

R-1 RESIDENT PATIENT CARE RESPONSIBILITIES

This policy is designed to:

- a. Provide the residents with a framework for patient care activities in the University of Maryland Medical Center, the VA Medical Center and Mercy Medical Center.
 - b. Ensure appropriate follow-up of continuity patients when they are admitted to the hospital.
1. The R-1 resident will be the primary care giver to his/her patients. These responsibilities will include:
 - a. Performing the initial history and physical examination.
 - b. Completing the assessment on admission and implementing the management plan.
 - c. Writing daily progress notes on each patient and reviewing junior student notes (which will not enter the patient chart). The R-1 resident must write a complete progress note on their patient regardless of student involvement. (See Note Writing Policy for more details.)
 - d. Performing all therapeutic and diagnostic procedures within the purview of an R-1 resident and with appropriate supervision.
 - e. Presenting all pertinent clinical data on his/her patient at morning rounds and sign-out rounds or ensuring that the junior student or sub-intern is able to present this material.
 - f. Ensuring the patient has appropriate follow-up and medications at the time of discharge.
 - g. Teaching junior students about the various aspects of patient care and management (i.e. pathophysiology, treatment, management of acute issues, prognosis, etc.)
 2. Responsibilities for the R2-5 residents are presented in a separate document, "R2-5 Resident Responsibilities," which follows immediately after this policy section.
 3. Residents do not have primary responsibilities for non-teaching patients. In the event that one of these patients becomes acutely ill, the attending or fellow of record will be contacted immediately.
 4. Residents should follow their primary care patients who are admitted to the hospital. Admitting R-1 residents will contact the primary care physician as soon as his/her patient is admitted. The primary care resident should consult with the hospital team during their patient's stay.
 5. The resident must complete a discharge dictation on their patients within 24 hours of discharge. A copy must be sent to the patient's primary physician and consultants who will be responsible for the patient's ongoing care. If the patient will have follow-up shortly after discharge, the resident will call the primary or referring physician regarding the patient's hospital course.
 6. The R-1 resident is expected to give a complete sign-out his/her patients when going to medical clinic and when he/she will be off one or two days during the week or on the weekend. Similarly, the other residents on the team are expected to cover the resident's patients while he/she is in clinic for the afternoon or off for the weekend. Patient care should continue to be delivered in an appropriate and efficient manner. When an intern has the day off or is in clinic, their pagers should be rolled-over to another team member present in the hospital for that period of absence.
 7. R-1 residents may write restraining or seclusion orders on patients.
 8. The R-1 resident is expected to write off service notes prior to changing to a new service. This note will include a summary of the patient's hospital course, medications, procedures, and pertinent labs/imaging studies. This information will be given to the R-1 resident who will be assuming care for the patients.

Sign-out Rounds and Cross-cover Responsibilities discussed at Town Meeting: 12/14/94
Update on Cross-cover Responsibilities discussed at Town Meeting: 4/96
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