

# **COMBINED INTERNAL MEDICINE & PEDIATRICS**

## **Department of Medicine, Department of Pediatrics**

### **SCOPE OF PRACTICE**

#### **PGY-1 – PGY-4**

---

---

#### **Definition and Scope of Specialty**

The Internal Medicine/Pediatrics residency program is a voluntary component in the continuum of the educational process of physician training; such training may take place after satisfactory completion of Medical School training. The overall goal of training in Internal Medicine and Pediatrics is to acquire proficiency in evaluating and managing adult and pediatric patients with respect to acute and chronic management of disease as well as primary care and prevention. Internal Medicine and Pediatrics training will allow graduates to acquire competency in Internal Medicine and Pediatrics with sufficient expertise to act as an independent provider in each field.

Faculty responsible for the education of residents in Internal Medicine and Pediatrics:

- Sarah Mennito, MD, MSCR, Program Director, Internal Medicine and Pediatrics
- E. Benjamin Clyburn, MD, Program Director, Internal Medicine
- Michael Southgate, MD, Program Director, Pediatrics

#### **Duration and Scope of Education**

The Internal Medicine and Pediatrics residency program is a separately accredited residency program; however, its existence is dependent on the presence of an ACGME accredited Internal Medicine residency program as well as an ACGME accredited Pediatrics residency program. After successful completion of an Internal Medicine/Pediatrics residency, the graduate will be eligible for certification in both Internal Medicine and Pediatrics offered by the American Board of Internal Medicine and American Board of Pediatrics, respectively. The duration of training in Internal Medicine and Pediatrics is four years and typically begins in July of each year.

While the Internal Medicine and Pediatrics residents are part of a separately accredited residency program, they are expected to follow the scope of practice for Internal Medicine residents while rotating through Internal Medicine service and elective months and for Pediatrics while rotating through Pediatric service and elective months.

# **COMBINED INTERNAL MEDICINE & PEDIATRICS**

## **Department of Medicine, Department of Pediatrics**

### **SCOPE OF PRACTICE**

#### **PGY-1 – PGY-4**

---

---

#### **Scope of Practice for Internal Medicine Residents**

##### **PGY-1**

1. The Intern will be responsible for all daily care of the patient.
2. She/He will see all patients within a timely manner, once admitted to the floor, and will write comprehensive histories and physical exams on each admitted patient.
3. The Intern will write all orders and will follow-up on all patient studies and consults. Interns will review all laboratory results and medication regimens daily, making necessary adjustments.
4. The Intern will discuss all admissions with the Resident on the night of call.
5. Interns will present their patients to the Attending Physician post-call and will assist students in preparing presentations.
6. Interns will make lists of all patients under their care each night to checkout to colleagues. The on-call Interns will write notes on all patients seen on cross-cover and will expect the same from colleagues.
7. Interns (or students under their direction) will write daily progress notes and discharge notes.
8. Interns are expected to attend all Noon Conferences, Grand Rounds and Morning Reports.
9. Interns will perform all procedures on the wards and Residents are expected to assist and supervise as needed. All procedures are to be documented in the patient's chart. Informed Consent must be obtained prior to all non-emergent procedures.
10. Interns will report all problems directly to the Resident.
11. Interns are responsible for appropriate off service notes on all their patients prior to switching services.

# **COMBINED INTERNAL MEDICINE & PEDIATRICS**

## **Department of Medicine, Department of Pediatrics**

### **SCOPE OF PRACTICE**

#### **PGY-1 – PGY-4**

---

12. Interns should only accept patients when contacted by the Resident on-call for that service. No admissions are to be accepted by the Intern from Fellows, Attending Physicians, or other services. The Resident should be notified of all ICU transfers.
13. The primary housestaff team is responsible for patient care until patient handoff is complete.
14. On ambulatory rotations and in continuity clinic, PGY 1 residents present all patients directly to the attending physician. The intern is expected to begin developing the care plan. The attending physician will directly see all patients initially.

#### **Scope of Practice for Internal Medicine Residents**

##### **PGY-2 – PGY-4**

1. Initial care plans for all patients admitted to the teaching services will be made by the Resident and Intern.
2. Patients admitted to the team will be seen and examined by the Resident, and a Resident Admit Note will be completed for each patient.
3. The Resident will review daily care plans for the patients with the Intern and will lead daily work rounds with the Interns and students.
4. The Resident will assign patients to students and Interns on admission days.
5. The Resident will directly supervise the work of interns and students including all procedures.
6. The Resident will discuss all patient care plans with the Attending Physician on a daily basis during rounds. On services with Fellows, the resident will discuss all patient care plans with the Fellow and the Attending. The presence of the Fellow should not diminish the role of the Resident.

# **COMBINED INTERNAL MEDICINE & PEDIATRICS**

## **Department of Medicine, Department of Pediatrics**

### **SCOPE OF PRACTICE**

#### **PGY-1 – PGY-4**

---

7. The Resident will identify any educational needs of the team and convey these to the Attending Physician.
8. The Resident will immediately notify the Attending Physician of all problems, need for invasive procedures, questions on patient care, change in the level of patient care (i.e. transfer to the ICU), deaths, and risk-management issues. The Resident will make certain that the Attending Physician or another approved supervisor is present for any procedures for which the Resident has not been deemed competent to perform without direct supervision. All procedures should be recorded in the E\*value system.
9. Residents are expected to provide 1-2 teaching sessions with the students each week and should pull pertinent articles for the team.
10. The resident will attend Noon Conferences, Grand Rounds and Morning Reports whenever possible. The program requires that residents attend half the number required of the categorical internal medicine residents of Grand Rounds, Journal Club, Morning Report and noon conferences.
11. Residents should assist Interns to allow rapid completion of discharge dictations (write progress notes, orders, call consults, etc.).
12. Residents assume patient care duties when an Intern has the day off or is in clinic.
13. After patient handoff, the Resident covering for General Medicine is responsible for all emergent Medicine consults. The Resident should call the Chief Resident and/or the Attending Physician to review the consult.
14. On ambulatory rotations and in continuity clinic, PGY 2-4 residents present all patients directly to the attending physician. The resident is expected to develop the care plan. The attending physician will directly see patients as needed.

# **COMBINED INTERNAL MEDICINE & PEDIATRICS**

## **Department of Medicine, Department of Pediatrics**

### **SCOPE OF PRACTICE**

#### **PGY-1 – PGY-4**

---

---

#### **Scope of Practice for Pediatrics Residents**

##### **General Principles**

- Residents will have a broad exposure to the health care of children and substantial experience in the management of diverse pathologic conditions. This includes experience in child health supervision and those conditions commonly encountered in primary care practice. It will include experience with a wide range of acute and chronic medical conditions of pediatrics in both the inpatient and ambulatory settings.
- Preventive health care, ethical issues and discussions of the cost and benefits of diagnostic tests, procedures, and therapies will be an integral part of the residency training throughout the years of training.
- Residency training in pediatrics will provide educational experiences that prepare residents to be competent general pediatricians able to provide comprehensive, coordinated care to a broad range of pediatric patients.
- Residents will become sufficiently familiar with the fields of sub-specialty pediatrics to enable them to participate as team members in the care of patients with chronic and complex disorders.
- Residents will be given the opportunity to function with other members of the health care team in both inpatient and ambulatory settings to become proficient as leaders in the organization and systematic improvement of the processes of patient care.
- Residents will have a progressive educational experience with increasing patient care responsibility over the period of their training. Supervisory responsibilities will involve both inpatient and outpatient experiences.
- Throughout the years of training, emphasis will be placed on enhancement of residents' competence in the medical interview, physical examination and communication and interpersonal skills.
- Training will occur under the supervision of individual general and sub-specialty pediatric faculty with assistance from appropriate faculty from related services also providing care to infants and children.

# **COMBINED INTERNAL MEDICINE & PEDIATRICS**

## **Department of Medicine, Department of Pediatrics**

### **SCOPE OF PRACTICE**

#### **PGY-1 – PGY-4**

---

- Competence of residents at regular intervals will be assessed and the level of supervision by faculty will be reduced to allow for appropriately increased levels of responsibilities for teaching and supervision of other trainees.

#### **PGY-1**

- In both the inpatient and outpatient settings, within the goals and objectives established within each rotation / service, under the guidance of the upper level resident and / or subspecialty fellow, and ultimately the responsible attending physician, the PGY-1 (intern):
  - Performs the initial clinical assessment and develops a problem list and initial differential diagnosis using medical records, patient history, physical examination, and baseline laboratory evaluations.
  - Develops initial plan of care to include:
    - further diagnostic evaluations
    - performance of diagnostic procedures in accordance with departmental guidelines for level of supervision required
    - therapeutic approaches
    - explanation to patient and / or family of the plan of care
  - Interprets subsequent / resultant information and changes in patient status to further narrow diagnostic assessment and adjusts the therapeutic approach as necessary.
  - Performs required therapeutic procedures in accordance with departmental guidelines for level of supervision required.
  - Develops a plan for content and timing of subsequent care / visits to health care providers.
  - Maintains documentation in a manner and time consistent with rotational / divisional / hospital expectations.
- In all aspects of care, the PGY-1 will follow ACGME mandated duty hours restrictions and timing of acceptance of new patient encounters.
- The PGY – 1 will be expected to participate in the teaching of other trainees to some extent.

# **COMBINED INTERNAL MEDICINE & PEDIATRICS**

## **Department of Medicine, Department of Pediatrics**

### **SCOPE OF PRACTICE**

#### **PGY-1 – PGY-4**

---

---

#### **PGY-2**

- In both the inpatient and outpatient settings, within the goals and objectives established within each rotation / service, under the guidance of a PGY-3 or 4 (where applicable) and / or subspecialty fellow, and ultimately the responsible attending physician, the PGY-2 will, with appropriate levels of increased independence:
  - Depending on the service / rotation, will serve either as a supervisory resident for the intern (PGY-1) or carry out the duties of the first line representative of the physician team and ensures the completion of:
    - The initial clinical assessment and development of a problem list and initial differential diagnosis using medical records, patient history, physical examination, and baseline laboratory evaluations.
    - The development of an initial plan of care to include:
      - further diagnostic evaluations
      - performance of diagnostic procedures in accordance with departmental guidelines for level of supervision required
      - therapeutic approaches
      - explanation to patient and / or family of the plan of care
    - Interprets subsequent / resultant information and changes in patient status to further narrow diagnostic assessment and adjusts the therapeutic approach as necessary.
    - Performance of required therapeutic procedures in accordance with departmental guidelines for level of supervision required, including moderate sedation under the supervision of an attending physician.
    - Development of a plan for content and timing of subsequent care / visits to health care providers.
    - Documentation in a manner and time consistent with rotational / divisional / hospital expectations.

# **COMBINED INTERNAL MEDICINE & PEDIATRICS**

## **Department of Medicine, Department of Pediatrics**

### **SCOPE OF PRACTICE**

#### **PGY-1 – PGY-4**

---

- In all aspects of care, the PGY-2 will follow ACGME mandated duty hours restrictions and timing of acceptance of new patient encounters.
- The PGY – 2 will be expected to participate in the teaching of interns, students and other residents to an increased extent.

#### **PGY-3 – PGY-4**

- In both the inpatient and outpatient settings, within the goals and objectives established within each rotation / service, under the guidance of a subspecialty fellow on those services where subspecialty fellowship training is ongoing, and ultimately the responsible attending physician, the PGY-3 or 4 will, with appropriate levels of increased independence in usually a supervisory role, ensure that those aspects of care outlined in detail for the PGY-1 and PGY-2 above are accomplished.
- It is anticipated that the PGY-3 or 4 will be exposed to and responsible for those cases that are increasingly complex and will function with greater independence while demonstrating increased responsibilities for teaching and supervision of those individuals with less experience and training.

#### **Scope of Practice for Internal Medicine/Pediatrics Residents**

- Combined Internal Medicine/Pediatric residents will perform all level-appropriate tasks expected of categorical internal medicine and categorical pediatric residents as listed above
- Med Peds residents are expected to complete both the American Board of Pediatrics annual in-training exam (PGY1-4) as well as the American Board of Internal Medicine annual in-training exam (PGY2-4).
- Med Peds residents are expected to conduct Med Peds Noon Conference once a year (PGY1-3) and Med Peds morning report twice a year (PGY2-4).
- Med Peds residents at all levels are expected to participate in and intermittently conduct monthly Med Peds Journal Club.

# **COMBINED INTERNAL MEDICINE & PEDIATRICS**

## **Department of Medicine, Department of Pediatrics**

### **SCOPE OF PRACTICE**

#### **PGY-1 – PGY-4**

---

- All Med Peds residents are encouraged to participate in the Transitional Care Elective in their PGY3 or PGY4 year.
- Med Peds PGY-4 residents carry the responsibility of Internal Medicine/Pediatrics Chief Resident and will be expected to complete additional administrative and leadership tasks in conjunction with the program director.