Rio Bravo Family Medicine Residency Program

FM Inpatient Rotation Handbook

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Rio Bravo Family Medicine Residency Program

FM Inpatient Rotation Handbook

Core Philosophy: To provide high-quality, continuous patient care while fostering a robust, collaborative, and ACGME-compliant educational environment through structured workflow and mutual accountability.

1. Team Structure, Attendance, and Handoff Protocol

1.1 Core Team Mandate and Collaboration

- **Principle:** "Foster teamwork and help each other get through the day!" This principle underpins our commitment to patient safety and resident well-being.
  Protocol: All residents (PGY-1, PGY-2, PGY-3) are mandatory participants in the daily inpatient team activities. The success of the rotation is dependent on mutual support, effective delegation, and reliable cross-coverage. Residents are expected to proactively assist teammates who are managing high-acuity patients or heavy workloads to prevent burnout and mitigate the risk of clinical errors.

1.2 Daily Attendance & Sign-Out: The Handoff Standard

Shift	Time	Protocol	Rationale
Morning Sign-Out	**06:30 am**	All day-team residents (PGY-1, PGY-2, and PGY-3), except those on approved days off, must be present at Kern Medical at 6:30 am to receive patient sign-out from the night-call team. This should be a formal, structured handoff to ensure continuity of care.	Ensures seamless transfer of patient care responsibility, reduces communication failure, and strictly adheres to ACGME requirements for structured handoffs (e.g., I-PASS). Minimizing the risk of adverse events during shift change is paramount.

Short Call Leaving Time	**2:00 pm** (Earliest)	Residents on a short call shift must remain until 2:00 PM unless explicit approval is granted by the attending physician on call. The departing resident must complete all primary duties and sign out their patient load prior to departure.	Ensures adequate patient care coverage during the high-volume post-rounds clinical hours and allows sufficient time for completion of all progress notes, discharge summaries, and new orders before patient care is consolidated for the evening team.
Evening Sign-Out	**06:30 pm**	Day call and Night call teams must be present for verbal and written handoff. Documentation (including the Provider Handoff List) must be updated prior to this meeting.	Confirms safe, comprehensive patient handoff from day team to night team, ensuring all overnight tasks and potential crises are adequately communicated.

Note: When the inpatient service becomes overly busy; particularly during complex admissions, critically ill patients, or OB cases, the senior resident should assess the on-call team's bandwidth. If coverage is inadequate, the short-call residents may be asked to stay longer. The senior resident should also communicate any significant needs or concerns to the attending when appropriate.

To ensure adequate inpatient coverage, at least one short-call resident should not be scheduled for outpatient clinic and should remain available to assist the team if additional support is needed.

1.3 Communication and Escalation Protocol

- **Sick/Late Policy:** In the event of illness or unavoidable lateness, the resident must immediately notify the Senior Resident and the Attending Physician on-Call, by phone **and** email (also copy Dr. Stewart, Arianna, Elena, and the chiefs on the email. Add Shantal if the resident has clinic that day). This is essential for preventing coverage gaps and ensuring patient safety is maintained. Failure to provide timely notification may result in disciplinary action.
- **Concerns:** All concerns regarding patient care (acute changes, transfer status), workflow efficiency, resident education, or team conflict should be communicated directly to the Attending on Call. The Attending serves as the final authority and resource for clinical and operational guidance.
- **Crisis Communication:** For time-sensitive events (Code Blue, Rapid Response Team activation, or significant clinical deterioration), the Senior Resident must be notified immediately. The Intern's primary duty is to initiate the appropriate hospital protocol, while the Senior coordinates the team response and directly informs the Attending.

2. Documentation and ACGME Compliance

2.1 ACGME Requirements and Note Writing Mandate

- **ACGME Standard:** The program requires that residents meet the minimum threshold of **600 hours** (or six months) and **750 patient encounters** dedicated to hospitalized adults with a broad range of ages and medical conditions. Accurate note-writing is the only mechanism to successfully log these encounters.
- **Mandatory Documentation:** All residents must write clinical notes (H&Ps, Progress Notes, Transfer Notes, Acceptance Notes) during the inpatient rotation to ensure adequate patient encounter logging toward ACGME requirements. **No exceptions.** Notes must include a clear assessment, a thoughtful plan, and appropriate attestation to meet documentation requirements. Brief notes created only to record information such as a patient's phone number or other administrative details do not qualify as meaningful encounters and will not be counted as such.
- **Note Distribution:**
    - **Interns (PGY-1):** Most daily progress notes and new admission H&Ps are to be completed by the Interns. This is a crucial foundation for medical-legal competence and clinical reasoning development.
    - **Seniors (PGY-2/3):** Must assign themselves to at least **1-2 patients daily** and complete corresponding notes (Progress, Acceptance, or Transfer notes). This is required for continued documentation competency, teaching, and compliance with billing guidelines for supervision. Seniors must also review the overall quality of documentation submitted by the Interns.
- **Clinic Days – Adjusted Workload Policy:** Residents scheduled for afternoon continuity clinic may have limited time to complete inpatient notes before the 4:00 p.m. deadline. To support timely documentation and patient safety, these residents will carry a reduced inpatient patient load that day, as determined by the senior resident.

2.2 Documentation Timeline and Quality Assurance

- **Pre-Rounds Completion:** All notes must be **partly completed** (subjective, objective data) prior to attending rounds. This ensures the resident can efficiently present the patient's updated status and allows rounds to focus on clinical decision-making and educational discussion, rather than data collection.
- **Final Submission Deadline:** All notes must be **fully completed, reviewed, and electronically forwarded** to the attending on-call by **4:00 PM** on the same day. This hard deadline is necessary to allow the Attending time to review and electronically sign notes prior to the end of the business day, facilitating timely billing and accurate sign-out to the night team.
- **Discharge Documentation in EPIC:** All discharge summaries must be entered into the patient's EPIC chart on the same day they are created.

2.3 Medical Student, Sub-Intern Note Review, and Procedure Logging

- **Policy:** Medical students and Sub-Interns are present primarily for educational purposes. All patients must be assigned directly to a resident, who remains responsible for patient care, supervision, and documentation. Residents may assign patients to medical students for educational participation in patient presentations and note writing, but he/she will be still responsible for submitting notes of assigned patients on time. Student documentation should be considered supportive and educational and should not be relied upon to fulfill PGY-1 documentation responsibilities. By co-signing a student note, the residents attest that they have personally reviewed the note and confirmed the clinical accuracy of the documentation.
  Recommended patient/note limits:
  3rd-year medical students: maximum of 2 patients
  Sub-Interns: maximum of 3 patients
- **Review Priority:** Review should preferably be conducted by Senior Residents (PGY-2/3) or by an Intern who has completed more than two inpatient rotations, ensuring an appropriate level of clinical experience is applied to the review process and providing teaching opportunities for the supervising resident.
- **Pre-Rounds Mandate:** Medical student notes must be completed *before* rounds. If this is not feasible, the resident-in-charge must ensure the clinical content of the note is ready for presentation.
- **Procedure Logging:** All residents must diligently log procedures performed (e.g., bedside LP, paracentesis, central line placements, intubations) in New Innovations immediately following completion. Accurate and timely logging is mandatory for meeting graduation requirements.

3. Workflow Roles and Responsibilities by PGY Level

3.1 Senior Resident Roles (PGY-2 and PGY-3)

The Senior Resident functions as the team leader, supervisor, educator, and primary clinical decision-maker, managing the overall flow of the service and serving as the primary bridge to the Attending Physician.

Area of Responsibility	**Protocol & Rationale**
Support with Patient Documentation	Senior residents should provide support with daily patient care tasks, including documentation, order entry, and TigerConnect communication, to promote efficient team workflow. This support is particularly important during PGY-1 first inpatient block, when interns are learning documentation and inpatient workflow, and during the final stage of PGY-1 Block 3, when interns are preparing to function at a near-senior level.

Covering for Unfamiliar Rotation	If an intern has not yet completed rotations in Pediatrics or Gynecology, the senior resident should take primary responsibility for managing and documenting those patients until the intern has sufficient training.
Support During Intern Senior Preparation	During the final two weeks of PGY-1 Block 3, when interns begin functioning at a near-senior level, senior residents may support the intern by taking responsibility for some patients and their documentation. This helps reduce the intern's workload and allows them to focus on developing senior responsibilities.
Handoff & Admissions	Receive and manage all sign-outs (start of shift, ICU, ER). Teach junior residents effective sign-out techniques. This includes training in filtering non-critical information and prioritizing action items.
Consultation & Planning	Correspondence with specialists and case management to facilitate safe and timely discharge. Teach junior residents how to perform interdisciplinary communications effectively, focusing on generating concise consultation questions and setting appropriate expectations for specialists.
EMR Oversight	Placing complex orders and overseeing all orders placed by Interns on the EMR. This supervisory step prevents medication errors and ensures compliance with hospital protocols.
Education & Support	Provide appropriate, timely, and actionable feedback to Interns, medical students, and Sub-Is. Support Interns by assisting with delegation, prioritization, and management of high-acuity patients based on their varying levels of clinical strength and experience.
Note Submission	Ensure all documentation (Intern and student notes) is submitted to the attending on-call by the 4:00 PM deadline, performing a final check for completeness.
Leadership & Teaching	Supervise and teach interns in clinical reasoning and evidence-based management.

	Monitor intern well-being and workload. Model professionalism, communication, and patient-centered care.
On-Call Senior Responsibilities	The long call senior remains on service for the full shift and oversees the overall workflow of the inpatient team. Responsibilities include ensuring timely communication with the attending, supervising patient care activities, and maintaining team coordination. The long call senior is the primary resident responsible for new admissions, escalation of clinical concerns, and coordinating the team's response to patient care needs throughout the shift.
Short-Call Senior Responsibilities	The short-call senior remains on service until the early afternoon or until clinical needs are met. Responsibilities include assisting with patient reviews, placing orders, coordinating consults, supporting rounds, and helping interns with documentation and care coordination. The short call senior provides support during busy periods and may remain longer if patient volume or acuity requires additional assistance.

3.2 Intern Resident Roles (PGY-1)

The Intern is the primary contact for the patient and is responsible for the daily execution of the care plan, focusing on developing foundational clinical and administrative skills.

Area of Responsibility	**Protocol & Rationale**
Clinical Documentation	Completion of notes in a timely manner (see Section 2). Focus on creating concise, organized notes that clearly articulate the clinical problem and justification for the plan.
Patient Management	Responsible for immediate response to pages and calls on the inpatient pager/phone. Must prioritize pages and involve the Senior Resident on-call in a timely fashion for all critical or complex issues, utilizing a structured SBAR handoff when escalating.

Presentation Skills	Learn to adequately present patients to the Attending on-call during rounds and prior to accepting a new admission. Presentations must be focused, accurate, and include relevant objective data and a proposed plan.
EMR Proficiency	Learn to place orders on the EMR and achieve independence in placing common orders (medications, labs, diets) by the end of the first inpatient rotation. This includes competency in medication reconciliation.
Collaboration	Learn to correspond professionally and respectfully with nurses and other hospital staff regarding patient care, acting as the primary point of contact for the patient's team.
Admissions & Transfers	By the end of the second inpatient rotation, interns should be able to receive consultations and admissions from the Emergency Room and perform effective initial assessments with senior guidance and supervision.
Handoff Tool	Primary responsibility for updating the Provider handoff list. This task must be completed diligently, as it is a critical safety measure.
Hospital Protocols	Learn to handle common hospital protocols: Death of a patient (including documentation and family support), Stroke Alert, Code Blue/Rapid Response.
Decision-Making	Interns are expected to notify and discuss all clinical decisions with the senior before independently initiating or changing any management plan. This includes diagnostic orders, medication adjustments, discharge planning, and responses to changes in patient status. The intern's responsibility is to recognize patient needs early and communicate promptly.
Communication	Interns must immediately notify a senior resident in the event of any unresolved conflict involving a patient, hospital staff, or team member, or in any situation that exceeds the intern's comfort level or clinical competency.

3.3 Team Pre-Rounds and Attending Rounds Workflow

Team prerounds

- Before rounding with the attending, the inpatient team must meet for resident pre-rounds. During this time the team reaches a unified management plan for the day, including anticipated needs (procedures, consults, discharges).
- Disagreements or questions should be resolved before attending rounds.
- The goal of pre-rounds is to ensure that the team arrives to attending rounds organized, aligned, and with a clear initial plan.
- All patients must be seen and evaluated in person prior to rounds.

Attending Rounds

- During attending rounds, patients are presented clearly and concisely. The team presents a unified plan developed during pre-rounds, allowing the attending to refine management, provide teaching, and address key questions.
- Attending rounds typically begin around 9:00 a.m. (please confirm the exact time with the attending each day).
- When a patient is assigned to a medical student, the student should present the patient; however, the patient must also be assigned to a resident responsible for supervision and adequate documentation.
- When the patient census is low, the team may use time during or after rounds to discuss relevant clinical topics or provide brief teaching sessions.
- Team members should remain attentive, participate when appropriate, and maintain professional communication.

3.4 PGY-1 Inpatient Rotation Goals (3 Blocks)

Block 1 – Foundations of Inpatient Medicine

- Learn to navigate Cerner (chart review, order entry, and documentation).
- Understand the structure and expectations for progress notes, admission H&Ps, and discharge summaries.
- Learn the daily hospital workflow: pre-rounds, team rounds, task management, and paging.
- Begin developing a clear and organized oral SOAP presentation style.
- By the end of Block 1, be able to independently place basic orders (medications, electrolyte repletion, labs, imaging) after senior review.
- Manage a small patient panel (typically ~2 patients), adjusted based on the intern's developing skills, efficiency, and level of comfort. *(The purpose of this limited census is to allow the intern to focus on learning every aspect of inpatient care, including understanding each patient's condition and management, navigating the Cerner system, and initiating placement of basic orders. The number of patients may increase gradually according to the intern's skills and progression throughout the rotation.)*

Block 2 – Developing Independence & Efficiency

- Improve efficiency in pre-rounding, gathering data, and completing progress notes within expected timeframes.
- Present patients with more confidence, including proposing a preliminary assessment and plan for senior review.
- Manage a moderate patient load based on intern progress, patient complexity, and team census, reaching a maximum of five patients per intern by the end of Block 2 .
- Place all routine orders (labs, imaging, medications, fluids, electrolyte repletion) with senior oversight.
- By the end of the month, the intern should be able to complete admission orders and discharge orders with increasing independence, ensuring accuracy and completeness.
- Handle common inpatient issues (sepsis workup, pain control, hyperglycemia, oxygen adjustment, AKI evaluation) with senior guidance.
- Begin learning how to manage pages, recognizing which can be addressed independently and which require immediate escalation to the senior.
- Strengthen communication skills with nursing, consultants, case management, and ancillary staff.
- Demonstrate improvement in organization, prioritization, and clinical reasoning, preparing for Block 3 expectations.

Interns are expected to notify and discuss all clinical decisions with the senior before independently initiating or changing any management plan.

Block 3 – Senior Preparation & Advanced Intern Skills

- Demonstrate near-independent ability to manage a number of patients based on acuity and census.
- Lead portions of pre-round discussions, presenting full assessments and plans with minimal prompting.
- Anticipate clinical needs, identify unstable patients early, and escalate appropriately to the senior or attending.
- Independently place comprehensive admission orders, daily orders, and discharge orders, with seniors reviewing only for safety or complexity.
- Manage common inpatient conditions with confidence (CHF, COPD, pneumonia, sepsis evaluation, electrolyte disorders, AKI, diabetes management).
- Maintain excellent communication with nursing, consultants, and ancillary staff, modeling professional behavior.

By the end of Block 3, the intern should be able to function at a near-senior level; showing readiness for PGY-2 responsibilities, increased autonomy, and ability to work independently while ensuring patient safety.

Please refer to Appendix A, B and C: PGY-1 Inpatient Rotation Checklist. This structured tool is organized by rotation block for the intern year and is intended for use by the entire inpatient team, including interns, senior residents, and supervising attendings. Teams are

encouraged to print and utilize this checklist to ensure clarity of expectations and completeness of responsibilities throughout each rotation.

3.5 Obstetrics Patient Assignment (OB)

- **Protocol:** Assign OB patients to a **Senior Resident (PGY-2/3) first**, and then to an **Intern (PGY-1) second**, provided both have rotated in Obstetrics. This structure ensures high-level supervision in a complex area of care.
- **Override:** Assignment is subject to the Intern's self-reported comfort level and prior experience in labor management. Residents who are not comfortable with OB management should communicate this to the Senior to ensure patient safety is not compromised.

4. Education, Didactics, and Professionalism

4.1 Required Didactic Attendance and Protected Time

- **Wednesday Didactics:** Attendance is **mandatory in-person** for all residents not assigned to the On-Call team. This time is protected educational time crucial for board preparation and core knowledge acquisition.
- **Remote Exception:** If the census exceeds the cap (more than 12 patients) or if non-call residents are required to perform bedside procedures (e.g., LP, Paracentesis) that require prolonged presence outside the hospital, those residents may join the didactics via Zoom to maintain clinical coverage. The decision to join remotely must be approved by the Attending.
- **5th Wednesday Wellness:** Attendance is mandatory for all residents not assigned to the On-Call team (or subject to the census/procedure exception detailed above). Wellness activities are considered essential for combating fatigue and promoting mental health.

4.2 Intern Clinic Restriction and Continuity

- **Protocol:** Interns are **not to be scheduled in clinic on Mondays** during their inpatient rotation.
- **Rationale:** This dedicated time allows for better workflow integration and team organization on the first day of the inpatient week. It optimizes the intern's learning experience by focusing solely on inpatient duties and minimizes distraction from conflicting clinical duties.

4.3 Resident Scheduling and Days Off for Continuity of Care

- **Days Off Restriction:** Resident days off are **prohibited on Mondays, Tuesdays, and Wednesdays** to ensure optimal continuity of care and stable teaching coverage during the core clinical and teaching week.

- **Scheduled Days Off:** Days off are scheduled every Thursday, Friday, Saturday, and Sunday. Residents must use these scheduled blocks.
- **Block Schedule Arrangement:** Block schedules must not be internally arranged amongst residents. Any necessary changes must be formally arranged with one of the Associate Program Directors (APD). Residents must not approach the Program Director (PD) directly for scheduling issues to maintain administrative efficiency.

4.4 Continuous Professional Development and Feedback

- **KSA Completion:** Completion of the ABFM KSA questions on "Care of Hospitalized Patients" is **required** for all residents (PGY-1, PGY-2, PGY-3).
- **Timeline:** KSA completion is highly preferable **prior to the first inpatient rotation** as an Intern, ensuring a baseline knowledge of complex hospital management principles.
- **Faculty Feedback:** Attending physicians are formally required to provide **direct, constructive feedback** to residents at the end of their week shift.

4.5 Professionalism and Patient-Centered Conduct

- **Attire:** Residents must always adhere to the professional dress code policy of Kern Medical while on duty. This includes wearing a clean white coat, professional clothing (scrubs), and the official hospital ID badge visibly.
- **Patient Interaction:** All interactions with patients, families, and staff must be characterized by respect, empathy, and clear communication. Residents are representatives of the Rio Bravo Family Medicine Program and the hospital, and their conduct must always reflect the highest standards of professional and ethical behavior.
- **Interprofessional Respect:** Maintaining respectful, professional communication with nurses, case managers, consultants, and allied health staff is mandatory. Disagreements regarding patient management should be handled through professional, evidence-based discussion, with escalation to the Attending if consensus cannot be reached.

Appendix A

Inpatient Intern Rotation – Rotation- 1 Checklist.

Goal: Foundations of inpatient medicine and EMR integration.

Instructions for completion are provided at the end of the checklist.

Intern Name:	**Block #**	**Year:**

Week 1 – Foundations

Goal	**Senior**	**Attending**	**Intern**
Write daily progress notes (reviewed w/ senior)			
Review labs, microbiology, imaging			
Review MAR and basic meds			
Learn electrolyte replacement basics			
Use of Tiger Connect & on-call lookup			
Senior/Attending feedback			

Week 2 – Admissions & Discharges

Goal	**Senior**	**Attending**	**Intern**
Write admission notes (H&P)			
Write discharge summaries			
Manage electrolytes			
Complete patient consents			
Place consults with senior approval			
Senior/Attending feedback			

Week 3 – Active Management

Goal	Senior	Attending	Intern
Efficient, accurate notes (reviewed by attending)			
Place insulin orders			
Manage maintenance IV fluids / bolus			
Contact consultants appropriately			
Use Tiger Connect independently			
Senior/Attending feedback			

Week 4 – Refinement & Independence

Goal	Senior	Attending	Intern
Efficient and accurate progress/discharge/admission notes			
Place daily lab orders			
Place basic medication and imaging orders			
Clear, prioritized management plans			
Final feedback from senior & attending			

Instructions for Completion: Interns should mark each skill when they feel comfortable performing it. Senior residents confirm competency after observing the intern performing the task or reviewing their work. Attendings provide final validation during feedback discussions. Please include a checkmark and date when completing each item.

Appendix B

Inpatient Intern Rotation #2 – Developing Independence & Efficiency.

Instructions for completion are provided at the end of this checklist.

Intern Name:	**Block #**	**Year:**

Goal	**Senior**	**Attending**	**Intern**
Improve efficiency in pre-rounding, data gathering, and documentation.			
Present patients confidently, proposing preliminary assessment and plan.			
Manage a moderate patient load based on progress and census.			
Place routine orders (labs, imaging, medications, fluids, electrolyte repletion) with oversight.			
Complete admission and discharge orders with senior oversight.			
Manage common inpatient issues (sepsis workup, pain control, hyperglycemia, AKI, oxygen needs).			
Recognize and triage pages appropriately.			
Strengthen communication with nursing, consultants, and ancillary staff.			
Discuss all clinical decisions with seniors before initiating or changing management.			
Feedback from senior & attending			

Instructions for Completion: Interns should mark each skill when they feel comfortable performing it. Senior residents confirm competency after observing the intern performing the task or reviewing their work. Attendings provide final validation during feedback discussions. Please include a checkmark and date when completing each item.

Appendix C

Inpatient Intern Rotation #3 – Senior Preparation & Advanced Intern Skill.

Instructions for completion are provided at the end of this checklist.

Intern Name:	**Block #**	**Year:**

Goal	**Senior**	**Attending**	**Intern**
Manage patient panel based on acuity and census with independence.			
Lead pre-round/rounds discussions with full assessment and plan.			
Anticipate clinical needs and escalate unstable patients appropriately.			
Independently place comprehensive admission, daily, and discharge orders (senior review for safety).			
Confidently manage common inpatient conditions (CHF, COPD, pneumonia, sepsis, AKI, diabetes).			
Maintain professional communication with nursing, consultants, and ancillary staff.			
Demonstrate readiness for PGY-2 responsibilities and increased autonomy while ensuring safety.			
Feedback from Senior & Attending: *Is the intern prepared to assume senior-level responsibilities?*			

Instructions for Completion: Interns should mark each skill when they feel comfortable performing it. Senior residents confirm competency after observing the intern performing the task or reviewing their work. Attendings provide final validation during feedback discussions. Please include a checkmark and date when completing each item.

Appendix D

Inpatient family medicine: Detailed handoff

Patient identification

Name: _____
Room: _____
Age/sex: ____
Code: [full / DNR / DNI]
Attending: _____
Hospitalization day: ____
One-liner: (e.g., 65f w/ HFrEF/DM2 admitted for sepsis)

Clinical status & systems

Neuro/Pain: (Baseline MS, Pain control regimen) _____
CV/Resp: (Vitals trend, O2/Liters, EF%, Telemetry) _____
GI/Renal: (Diet, NPO, Cr/GFR, LFTs, BM status) _____
ID/Heme: (Abx Day /, Source, Cultures, Hgb) _____
Endo: (Diabetes management, Fingerstick frequency) _____

Active medications

Abx: _____
Steroids: _____
Anticoagulation: _____
Pain: _____

Shift to-do list

Lab Check: (Time: _____)
Result to watch: _____
Imaging: (Type: _____)
Follow-up on: _____
Consult: (Service: ____)
Confirm if: _____
Med Adjustment: _____

Anticipatory guidance (if/then)

If BP > / or HR > ____: then**:** _____
If fever / AMS / resp distress: then**:** _____
If _____: then**:** _____

Social / disposition

Barrier to dc: (e.g., PT/OT, SNF placement, 24h stability) _____
Social/family: (e.g., HCP/MPOA contact info, difficult family) ____
Plan for tomorrow: _____