**

1. Patient cap for "typical" (1 senior/2 intern) team at any one time = 20 total patients (10 per intern)
2. Each day one floor team will conduct "morning rounds" where they will round with their team rounder along with the Night Float team on patients that the Night Float team has selected to pass along to the particular team. Rounds will begin at 7 am.
3. All other teams should arrive at least by **6:30 am daily**. Please allow ample time to pre-round on your patients and discuss with your resident regarding plan of care for that day before rounds.

4. Daily rounding times for each team (Teams A, B, C, and D) should begin between 9am and 10am, unless determined by attending on service.
5. Interns should staff all patients, including new admissions/pick-ups and existing patients, with their residents.
  - i. During this time, an assessment and plan will be discussed and formulated to present to attending/staff physicians.
  - ii. Senior residents, please use this time as a teaching opportunity to interns and medical students. Discuss each case, the thought process, the evidence, and eventual plan. How interns perform during rounds is a reflection of how well you have prepared them.
6. Each new patient needs to be staffed with the attending physician at time of admission
  - i. If the new admission is assigned prior to daytime rounds, the patient should be staffed on rounds
  - ii. If the new admission is assigned after rounds or on overnight call, the patient should be staffed via telephone or per attending preference as determined at the onset of the rotation.
    1. Senior residents should be staffing with the attending providers through December and interns should staff with the attending providers thereafter for these post-round/overnight admissions
7. Senior residents are encouraged to seek educational opportunities with their interns and medical students if time allows during their day. This includes informal lectures by the senior over certain topics, assigning interns/medical students topics to read, and discussing with the team the following day.
  - i. Please encourage a **strong** academic culture.
8. Residents on Regular Day 1 and 2 :
  - i. Interns on R1 and R2 will admit patients as assigned.
    1. Senior responsible for distribution of these patients (either to the interns or to themselves)
  - ii. Duties include helping relieve the On Call Team if they get busy (Multiple codes, rapids, etc.)
  - iii. On Friday, Regular Day *Team 1* will have H.O. duties from 0700 – 1200 or until On Call team arrives. If the Regular Day Team 1 senior is in clinic, then the duty will fall to Reg Day Team 2 senior.
  - iv. Sign out at the end of the day to the On Call team.
9. Post-Call Interns:
  - i. Will pick up admits as assigned
    1. Senior responsible for distribution of these patients (either to the interns or to themselves)
  - ii. Duties include helping relieve the On Call Team if they get busy (Multiple codes, rapids, etc.)
  - iii. Will sign out at the end of the day to the On Call team.
10. On-Call Team:
  - i. Start taking admissions at 0700.
  - ii. Number of admissions as specified in general guidelines
    1. Senior responsible for distribution of these patients (either to the interns or to themselves)
  - iii. House Officer duties from 0700 – 2000.
11. Internal Medicine/Family Medicine Resident Clinic:
  - i. Attend day of clinic assigned.
    1. If AM Clinic, return in afternoon.
    2. If PM Clinic, round/write notes in morning and return to hospital after clinic.
    3. Paired/Buddy Teams:
      - a. A – C
      - b. B – D
  - ii. Days Off
    1. Average of 1 day off per week.
      - a. Two Saturdays and two Sundays
    2. Golden Weekend
      - a. Team that is Post Call on Friday has a Golden Weekend.
      - b. Attending will cover team over the weekend.
    3. Vacation
      - a. None allowed on a medicine month.
    4. Emergency/Sick days
      - a. Please see emergency/sick day policy guideline
      - b. Medicine Attending Physician, Senior resident and on call Chief resident must be informed immediately by phone. The Program Coordinator and the Program Director must be notified by email.

## D) Weekend Coverage General Guidelines

Friday On Call Team	Saturday On Call Team	Sunday On Call Team
<p>* Senior and Interns: 1200 (Fri) – 1200 (Sat)</p> <p>* H.O. coverage from 1200 (Fri) – 1200 (Sat)</p> <p>* Sign out to On Call team before 1200 (Sat)</p> <p>* Same duties as Weekday On Call Team</p> <p>* Admissions</p> <p><b>1 Senior and 2 Intern Team:</b> Each intern caps at 5 admissions each for 24 hour day. (10 total)</p> <p><b>2 Senior and 1 Intern Team:</b> Intern caps at 5 admissions and both seniors cap at 5 admissions together for 24 hour day. (10 total) *If both seniors are present*</p> <p><b>1 Senior and 1 Intern:</b> Intern cap at 5 admissions and senior cap at 3 admissions for 24 hour day.(Total 8 )</p> <p><b>2 Senior and no Intern:</b> Each senior caps at 5 admissions each for 24 h our day. (10 total)</p> <p>* Team will round the next day (post call) with attending to present the new admissions, along with previous patients.</p>	<p>* Senior and Interns: 1200 (Sat) – 1200 (Sun)</p> <p>* H.O coverage from 1200 (Sat) – 0700 (Sun)</p> <p>* Sign out to On Call team before 1200 (Sun)</p> <p>* Same duties as Weekday On Call Team</p> <p>* Admissions</p> <p><b>1 Senior and 2 Intern Team:</b> Each intern caps at 5 admissions each for 24 hour day. (10 total)</p> <p><b>2 Senior and 1 Intern Team:</b> Intern caps at 5 admissions and both seniors cap at 5 admissions together for 24 hour day. (10 total) *If both seniors are present*</p> <p><b>1 Senior and 1 Intern:</b> Intern cap at 5 admissions and senior cap at 3 admissions for 24 hour day.(Total 8)</p> <p><b>2 Senior and no Intern:</b> Each senior caps at 5 admissions each for 24 h our day. (10 total)</p> <p>*Admissions staffed with senior resident</p> <p>* Team will round the next day (post call) with attending to present the new admissions, along with previous patients.</p>	<p>* Day: 0700 (Sun) – 2000 (Sun)</p> <p>* H.O. coverage from 0700 – 2000 (Sunday)</p> <p>* Sign out to Night Float team at 2000</p> <p>* Same duties and policies as weekday On Call team.</p> <p>* Night float team returns at 2000 Sunday evening.</p>

## E) General Weekend Coverage Information

1. Call
  - i. Total of two overnight calls for the month.
  - ii. Allowed 24 hour call with 4 hours of sign-out/extended patient care time.
2. Friday morning Medicine Clinic Residents
  - i. It is the responsibility of the resident or intern to notify Clinic Coordinator prior to the onset of the rotation of the day of their Friday call day to block clinic for that day
3. Rounds
  - i. Senior Residents are to coordinate timing of rounds with attending providers on weekend call
  - ii. If only an intern is postcall for the team, intern will see their old patients and new admissions. Attending will round on the patients of the intern who is off for the weekend
  - iii. Any anticipated morning patient discharges should be prepared the day prior to call to not delay the discharge

## F) Night Float General Guidelines

Sunday night – Friday morning
<p>* Day: 2000 – 0800 (next day)</p> <p>* H.O. coverage from 2000 – 0700 (next day)</p>

**\* Admissions**

- Each intern 4 admissions each
- Admissions staffed with senior resident.
- If Night Float team consists of two seniors, total CAP is 8 for the team, split at the discretion of the two team members.
- Teams may get admission till 5 am.

\* 4 Admissions overnight are presented to the assigned team and the attending as per schedule during "morning rounds". Night float senior will discuss with attending regarding the rest of the patients. If there are good teaching cases, they will be signed out to other Regular Team .

\* Senior resident is the designated Code Leader and will run codes.

**G) General Night Float Information**

1. The Senior IM resident will be carrying the Code Phone (5602)
2. The Interns will be carrying the House Officer Phones (5607, 5609)
3. Phones will be handed off to the on-call team at sign out at 7 am.

**H) Night Float Admissions Policy**

1. As noted above
2. Based on the post call rounding schedule.
  - i. If AIMS teams are on call during the day. Night float will take 8 admissions from AIMS hospitalist group has post call rounds the following morning 6 admission to AIMS, 2 admission to GLM
  - ii. If team B is on call during the day night float will divide patients between AIMS and GLM 4/4.
  - iii. If GLM team is on call during the day and take staff call at night, Night float will admit 8 patients from GLM
  - iv. If GLM team is on call during the day but no at night Night float will divide patients between AIMS and GLM 4/4
3. Education
  - i. Staffing with attending on post call rounds with any further educational teaching points provided by attending.
  - ii. Follow up on patients provided with sign out from teams.
    1. Continuity of care established as teams sign out patients that have been previously admitted by the night float intern.
    2. Night float intern can follow up on interesting patients of their choice.
4. Rapid Responses / Code Blue
  - i. Senior Resident is the Code Leader
  - ii. Back up to ICU Residents if needed
5. Days Off
  - i. Scheduled day off: Friday night and Saturday night
  - ii. No vacations allowed

**I) Education**

1. Daily Report:
  - i. Please refer to google calendar.
  - ii. ATTENDANCE IS MANDATORY FOR ALL TEAMS (Teams A, B, C, D) and all residents/interns/medical students on subspecialty medicine rotations in house.
  - iii. Attendance will be taken. The program director will be notified of unexcused absences.
  - iv. Daily report schedule determined by medicine resident chiefs: Will be posted on Google Calendar.
    1. Please pay attention to YOUR scheduled morning report every month.
  - v. Should be interactive with the medical students, interns, and residents.
  - vi. **Exceptions for attendance: (ICU residents/ Night Float/Downtown rotations)**
    1. IM/FM morning clinic (does not apply for M&Ms, see below)
    2. Days where all seniors/juniors or all interns must be somewhere (ex. OSCE at HF Main)
  - vii. Daily lecture schedule is posted on Google calendar.
  - viii. BE ON TIME. There is no excuse for being tardy unless there is a patient care emergency.
  - ix. Board Preparation will be held each Thursday from 12:00pm to 1.00 pm.
    1. Materials will be supplied by Medical Education
    2. It is expected that all participants will have read the assigned materials and participate in questions.
    3. Seniors are responsible for ensuring medical students and off service residents on their service have access to materials and schedule.
  - x. Please note, this is protected didactic time for residents. All phones should be placed on silent mode EXCEPT, code phone. Senior resident will respond to Rapid response and code blue.

- xi. Respective team attending physicians will respond to nursing calls and will cover for resident team patients during lectures.
2. Morbidity and Mortality Lecture
    - i. 7:00 am, usually on the second and fourth Monday of every month
    - ii. ATTENDANCE IS MANDATORY FOR ALL TEAMS (Teams A, B, C, D, and NF), all residents/interns, and medical students on subspecialty rotations in house.
    - iii. ATTENDANCE IS MANDATORY EVEN IF YOU HAVE MORNING CLINIC ON THE ASSIGNED DAY.
    - iv. Multiple attendings will be present.
    - v. M&M schedule is posted on Google calendar.
      1. Each resident is expected to present *at least one* M&M per academic year
      2. M&M schedule cannot be altered unless with prior approval by medicine chiefs and the PD
  3. Journal Club
    - i. Once a month, dates to be determined – see appendix A
    - ii. ATTENDANCE IS MANDATORY FOR ALL TEAMS (Teams A, B, C, D, and NF), all residents/interns, and medical students on subspecialty rotations in house.
    - iii. A scheduled resident will present a research article, mentored by an attending.
      1. Each resident is expected to present *at least one* Journal article per academic year
      2. JC schedule cannot be altered unless with prior approval by Medicine Chiefs and the PD

**J) Contact information – See appendix B**

**K) Switch days – See appendix C**

- Friday
  - On Call team.
    - Team will arrive at 12:00 pm and assume house officer duties until 12:00 pm on Saturday.
  - \*\*After NF team signs out in the morning, Regular Day 1 team will assume house officer duties till on-call team arrives.\*\*
- Saturday
  - On-call team.
    - Team will arrive at 12:00 pm and assume house officer duties until 7:00 am on Sunday.
    - Team will round on the new patients and old patients and leave by 12:00 pm Sunday.
- Sunday
  - On Call team will arrive at 7:00 am and will transition house officer duties between 7:00 am and 8:00 am.
    - They will assume house officer duties until 8:00 pm.
  - Post Call team will round on new and old patients, finish work, and leave by 12:00 pm.
  - Night float team returns at 8:00 pm.
    - They will assume house officer duties when they arrive.

**APPENDIX B – CONTACT INFORMATION**

1. Contact Information
  - i. Program Director – Dr. Weerakoon [NWEERAK1@hfhs.org](mailto:NWEERAK1@hfhs.org)
  - ii. Associate Program Director – Dr. Munasinghe: [rmunasinghe@aims.us.com](mailto:rmunasinghe@aims.us.com)
  - iii. Associate Program Director/ Clinic Director– Dr. Aslam [NASLAM1@hfhs.org](mailto:NASLAM1@hfhs.org)
  - iv. Program Coordinator - Amanda Zonca [azonca1@hfhs.org](mailto:azonca1@hfhs.org)
  - v. If there are any questions about the schedule, please email the chief residents.
2. Link for the current residents
  - vi. [http://www.henryford.com/body\\_macomb.cfm?id=58171](http://www.henryford.com/body_macomb.cfm?id=58171)
3. List of SpectraLink Contact Information

5602	Senior On Call/Code Phone
5607	House Officer 1
5609	House Officer 2
5603	AIMS Team A
5604	AIMS Team B
5605	AIMS Team C

5606	Great Lakes Team D
5612	ICU Resident
5611	ICU Consult
5614	ICU Intern #1
5615	ICU Intern #2
5608	Surgery – Blue
5610	Surgery – Green
5613	Surgery – Red
5601	Surgery – Trauma
5498	Surgery - Cardiothoracic
*21*63 ____ # then hit call	Forward a Phone
#21# (then hit call)	Unforward
2650	Inpatient Pharmacy
2677	Outpatient Pharmacy
27 __	Unit Numbers

### APPENDIX C

## 2023-2024 HFHS Switch Dates

<b>2023-2024 HFHealth Switch Dates</b>			
<b>Block</b>	<b>SWITCH DAY Tuesdays</b>		<b># of days</b>
System Resident Orientation & 1/2 EPIC TRAINING	Friday	06/23/2023	1
EPIC Remediation	Saturday	06/24/2023	1
Program Specific Orientation	Sunday-Tuesday	06/25/2023-06/27/2023	3
1	Wednesday	6/28/2023	34
2	Tuesday	8/1/2023	28
3	Tuesday	8/29/2023	28
4	Tuesday	9/26/2023	28
5	Tuesday	10/24/2023	28
6	Tuesday	11/21/2023	28
7	Tuesday	12/19/2023	28
8	Tuesday	1/16/2024	28
9	Tuesday	2/13/2024	28
10	Tuesday	3/12/2024	28
11	Tuesday	4/9/2024	28
12	Tuesday	5/7/2024	28
13	Tuesday	6/4/2024	27

2024 Block 1	Monday	7/1/2024	
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\*Promotion Day: all move up on team; first day for all new PGY1s will be 6/23/2023

**\*\* Trainees MUST have 5 days off in the first block**

All graduates/final year at HFHS, must be released no later than midnight, 6/30/2023 and 6/30/2024. All residents are expected to be on the scheduled service from the first through the last day of the rotation.

**All schedules should assume a resident that is starting a new service/rotation will NOT be post-shift/call and may be scheduled for a call or shift on the first day of the switch date; unless previously discussed between program directors to ensure compliance with work hour requirements**

**\*Individuals who DID NOT PASS EPIC training will retake on EPIC Remediation Day**

Fellowships will start on July 1st and Surgical Fellowships on August 1st

\*Note: 2024 is a leap year