

## MED-ID SERVICES

This policy is designed to:

- a. Delineate the structure of the Med-ID Gold and Silver Services, including census caps and call schedule
  - b. Define the number and type of admissions to the service
  - c. Describe the cross-coverage of patients on each team
  - d. Set goals for a formal teaching curriculum in HIV
1. Team structure:
    - a. Med ID Silver will consist of one attending, one upper-level resident and two R-1 residents.
    - b. Med ID Gold will consist of one attending, one fellow (acting as an upper level resident and junior attending) and two R-1 residents. If staffing is sufficient, one upper-level resident will be assigned to Med ID Gold. Each team will act independently with its own set of designated patients, but will cross-cover each other's patients overnight.
  2. When supervising more than one R-1 resident, the upper level resident or fellow will be responsible for the care of no more than 18 patients.
  3. The two teams will alternate admission days, with one team taking call one night and the other team taking call the next night.
    - a. Call for all R-1 residents will be every fourth night, overnight. Each resident (R-1) will be excused from his or her duties post-call 30 hours after arrival.
    - b. Call for the upper level residents will be every fourth night, until 9pm. After 9 pm, patients admitted to Med-ID will be supervised by the NACR or SACR.
    - c. Clinic will be rescheduled for the R-1 residents on post-call days. Clinic for the upper level resident will not be changed post-call unless they have worked overnight.
    - d. Upper-level residents will work overnight when there is an intern overnight in the Cancer Center. The upper-level resident will supervise the Cancer Center Intern on those nights, which will coincide with their usual call cycle. The resident's clinic will be canceled post-call.
    - e. Fellows will not take call, but they will be expected to stay in house to 5 pm each day. The fellow's morning clinic will be cancelled on the mornings that their team is post-call.
  4. Admission caps:
    - a. An R-1 resident will admit no more than five (5) patients while on call (24 hour period) and/or no more than eight (8) new patients in a 48 hour period.
    - b. If the long call R-1 Resident reaches five (5) admissions, the Day Float and/or Night Float team can accept up to five (5) more admissions to the on call team. If the Med-ID resident is supervising the Cancer Center intern overnight, the Med-ID resident can assist in taking admissions to Med-ID.
    - c. The total team cap for admissions in one 24-hour period is ten (10).
  5. Admissions to these services will be patients with infectious disease diagnoses.
    - a. If the census is 13 or more, only HIV+ patients will be admitted to the service up to a team cap of 18.
    - b. If the census is 12 or less, the Med-ID Gold and Silver teams will admit patients with any type of infectious disease as one of their admitting diagnoses up to a census of 13. These diagnoses may include, but are not limited to: fever, endocarditis, pneumonia (actual or suspected), wound and soft tissue infections, cellulitis, CNS infections, UTI/pyelonephritis, septic joint among others.
    - c. Patients with infectious disease diagnoses may be admitted at any time of the day/night and need not wait until the medicine services reach their census maximum.
    - d. Patients with a primary infectious disease diagnosis may also be admitted via Express Care. These patients are accepted by the Med 1-4 attending on call for the day. If deemed suitable for Med-ID, the Med 1-4 attending will contact the Med-ID attending for approval for transfer via Express Care.

6. The two services will cross cover each other's patients overnight. The R-1 residents who are not on call will sign out to the R-1 resident assigned to overnight call that night, whether that intern is on Med ID Silver or Med ID Gold. Likewise, the upper level resident on Med ID Silver and the fellow on Med ID Gold will cross cover each other when one or the other is in clinic or has the day off.
7. All residents will work no more than 80 hours per week on average. All residents (and fellows) will have four days off per month. For the residents and interns, their days off are the weekend days when they are not on call or post-call. There will always be an upper level resident or fellow in the house, and therefore, the fellow will take weekend days off when the resident is in house.
8. A core curriculum of HIV and general infectious disease topics will be covered. This will include several short (approximately 20 minutes) formal teaching sessions (by the fellow or attending) on weekdays as scheduled by the team leaders. There will also be a packet with references to important articles for self-directed learning.

Approved by the Postgraduate Education Committee – 8/16/05, updated 7/2007, 5/2009, 6/2009