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INTRODUCTION

Welcome Note:

Welcome to Loyola University Medical Center and the Department of Medicine! This housestaff handbook has been updated for the current academic year to provide all residents and interns with the necessary information to allow them to function effectively in the Residency Program. We have made an effort to make this document succinct, and yet inclusive of important policies and programs that you will encounter during your training experience. If there is additional information you believe would be helpful to include in this document please email your suggestions to the Chief Residents to be considered for inclusion in next year’s handbook. Any updates or changes to existing policies/programs that occur during the year will be incorporated into this document and uploaded on the Loyola Internal Medicine Homepage, as well as communicated via email as appropriate.

In addition to a reference for specific policies we hope that this handbook will also help to define the roles and responsibilities of each member of the medical team. While it is not possible to be precise in each individual’s role in each clinical scenario, this handbook will provide a general framework around which the organization of the medical team should be structured. By clearly defining roles and expectations for each team member we hope to facilitate a strong learning environment for individuals at various levels of training and to create a functional and efficient team unit.

We hope you find this to be a very useful resource throughout your training. Please direct any questions to the Chief Residents, Associate Program Directors, and/or Program Director. In all circumstances if you are unclear on what is expected of you we encourage you to act professionally, to put patient’s needs first and foremost, and to ask for help or clarification when it is needed.
RESIDENCY LEADERSHIP

LOYOLA:

Dr. Paul O'Keefe- Chairman of the Department of Medicine  
Dr. Kevin Simpson- Program Director, Internal Medicine Residency Program  
Dr. Nate Derhammer - Program Director, Combined Internal Medicine/Pediatrics Residency Program

HINES:

Dr. Brian Schmitt- Chief of Medicine, Hines VA Hospital

Associate Program Directors (APDs):

Dr. Bryan Gee- Hines VA Hospital  
Dr. Bruce Guay- Hines VA Hospital  
Dr. Joanne Haralampopoulos - Hines VA Hospital  
Dr. Melissa Bussey- Loyola University Medical Center  
Dr. Nate Derhammer- Loyola University Medical Center  
Dr. Greg Ozark- Loyola University Medical Center  
Dr. Laura Ozark- Loyola University Medical Center  
Dr. Dan Sisbarro- Loyola University Medical Center

Chief Residents (CRs):

Dr. Demetri Doukas- Loyola Inpatient  
Dr. Liz Pappano- Hines Inpatient  
Dr. Mike Stokas- Ambulatory  
Dr. Chase Correia-Research  
Dr. Joe Danavi- Quality and Safety Chief Resident at Hines VA
RESIDENT SUPPORT STAFF

LOYOLA

**Alba Isaj**- Program Coordinator for the Internal Medicine/Combined Medicine-Pediatrics residency programs. Her office is in Room 7609, phone extension x66497. Alba maintains all resident portfolios. She will assist you with advising meetings, Step 3 registration, licensing, board registration, and ACLS/BLS training.

**Jill Wallock**- Program Coordinator for the Internal Medicine/Combined Medicine-Pediatrics residency programs. Her office is in Room 7613, phone extension x66053. Jill is our New Innovations (evaluation system) guru. She is in charge of rotational evaluations, monitors Web-On-Call, duty hours and procedure logs. She also coordinates Debit cards, FMLA and LOA requests. Jill also keeps track of intern admission logs.

Please feel free to ask either Alba or Jill any residency related administrative questions.

**Gertie Bilka**- Senior Secretary. Gertie is located in room 7609 (outside of Dr. Simpson’s office). Gertie is responsible for scheduling all meetings with Dr. Simpson, she also will let you know about any paperwork that comes in for your patients from the outpatient clinic. In general, she will call you to let you know something has arrived (a Rx refill fax, documents requiring your signature, etc). These documents will then go into your mailbox. Gertie handles locker assignments and orders your patient appointment cards (business cards). Gertie also takes all “patient related” and pharmacy calls for the neuro and prelim residents, as well as any “inpatient related” and pharmacy calls for ALL of the residents who are on Loyola Service/Consult rotations (if/when those calls are transferred to her from either the Clinic, various departments, or the switchboard). Gertie also sends out the “advance” instruction/preparation reminder notices for the PGY 1s for their CQC Conference presentations, to the PGY 2s for their Autopsy Conferences presentations, and to the PGY 3s for their CPC Conference. Her extension is x64943. She also sends out your MICU rotation lecture schedule.

**Michelle Armstrong**- Program Coordinator for the Neurology residency program. For our PGY1 clinical base year neurology residents, while Jill and Alba will act as your coordinators during your first year in many regards, Michelle will assist with some neurology program issues that carry on throughout the duration of the neurology residency program.

HINES VA

**LaWanda Rucker**- Ms. Rucker is the computer support contact for Hines VA. She can assist you with most computer issues as well as obtaining home access. Her phone number is 708/202-8387 x24564 and pager is 708/718-1753. Her office is on the 14th floor of the main VA hospital building 200, room 1479.
Roster of Interns and Residents 2015-2016

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<td>Kevin Boblick</td>
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<td>Jonatan Hornik</td>
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Chief Residents 2015-2016:

Chase Correia
Joseph Danavi
Demetrios Doukas
Elizabeth Pappano
Michael Stokas

Preliminary Residents:

Nicole Davis
Jade Fettig
Erika Hagstrom
Rie Hirai
John Jesse
Keely Marshall
Rica Mauricio
Patrick Mulligan
Karlee Novice
Tatsuya Oishi
Categorical Residents:

PGY1 Residents:

Justin Coyle  Rick Gaines  Matt Hermann  Laurae Hicks  David Hilburn

David Hwang  Vivian Gatell Irizarry  Sandeep Jewani  Katarzyna Kadela  Brian Kauh

Tony Kurian  April McDougal  Bill Meyer  Lilyana Nezirova  Grainne O’Malley

Nora O’Byrne  Tom O’Connell  Sonam Patel  William Pearse  Katerina Porcaro
PGY2 Residents:

Fares Alsawah  Susan Bardolph  Allyce Caines  Sarika Chandiramani  Betsy Collins

Tim Cooper  Sarah Fantus  Bali Gill  Aaron Goldstein  Andy Heisler

Amanda Holloway-Verrill  Scott Janus  Rania Kaoukis  Anne Kelly  Adam Knudson
PGY3 Residents:

Osamah Abdallah  Ahmad Agha  Michael Ashbrook  Dovile Baniulis  Anne-Marie Bertino

Nathan Bibliowicz  Julia Brown  Elaine Cabugason  Andrew Chen  Daniel Djondo

Perry Formanek  Bryan Gaynor  Vikram Goyal  Asif Jafferani  Robert Jen

Koma Koya  Michael Lake  Jessica Lum  Levi McDaniel  Shaham Mumtaz

Akshay Muralidhar  Jessica Pillarella  Brett Segel  Kunal Shah  Shruti Singh
Medicine/Pediatrics Residents:

PGY- 1

Kevin Boblick  Emily Kahn  Justin Kuo  Suzanne Ngo  LaBianca Wright

PGY-2

Ragini Bhadula  James Grace  Matthew Laubham
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<tr>
<td></td>
<td>R2: Tengerstrom</td>
<td>R3: Watson</td>
<td>R4: Parker</td>
<td>R3: Hughes</td>
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<td>R4: Mollo</td>
<td>R4: Schwab</td>
<td>R4: Bailey</td>
<td>R4: Sulo</td>
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<td>(until 8/2015)</td>
<td>(until 2/2016)</td>
</tr>
</tbody>
</table>
RESIDENT RESPONSIBILITIES

General:
Each resident will be offered the opportunity to assume direct responsibility for patient care. The transfer of responsibility occurs in a graded fashion. The degree to which each resident is permitted to function “independently” depends upon individual initiative, medical knowledge, and continually demonstrated competence. In fact, each resident's performance will be closely supervised. Below we have outlines the general roles of interns and senior residents on service teams. Please use this as a guide for the general role of each team member:

Intern responsibilities:
In general, the intern is responsible for writing all of the daily patient progress notes, ordering medications/labs, replacing electrolytes and ordering tests. They are responsible for obtaining sign-out in the morning on patients admitted overnight and delivering sign-out at the end of the day on the patients the team is covering. Both morning and evening sign-out should be closely reviewed with the senior resident if they are not physically present at sign-out (seniors are expected to supervise sign out for the majority of the academic year, however). Interns, with the assistance of their senior resident, should be calling consults and remaining in close communication with consultant services. The interns write the discharge summaries at Loyola; at Hines, the senior resident usually writes them. In addition to the above patient care responsibilities, interns should attempt to assist in the education of medical students on their team. See additional details below:

1. The PGY 1 resident is responsible for recording the ADMISSION NOTE (admitting history and physical, problem list, assessment, diagnostic plan and admitting orders) for all new admissions assigned to him/her by their supervising senior resident. (The PGY 2/3/4 should write a brief addendum outlining the treatment plan.) If a third year-medical student is assigned to that particular patient, the student should record the admitting history and physical exam; the PYG1 or PGY 2/3/4 is responsible for reviewing and correcting the history and physical, making appropriate additions, and countersigning the student’s note; however, a full H&P must still be written by either the PGY 1 or PGY 2/3/4. This same policy applies to transfers between medical services (including from/to the intensive care units) or patients admitted by the previous night’s on-call residents (i.e., night float). However, the TRANSFER ACCEPTANCE NOTE should be a brief summary of the patient’s presentation and hospital course; the remaining details of the H&P need not be rewritten but should be referenced as appropriate. Transfers to medical services from outside hospitals or non-medicine services require a complete ADMISSION NOTE.

2. The PGY 1 is responsible for DAILY PROGRESS NOTES on his/her patients. It is expected that any subinterns will enter daily progress notes on the patients they are following. These notes must be reviewed and countersigned by the senior resident, who is directly responsible for all necessary subintern supervision; however, a daily note must still be written by the PGY 1.

3. The PGY 1 resident is responsible for all CROSS-COVERAGE when on call. (See specific service descriptions below for cross-coverage assignments.) When cross-coverage includes critical decision making and/or patient assessment, or the PGY 1 has any doubts regarding patient management, the on-call PGY 2/3/4 should be involved immediately.
Senior responsibilities:
The senior resident has many responsibilities including: ultimately being responsible for all the patients on the team, educating the intern and medical students, and being the liaison between the team and the attending. The senior will supervise all admissions to the team. The senior resident years (PGY-2 and 3) are a time for the resident to grow in their medical knowledge and problem solving. It is expected that each day, the senior should be taking some time to research current clinical information regarding current patients, and bringing that information to the team in the form of teaching. Senior residents will continually work on their leadership and teaching skills. The faculty does not support the concept of the “resi-tern” (ie, a senior resident who divides up the work of the team on a regular basis). The privilege of being a senior is additional time to hone clinical skills, learn how to answer evidence-based questions, and improve leadership and teaching skills. The exception to the above expectations would be weekends or other rare occurrences where the team is short-staffed. See additional details below:

Included among the senior year resident's daily responsibilities are:

1. Leading work rounds with the entire team
2. Organization of attending rounds
3. Assuring team attendance at all required conferences
4. Conduct of afternoon chart rounds
5. Education of intern, subinterns and third-year medical students
6. Distribution of admissions between the members of the team

In addition, the senior resident is responsible for reviewing the medical record of each patient. This implies close scrutiny of the PGY 1 and subintern entries.

Attending Physician Notification Policy and Procedure
Final responsibility for the patient's welfare rests on the attending physician, he or she must be notified of any significant change in the status of a patient or be informed of a change in treatment plan or decision to proceed with any non-routine procedure. Your management of difficult or bothersome patient problems should be guided by the maxim, "when in doubt, call”. Similarly, it is mandatory that the attending physician be notified immediately in the case of a patient's death, admission of an emergency or unscheduled patient, discharge of a patient against medical advice, transfer of a patient to any other unit, service or hospital, or for your own reassurance and/or protection in situations in which you feel unsure.

Residents should notify their attending in the event that:

1. a patient is admitted
2. a patient’s condition deteriorates significantly
3. a patient is transferred to an intensive care unit
4. a patient expires
5. a patient desires to leave against medical advice (AMA)
6. a significant procedure or test is being performed (central lines, angiograms, etc)
7. the resident has any questions about the diagnostic and/or therapeutic plan
At the beginning of each month, each service attending and housestaff should discuss their preferred means of communicating during off-hours. All of the following options should be exercised in the event that there is difficulty reaching the service attending:

1. page the attending directly via the hospital paging network (usually 68777)
2. call the attending directly at home (the operators have both home and cell numbers and can call for you)
3. contact the physician answering service (66400) and have them locate the appropriate attending on-call
4. contact the attending on call for the division, again through the answering service
5. contact the fellow on call for the service
6. if all else fails, contact the chief resident

Resident Accessibility Expectations:

Pagers:
All residents should make every effort to respond to all pages immediately. This includes pages received while both in the hospital and at home. If you are no longer in the hospital or are unavailable then it is your responsibility to appropriately forward your pager. Please remember to change your pager status to “unavailable” when you are on vacation or a night float rotation to avoid being woken up. This also helps the clinic triage nurses know that you are not available for patient care calls (they will then contact the attending). You may also forward your pager to a colleague during this time.

Email:
Much of the departmental communication takes place using this email system, and you should expect to check it no less than 4 times per week. It can be loaded onto a smart phone/Ipad. The CRs send out a weekly Friday email with important information. You are responsible for the information that is emailed to you. (please refer to the email information below for more detailed information).
GENERAL POLICIES

The Internal Medicine residency program falls under the Graduate Medical Education (GME) department. There is useful information available on their website: [http://stritch.luc.edu/gme](http://stritch.luc.edu/gme) including resident handbook (hospital-wide), licensure, benefits, and many other useful topics that are not a part of our specific departmental handbook (this document). Please take time to look through the webpage to familiarize yourself with many available resources that will make your time with us at Loyola even more meaningful.

In addition, you will find many order sets and protocols available on the LUMC Portal. To access this site, you must either be on campus, or home with remote access (see below for information on how to do this). Go to emr.lumc.edu and then click on the “intranet” link at the top of the page, then onto the “Policies” tab. Scroll through the different selections and find useful protocol and procedural information.
Patient Care

General Information about Rotations: All medicine interns and residents follow the “4+1” schedule. The four weeks will be made up of varying assignments (i.e. inpatient service, consults, Night Float, research etc.). The “+1” for categorical medicine and med/peds residents will consist of an ambulatory week. For preliminary year and neurology clinical base year interns, the “+1” week will vary between inpatient consults, ambulatory clinics, and other uniquely designed experiences (see section about Plus One Weeks below).

Work Hour Restrictions: The Department of Medicine takes duty hours very seriously. It is the responsibility of the intern and resident to make sure they are in compliance with the ACGME restrictions. The faculty, fellows, and administration are in full support of the following:
* Housestaff may not work more than 80 hours per week averaged over the month
* Must have 1 day off in 7 averaged over the month
* Interns (PGY 1s) may not work more than 16 hours in a row
* Seniors (PGY 2,3s) may not work more than 28 hours in a row
* Residents cannot accept any new patients after 24 hours of duty

PLEASE bring any work hour concerns to the attention of the Chief Residents immediately so any potential work hour violations can be avoided proactively. The importance of complying with all duty hour requirements cannot be overstated. Dr. Melissa Bussey is the APD who specifically monitors duty hours for compliance.

Logging Duty Hours
Logging of duty hours is a requirement of all residency programs by the ACGME. All residents are required to log their duty hours into New Innovations on a weekly basis (https://www.new-innov.com/login/). Any duty hours violations will subsequently be reviewed in real time such that program, resident, or rotation specific issues may be addressed by the leadership team in a timely manner. Failure to log duty hours will initially result in a reminder from the chief residents, and failure to comply at that point may result in escalation to the Program Director or the Clinical Competency Committee.

Work hours:
- Interns need to arrive for work at 6am on all rotations except Geri/Consults/Night Float/Research/Ambulatory Weeks.
- Interns should expect to pre-round on their patients.
- Interns and residents will sign out at 6pm when night float arrives at Loyola and Hines (except for Gen Med at Hines where sign out occurs at 5pm). If you are finished with your patient care duties prior to this time, you may use your time catching up on journals, researching a clinical question in the library, reviewing MKSAP questions, etc.

Admissions:
Interns are expected to do a minimum of 50 admissions during their intern year. In order for all interns to receive credit for the year of training, they will need to show proof of completion of 50 admissions. It will be up to the interns to record the appropriate patient data (a form is available in the Intern Handbook/Survival guide) and provide a copy of progress to our Program Coordinator, Jill Wallock at each Friday school.

Census Information:
The CRs keep track of all census information for each rotation at both hospitals (number of pts on the team, admissions, etc.). The senior resident will contact the appropriate CR with this information each day. The Intern will call the designated CR if the Senior has a day off.
LOYOLA INPATIENT SERVICES

A. GENERAL MEDICINE (GM)

1. Team Structure
   There are 8 GM services at LUMC.
   Teams 1-4 are the Housestaff Services composed of 1 Senior and 1 Intern and M3 Stritch students.
   Teams 5-8 are the Hospitalist Services.

2. Census/Caps and Patient Distribution
   a. Census Cap
      GM teams 1-4 should not exceed 10 patients for daily census but may float above that in times of need if all
         teams have reached cap.
      GM 5-8 should increase to 14 prior to GM 1-4 increasing above 10.
   b. Bouncebacks
      Defined as re-admission to same SENIOR resident on service (4 week block)
      Bouncebacks count towards your team cap of 10.
      Any team may increase to a census of 11 to accommodate a bounceback if already capped at 10.

3. Admission Cap
   Each team may take up to 5 new patients in a 24 hour period.

4. Patient Distribution
   Typical distribution of patients is from 6:00 am – 5:30 pm.
   From 6am – 5:30pm there are rolling admissions to teams 1-8
   Admissions skip teams that are capped
   The distribution is 1:1 alternating between housestaff and hospitalist teams
   ICU transfers should go to Gen Med 5-8 unless patient is a bounceback to teaching service or if hospitalist
   teams are capped

If at any time there are questions regarding patient allocation/distribution please do the following:
1. Kindly accept the admission
2. Call/page the Loyola Inpatient Chief (Dr. Doukas or designee if he is on vacation) to raise your concerns ➔ Chief
   Resident Office: x69383 or pager #17530
3. The Inpatient Chief will then look into the concern and discuss with the appropriate staff (patient placement, Hospitalist
   service, etc.)

5. ICU Transfers
   Please see MICU section for additional information (MICU Section C.5.).

6. Pagers:
   1. Service Pagers
      These are designed to allow the nurses to page the team taking care of the patient without trying to figure out
      which resident/intern is taking care of a specific patient. You will likely get pages both on your personal pager
      and the service pager. It is each resident’s responsibility to forward/un-forward personal and service pagers at
      every change of shift.
      It is the responsibility of the Intern to hold the service pager during the day (in addition to your personal
      pager) and hand off to the Night Float (NF) intern at 5 pm.
      Service pagers can be forwarded to the GM cross cover pager at night, but need to then be ‘un-forwarded’ in
      the morning.
2. Admission and Cross Cover Pagers

One Senior Resident is responsible for carrying the GM admissions pager during the day and handing it off to the Night Float Resident at 6 pm.

The late Senior is responsible for seeing/staffing admissions until 5:30 pm.

An admission between 5:30 pm - 6:00 pm may be handed off to NF resident.

Patients will be admitted to the service they are assigned to (by admitting department) and staffed with the attending on that service prior to 6 pm.

One Intern is responsible for holding the cross cover pager during the day and handing the pager off to the Night Float intern at 5 pm.

If paged on this cross cover pager during day hours it is the responsibility of the resident/intern to help the RN get in touch with the correct team (e.g. saying, “this is not my patient” is not an acceptable answer!)

<table>
<thead>
<tr>
<th>Service Pagers</th>
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<tbody>
<tr>
<td>GM 1</td>
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<td>GM 2</td>
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<td>GM 3</td>
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<td>GM 4</td>
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<td>GM 5</td>
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<td>GM 6</td>
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<td>GM 7</td>
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<td>GM 8</td>
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</tbody>
</table>

7. Weekends/Holidays:

All teams can walk into admissions on weekends due to patients being admitted overnight.

Unadmitted patients can be handed off by NF.

Patient flow for the weekends/holidays:

- From 6am-2pm rolling admissions are assigned to teams 5-8 (hospitalist teams)
- From 2pm-5pm, the late admitting Senior does rolling admits for all patients assigned to GM 1-4.
- Although these admissions might go to a different team the following day, all admissions are staffed with your (the late admitting team’s) attending.
- The late admitting Senior can start getting Hepatology admits at 12:00 noon.

Holidays are determined by the LUMC/Trinity calendar and function like weekends.
8. Notes
Every patient needs to have an admitting History and Physical in the chart and a daily Progress Note. It is the expectation that the daily progress notes are written by the Intern on the team. (see Resident Responsibilities section on page 19).
Seniors must write an addendum on any intern H&P for any patient that is not physically seen by the attending of record that day.
Medical Student notes do not formally count for documentation, but can be referenced to for PMHx, PSHx and ROS. These notes need to have an addendum written by either the Senior Resident or the Intern which includes all elements of an H&P or Progress Note except as stated above (PMHx, PSHx, ROS).
Progress notes should be completed by beginning of sign out.

9. Staffing
ALL admissions must be staffed with your attending.

10. Sign out
Your patients are taken care of overnight by the NF intern. You will need to sign out your patients at 5 pm every day. The I-PASS system is used at Loyola University Medical Center for sign outs.

11. Conferences
A. Gen Med Morning report - M,W,F at 8:15am in the Foley Library on the 7th floor Dept. of Medicine
B. Medicine Noon Conference- M,W,F at Noon. Location is announced in the Friday emails and via pages
C Intern-only conference: September, October and February - June at 12noon. Location TBD (i.e. no conference on Thursday during interview season: Oct 2-Jan 28, 2016).
D. Department of Medicine Grand Rounds- Tuesdays at 12noon in the Stritch School of Medicine room 190
E. CPC- Thursdays at 4:30pm in the Stritch School of Medicine
F. Autopsy Conference- Fridays at noon at the Hines VA Jr Medical Center

12. Curriculum
All rotational curricula can be found on-line under the Internal Medicine Residency homepage: www.luhs.org/medres -> Click Internal Medicine on the right hand side -> Resident Resources (under video) -> then click “Curriculum” in the right hand column. There you will find a tab for the General Medicine rotation with Learning Objectives, Conference Schedule, Reading List with article links embedded. If you are off-campus, the Login and password is: LoyolaIM (case sensitive).
B. HEPATOLOGY

1. Team Structure
   There are two Hepatology services: Hep A and Hep B
   Each team staffed by 1 Senior and 1 Intern
   1 Fellow covers both teams
   At times, there is a separate Transplant Fellow who will be assigned to an individual team
   Both teams share 1 attending

2. Census/Caps and Patient Distribution
   Census Cap
   Team cap is 10
   Cap is rolling – which means if you have less than 10 pts actively on your list, you may be up for an admission
   Hard cap is 10 – if both teams are at cap patients will be admitted to Gen Med with a Hepatology consult (fellow)
   Pts admitted to Gen Med should be transferred to Hepatology service when space allows

3. Admissions
   Open for admission 6 am - 6 pm, Hep A and Hep B alternate admissions usually, although at times the fellow will determine to which team the admission goes.
   Often, patients are admitted directly from clinic.

4. ICU transfers
   Please see MICU section for additional information (MICU Section C.5.).

If at any time there are questions regarding patient allocation/distribution please do the following:
1. Kindly accept the admission
2. Call/page the Loyola Inpatient Chief (Dr. Doukas or designee if he is on vacation) to raise your concerns ➔ Chief Resident Office: x69383 or pager #17530
3. The Inpatient Chief will then look into the concern and discuss with the appropriate staff (patient placement, Hospitalist service, etc.)

5. Pagers
   Service Pagers
   It is each resident’s responsibility to forward/un-forward personal and service pagers at every change of shift.
   It is the responsibility of the Intern to hold the service pager during the day (in addition to your personal pager) and hand it off to the NF intern at 5 pm.
   Admission Pager
   The Hep A and Hep B Seniors alternate carrying the admission pager (sometimes by days or admissions). This is usually decided by the Seniors at the beginning of the rotation.

   Do not forward personal pagers to the service or cross cover pagers!
   You may only forward your pager to another intern/resident.

<table>
<thead>
<tr>
<th>Hepatology Pagers</th>
<th>Number</th>
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<tbody>
<tr>
<td>Hep A</td>
<td>10648</td>
</tr>
<tr>
<td>Hep B</td>
<td>10697</td>
</tr>
<tr>
<td>Admission Pager</td>
<td>91804</td>
</tr>
</tbody>
</table>
6. Weekends/Holidays
All teams can walk into admissions on weekends from patients admitted overnight.
Unadmitted patients can be handed off by NF.
Patient flow for the weekends and holidays:
  -From 6am-Noon rolling admissions to teams Hep A and B
  -From Noon-5:30 pm the Gen Med late admitting Senior does all Hepatology admits
  -On the weekend if a Hepatology patient is to be transferred out of the ICU after 12noon, this patient should be cross covered by MICU overnight team and then given to the Hepatology team in the morning. This is to avoid multiple hand offs.
Holidays are determined by the LUMC/Trinity calendar and function like weekends.

7. Notes
Every patient needs to have an Admitting History and Physical in the chart and a daily Progress Note. It is the expectation that the daily progress notes are written by the Intern on the team. (see Resident Responsibilities section on page 19).
Seniors must write an addendum on any Intern H&P for any patient that is not physically seen by the attending of record that day.
Medical Student notes do not formally count for documentation, but can be referenced to for PMHx, PSHx and ROS. These notes need to have an addendum written by either the senior resident or the intern which includes all elements of an H and P or Progress note except as stated above (PMHx, PSHx, ROS).
Progress notes need to be completed by sign out.

7. Staffing
ALL admissions must be staffed with fellow on-call or Hepatology attending.
Clarify at the beginning of the rotation the preference of your attending for staffing.
When signing out to the NF resident, please pass this information to your replacement.
If you are unsure, have the paging operator, x66400, page the on-call fellow.
If you cannot reach the fellow, have the paging operator page the attending on-call (operators also have home and cell phone numbers as well).
If you cannot reach any fellow or attending, call/page the Chief Resident for assistance.

8. Sign out
Sign out to the Night Float Intern takes place at 5 pm every day

9. Curriculum
All rotational curricula can be found on-line under the Internal Medicine Residency homepage:
www.luhs.org/medres -> Click Internal Medicine on the right hand side -> Resident Resources (under video) -> then click “Curriculum” in the right hand column. There you will find a tab for the Hepatology rotation with Learning Objectives, Conference Schedule, Reading List and a Quiz.
If you are off-campus, the Login and password is: LoyolaIM  (case sensitive).

10. Conferences
Hepatology Lecture Series/Conferences:
A. Every Wednesday from 12-1
   * This takes the place of medicine noon conference
B. Every other Monday from 12-1 there is an Abdominal Transplant Lecture (all Transplant teams attend)
   * This takes place of medicine noon conference

Departmental Lecture Series/Conferences:
A. Gen Med Morning report - M,W,F at 8:15am in the Foley Library on the 7th floor Dept. of Medicine
B. Medicine Noon Conference- M,W,F at Noon. Location is announced in the Friday emails and via pages
C Intern-only conference: September, October and February - June at 12noon. Location TBD (i.e. no conference on Thursday during interview season: Oct 2-Jan 28, 2016).
C. MICU

1. Team Structure

There are two MICU teams: Team A and Team B
Each team is made up of 2 Seniors and 2 Interns with 1 Fellow per team (plus student SUBIs)

2. Census/Caps and Patient Distribution

Census Cap
a. Each team has preferred cap (also called a “soft cap”) of 16 patients but can have a hard cap of 20 (only in times of extreme need)
b. When teams are at soft cap of 16:
   - the cap is dynamic: if there will be a significant number of transfers out of the unit, that team should continue to admit as scheduled with a goal of moving down to 16 at end of day
   - if only one team is at soft cap, the other team should take new admissions regardless of the admission schedule
   - transfer out appropriate patients if able
c. If both teams are at soft cap without anticipated transfers/discharges → CCU residents will admit as overflow.
   - these patients should be admitted by CCU and staffed with the MICU attending
   - MICU overflow patients are to be staffed and rounded upon daily with the appropriate MICU attending
   - CCU resident will write notes, orders, and generally manage these patients with the MICU fellow and attending overseeing until they can be transferred to the MICU team
   - patients should be transferred back to MICU team as soon as able at a time determined by the MICU attending

3. Patient Distribution/Flow

Teams admit on alternating days: Team A Odd Days and Team B Even Days
If there is a 31st in any given month it is considered a “Wild Card” day and both teams will alternate admissions
Teams do admissions from 6 am – 6 am the following morning
NF will be preferentially admitting to the team “on call”
If census between teams is largely unbalanced, pts may be distributed at the discretion of the attending/fellow/NF resident on-call
Bouncebacks are admitted by the team in which they are going to
Pulmonary transplant patients are to preferentially be admitted to MICU B – if and only if there is a Pulmonary Transplant attending on MICU service during that time

4. MICU Evaluations during the daytime

Between 8 am and 5 pm on weekdays, MICU evaluations should be initially triaged by the Fellow (rather than the residents) with the following exception: If both teams are rounding, the attending is asked that under these circumstances one of the seniors (not the fellow) leave rounds to do the evaluation.
MICU Evaluation pager should be given to the Fellow at 8am and given back to the residents at 5 pm.
Once a patient is deemed appropriate for admission to the MICU by the Fellow, the residents will be responsible for doing their own assessment and completing a standard MICU admission.
When a patient is deemed NOT appropriate for MICU transfer or “denied,” the fellow should:
   a. briefly document their assessment in EPIC and
   b. assure that the MICU attending is informed
5. Transfer Policy
   a. Transfers from the MICU are preferentially sent to Gen Med 5-8.
      This holds true except when patient is a bounceback to another team or GM 5-8 are capped
   b. From 7 am - 1 pm if a patient is deemed stable to transfer to floor service, the following should occur:
      1. Place transfer order in EPIC
      2. Page the 91048 pager to give report
      3. Write a transfer summary and verbally sign patient out to accepting physician (the 91048 pager will tell you who that person/team is).
      4. Once you have spoken to the transferring team (ie “called out the patient”), that patient is NO LONGER on the MICU service and all orders and management is to be done by the receiving team. The patient still might physically be in the MICU, but they are NOW on a Gen Med team.
   c. *** This Only Applies to Gen Med Patients ***
      If the patient is stable for transfer after 1 pm the following should occur:
      1. Place transfer order in EPIC (so that admitting can work on a floor bed assignment).
      2. The patient is signed out to MICU NF and covered by team until the following morning.
      3. Call the patient out to the 91048 pager at 7 am the following day.
      4. Write a transfer summary and verbally sign pt out to accepting physician.
      5. Please note that the physical location of the patient might have changed to a floor bed, but the MICU NF is still covering that patient until the following morning.
         a. This is done to minimize hand-offs
         b. Recognize that this is a vulnerable time and that the MICU Senior is responsible for making sure that patient is correctly transitioned to a GM team that next morning.
         c. DO NOT remove that patient from your MICU list until they are called out to a GM service that following day.
   d. *** This applies to Sub-Specialty Transfers ***
      1. The patient will transfer services either when they have a floor bed OR a transfer order has been in place > 48 hours and are still awaiting a new bed assignment.
      2. On the weekend if a Hepatology pt is to be called out after 12noon, the patient should be cross covered by MICU overnight to avoid multiple hand offs.

6. Pagers
   Service Pagers
   It is each resident’s responsibility to forward/un-forward personal and service pagers at every change of shift.
   It is the responsibility of the Intern to hold the service pager during the day (in addition to your personal pager).
   These pagers should be handed off to the NF intern at 6 pm.

   Do not forward personal pagers to the service or cross cover pagers!
   You may only forward your pager to another intern/resident.

<table>
<thead>
<tr>
<th>MICU Pagers</th>
<th>Numbers</th>
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<tbody>
<tr>
<td>MICU A</td>
<td>10057</td>
</tr>
<tr>
<td>MICU B</td>
<td>10347</td>
</tr>
<tr>
<td>MICU Eval/Admissions</td>
<td>91195</td>
</tr>
</tbody>
</table>

7. Weekends/Holidays
   Open for admissions 6am-6pm.
   One Senior and one Intern from each team should be present each day.
   One senior and one Intern from either team will stay as the late admitting senior and the late cross cover intern each weekend day.
   6am-6pm schedule will be determined amongst MICU residents and should be done prior to, or by the first day of the rotation.
   Holidays are determined by the LUMC/Trinity calendar and function like weekends.
8. Staffing/Unique Coverage
MICU B provides cross cover for pulmonary transplant floor patients.
ALL admissions must be staffed with your attending.

9. H and P/ Notes
Every patient needs to have an admitting History and Physical in the chart and a daily Progress Note. It is the expectation that the daily progress notes are written by the intern on the team. (see Resident Responsibilities section on page 19).
Seniors must write an addendum on any intern H&P for any patient that is not physically seen by the attending of record that day.
Medical Student notes do not formally count for documentation, but can be referenced to for PMHx, PSHx and ROS. These notes need to have an addendum written by either the senior resident or the intern which includes all elements of an H and P or Progress Note except as stated above (PMHx, PSHx, ROS).
Intern progress notes should be completed by beginning of sign out.

10. Sign out
Sign out to the night float intern takes place at 6 pm every day.
The entire team should be present for sign out – seniors (definitely) as well as fellows (ideally).

11. Curriculum
All rotational curricula can be found on-line under the Internal Medicine Residency homepage:
www.luhs.org/medres -> Click Internal Medicine on the right hand side -> Resident Resources (under video) -> then click “Curriculum” in the right hand column. There you will find a tab for the MICU rotation with Learning Objectives, Conference Schedule, and Reading List with links.
If you are off-campus, the Login and password is: LoyolaIM  (case sensitive).
There is a MICU handbook for this rotation distributed by the Chief Residents at the beginning of the rotation. Reading list can be found in the back of the MICU handbook.

12. Conferences
During your MICU month you have a mandatory curriculum/lecture schedule which take place daily at 12noon each weekday in the MICU conference room and includes both a lecture series and simulation exercises.
This schedule is emailed by Gertie at the beginning of your rotation.
Your workflow (including procedures) needs to work around this educational time and any absences need to be discussed with the attending ahead of time and should be limited to a critically ill or unstable patient.

D. CCU

1. Team Structure
Team is composed of 2 Senior residents, 2 Interns and 1 Fellow

2. Census/Caps/MICU Overflow
a. Census Cap
Team has a preferred (or ‘soft’) cap of 16 patients, hard cap of 20 (only in times of extreme need).
You will be open for evaluations/admissions from 6am-6 pm.
b. MICU overflow
If both MICU teams A and B are at cap without anticipated transfers/discharges → CCU residents will admit MICU patients as overflow. MICU overflow patients are to be staffed and rounded upon daily with the appropriate MICU attending.
CCU resident will write notes, orders, and generally manage these patients with the MICU fellow and attending overseeing until they can be transferred to the MICU team.
Patients should be transferred back to MICU team as soon as able at a time determined by the MICU attending.
3. Admissions
CCU service is open for admission from 6 am - 6 pm.

4. ICU Transfers
Transfers out of the CCU are preferentially sent to the Cardiology Service. The following policy in place:
The patient will transfer services **either** when they have a floor bed **OR** a transfer order has been in place >48 hours and patient is still awaiting a new bed assignment.
As always, direct verbal communication with the accepting physician needs to take place AND a transfer note needs to be placed in the chart summarizing the ICU course.
If a patient is deemed to be more appropriate for transfer to Gen Med please refer to the MICU transfer policy under MICU section C.5.c. as it is different than the CCU transfer protocol.
In all cases, it is imperative that direct verbal communication between transferring and accepting physician take place.

5. Pagers
Service Pagers
It is each resident’s responsibility to forward/un-forward personal and service pagers at every change of shift.
If a patient is deemed to be more appropriate for transfer to Gen Med please refer to the MICU transfer policy under MICU section C.5.c. as it is different than the CCU transfer protocol.
In all cases, it is imperative that direct verbal communication between transferring and accepting physician take place.

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<thead>
<tr>
<th>Pager</th>
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<tbody>
<tr>
<td>CCU Service pager</td>
<td>10556</td>
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<tr>
<td>CCU Admit Pager</td>
<td>17699</td>
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</tbody>
</table>

Do not forward personal pagers to the service or cross cover pagers!
You may only forward your pager to another intern/resident.

6. Weekends/Holidays
Each weekend day one senior and one intern must be present.
6am-6pm coverage will be split between the CCU - CHF- Cardiology teams
Each weekend day there must be a dedicated:
* 6am-6pm late admitting senior and (admits to all three services)
* 6am-6pm cross cover intern
Schedule is to be determined either prior to or by the first day of the rotation amongst the residents.
Holidays are determined by the LUMC/Trinity calendar and function like weekends.

7. Staffing
ALL admissions must be staffed with your attending.
It is OK to staff with the Fellow in the event the attending is unavailable.

8. H and P/Notes
Every patient needs to have an admitting History and Physical in the chart and a daily Progress Note. It is the expectation that the daily progress notes are written by the intern on the team. (see Resident Responsibilities section on page 19).
Seniors must write an addendum on any intern H&P for any patient that is not physically seen by the attending of record that day.
Medical Student notes do not formally count for documentation, but can be referenced to for PMHx, PSHx and ROS. These notes need to have an addendum written by either the senior resident or the intern which includes all elements of an H and P or Progress note except as stated above (PMHx, PSHx, ROS).
Intern progress notes should be completed by beginning of sign out.
9. Sign out
Sign out to the night float intern takes place at 6 pm every day.
The entire team should be present for sign out – seniors (definitely) as well as fellows (ideally).

10. Curriculum
All rotational curricula can be found on-line under the Internal Medicine Residency homepage: www.luhs.org/medres -> Click Internal Medicine on the right hand side -> Resident Resources (under video) -> then click “Curriculum” in the right hand column. There you will find a tab for the CCU rotation with Learning Objectives, Conference Schedule, and Reading List with links.
If you are off-campus, the Login and password is: LoyolaIM (case sensitive).

11. Conferences
Cardiology Rotation Conferences:
All residents rotating through the Cardiology Department are also expected to attend:
- State of the Heart- Tuesdays 7:30am Cardiology Department: EMS Building, 6th floor
- Cath Conference- Fridays 7:30am Cardiology Department: EMS Building, 6th Floor
You are encouraged to attend the Internal Medicine conferences as patient care allows:
- Noon Conference: M, W, Th (locations emailed and paged to all residents)
- Medicine Grand Rounds: Tuesdays at noon in Stritch School of Medicine
- CPC: Thursdays at 4:30pm in Stritch School of Medicine
- Autopsy Conference: Fridays at noon at Hines VA Medical Center

E. CARDIOLOGY

1. Team Structure
**Currently there is a pilot project that has started on 6/1/2015 where a Cardiology A and B team has formed with 1 Attending and 1 Fellow covering a Cards A and a Cards B team**
Each team in this pilot has 1 Senior and 1 Intern (with medical students)
This structure is currently being tested, if not found to be advantageous after a 2 month period of time, it could revert back to the prior structure of 1 “super team” of 2 Seniors, 2 Interns and 1 Fellow

2. Census Cap
The Cardiology Service has a preferred (soft) cap of 16 patients and a hard cap of 20.
During the pilot, each team (Cards A and B) has a soft cap of 8 and a hard cap of 10.
If above redistribution cap of 16 – discussion with the Fellow and attending should be had to determine which patients are most appropriate to transfer to the following services:
- CHF/HTU
- Gen Med with a Cardiology Consult team following

3. Admissions
Under the pilot system, teams are alternating the admissions in the following way:
- One team will take all of the overnight admissions.
- The other team will then do all of the daytime admissions between 6am and 6pm.
- The following day, the teams switch so the opposite service picks up the overnight admissions and vice-versa.

4. Pagers
Service Pagers
It is each resident’s responsibility to forward/un-forward personal and service pagers at every change of shift.
It is the responsibility of the intern to hold the service pager during the day (in addition to your personal pager).
These pagers should be handed off to the NF intern at 6 pm.
Do not forward personal pagers to the service or cross cover pagers!
You may only forward your pager to another intern/resident.

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<tr>
<th>Pager</th>
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<td>Cardiology Service pager</td>
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<tr>
<td>Cardiology Admit Pager</td>
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</tbody>
</table>

5. **Weekends/Holidays**
Each weekend day one senior and one intern must be present.
6am-6pm coverage will be split between the CCU - CHF- Cardiology teams.
Each weekend day there must be a dedicated:
* 6am-6pm late admitting senior and (admits to all three services)
* 6am-6pm cross cover intern
Schedule is to be determined either prior to or by the first day of the rotation amongst the residents.
Holidays are determined by the LUMC/Trinity calendar and function like weekends.

6. **Staffing**
ALL admissions must be staffed with your attending.
It is OK to staff with the Fellow in the event the attending is unavailable.

7. **H and P/Notes**
Every patient needs to have an admitting History and Physical in the chart and a daily Progress Note. It is the expectation that the daily progress notes are written by the intern on the team. (see Resident Responsibilities section on page 19).
Seniors must write an addendum on any intern H&P for any patient that is not physically seen by the attending of record that day.
Medical Student notes do not formally count for documentation, but can be referenced to for PMHx, PSHx and ROS. These notes need to have an addendum written by either the senior resident or the intern which includes all elements of an H and P or Progress note except as stated above (PMHx, PSHx, ROS).
Intern progress notes should be completed by beginning of sign out.

8. **Sign out**
Sign out to the night float intern takes place at 6 pm every day.
The *senior and intern* be present for sign out.

9. **Curriculum**
All rotational curricula can be found on-line under the Internal Medicine Residency homepage:
www.luhs.org/medres -> Click Internal Medicine on the right hand side -> Resident Resources (under video) -> then click “Curriculum” in the right hand column. There you will find a tab for the Cardiology rotation with Learning Objectives, Conference Schedule, and Reading List with links.
If you are off-campus, the Login and password is: LoyolaIM (case sensitive).

10. **Conferences**
Cardiology Rotation Conferences:
All residents rotating through the Cardiology Department are also expected to attend:
State of the Heart- Tuesdays 7:30am Cardiology Department: EMS Building, 6th floor
Cath Conference- Fridays 7:30am Cardiology Department: EMS Building, 6th Floor
You are *encouraged* to attend the Internal Medicine conferences as patient care allows:
Noon Conference: M, W, Th (locations emailed and paged to all residents)
Medicine Grand Rounds: Tuesdays at noon in Stritch School of Medicine
CPC: Thursdays at 4:30pm in Stritch School of Medicine
Autopsy Conference: Fridays at noon at Hines VA Medical Center
F. CHF SERVICE

1. Team Structure
Team is composed of 2 Seniors and 1 Fellow and rotates on 2 week blocks

2. Census/Caps
Team has a cap of 16 patients.
Pts above 16 should be covered by the Heart Failure Fellow

3. Admissions
Open for admission 6 am -6 pm every day.

4. Pagers
Service Pagers
It is each resident’s responsibility to forward/un-forward personal and service pagers at every change of shift. It is the responsibility of the intern to hold the service pager during the day (in addition to your personal pager). These pagers should be handed off to the NF intern at 6 pm.

Do not forward personal pagers to the service or cross cover pagers!
You may only forward your pager to another intern/resident.

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<tr>
<td>CHF/HTU Admit Pager</td>
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5. Weekends/Holidays
Each weekend day one senior and one intern must be present.
6am-6pm coverage will be split between the CCU - CHF- Cardiology teams
Each weekend day there must be a dedicated:
* 6-6 late admitting senior and (admits to all three services)
* 6-6 cross cover intern
Schedule is to be determined either prior to or by the first day of the rotation amongst the residents.
Holidays are determined by the LUMC/Trinity calendar and function like weekends.
** CHF is 2 week rotation – this nuance needs to be accounted for in 6a-6p coverage **

6. Staffing
ALL admissions must be staffed with your attending.

7. Notes
Since this is a Senior-only service without interns or medical students, seniors will write the daily notes and admission H&Ps.

8. Sign out
Sign out to the night float intern takes place at 6 pm every day.

9. Curriculum
All rotational curricula can be found on-line under the Internal Medicine Residency homepage:
www.luhs.org/medres -> Click Internal Medicine on the right hand side -> Resident Resources (under video) ->
then click “Curriculum” in the right hand column. There you will find a tab for the Cardiology rotation with Learning Objectives, Conference Schedule, and Reading List with links. There is no specific CHF service curricula, rather it is incorporated into the Cardiology section.
If you are off-campus, the Login and password is: LoyolaIM (case sensitive).
10. Conferences
*This will likely change slightly during this academic year*
Cardiology Rotation Conferences:
All residents rotating through the Cardiology Department are also expected to attend:
State of the Heart- Tuesdays 7:30am Cardiology Department: EMS Building, 6th floor
Cath Conference- Fridays 7:30am Cardiology Department: EMS Building, 6th Floor
You are required to attend the Internal Medicine conferences:
Noon Conference: M, W, Th (locations emailed and paged to all residents)
Medicine Grand Rounds: Tuesdays at noon in Stritch School of Medicine
CPC: Thursdays at 4:30pm in Stritch School of Medicine
Autopsy Conference: Fridays at noon at Hines VA Medical Center

G. BONE MARROW TRANSPLANT UNIT (BMTU)

1. Team Structure
Team is composed of 2 Seniors, Nurse Practitioners and 1 Fellow

2. Census/Caps
Resident team has a preferred or “soft” cap of 16 patients and an absolute “hard” cap of 20
Pts above 16 should be covered by the NP
Pts can be redistributed as appropriate between NP and Residents

3. Admissions
Open for admission 6 am - 6 pm every day.

4. Pagers
Service Pagers
It is each resident’s responsibility to forward/un-forward personal and service pagers at every change of shift.
It is the responsibility of the intern to hold the service pager during the day (in addition to your personal pager).
These pagers should be handed off to the NF intern at 6 pm.

*Do not forward personal pagers to the service or cross cover pagers!
You may only forward your pager to another intern/resident.

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<td>BMTU Admit Pager</td>
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</table>

5. Weekend
Each weekend day one senior and one intern must be present.
6am-6pm coverage will be split between the Heme, Onc, and BMTU teams.
Each weekend day there must be a dedicated:
*6-6 late admitting senior and (admits to all three services)
*6-6 cross cover intern
Schedule is to be determined either prior to or by the first day of the rotation amongst the residents.

6. Staffing
ALL admissions must be staffed with your attending.

7. Notes
Since this is a Senior-only service without interns or medical students, seniors will write the daily notes and admission H&Ps.
8. Sign out
Sign out to the night float intern takes place at 6 pm every day.

9. Curriculum
All rotational curricula can be found on-line under the Internal Medicine Residency homepage: www.luhs.org/medres -> Click Internal Medicine on the right hand side -> Resident Resources (under video) -> then click “Curriculum” in the right hand column. There you will find a tab for the Hematology/Oncology Rotation, and then the BMTU tab within which has Learning Objectives, Conference Schedule, and Reading List with links.
If you are off-campus, the Login and password is: LoyolaIM (case sensitive).

10. Conferences
You are expected to attend Internal Medicine conferences:
   Noon Conference: M, W, Th (locations emailed and paged to all residents)
   Department of Medicine Grand Rounds: Tuesdays at noon in Stritch School of Medicine
   CPC: Thursdays at 4:30pm in Stritch School of Medicine
   Autopsy Conference: Fridays at noon at Hines VA Medical Center
Heme/Onc Specific Rotation Conferences:
   There is a Heme/Onc lecture series for this rotation. You will receive specific information about the days and times at the beginning of your rotation.

H. HEMATOLOGY AND ONCOLOGY SERVICES
1. Team Structure
   Each team is composed of 1 Senior, 2 Interns, 1 Fellow and medical students

2. Census/Caps and Patient Distribution
   Resident team has a preferred or “soft” cap of 16 patients and an absolute “hard” cap of 20.
   If above redistribution cap of 16, discussion with the Fellow and Attending should be had to determine which patients are most appropriate to transfer.
   Transfer possibilities include:
   Heme patients on overflow going to Oncology team.
   Onc patients on overflow going to Hematology team.
   General Medicine takes overflow patients with a Heme/Onc Consult Team following.

3. Admissions
   Open for admission 6 am -6 pm everyday

4. Pagers
   Service Pagers
   It is each resident’s responsibility to forward/un-forward personal and service pagers at every change of shift.
   It is the responsibility of the intern to hold the service pager during the day (in addition to your personal pager). These pagers should be handed off to the NF intern at 6 pm.

   Do not forward personal pagers to the service or cross cover pagers!
   You may only forward your pager to another intern/resident.

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<tr>
<td>Oncology Service Pager</td>
<td>11191</td>
</tr>
<tr>
<td>Heme/Onc Admit Pager</td>
<td>92864</td>
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</tbody>
</table>
5. **Weekend**
Each weekend day one Senior and one Intern must be present.
6am-6pm coverage will be split between the Heme, Onc, and BMTU teams.
Each weekend day there must be a dedicated:
* 6-6 late admitting senior and (admits to all three services)
* 6-6 cross cover intern
Schedule is to be determined either prior to or by the first day of the rotation amongst the residents.

6. **Staffing**
ALL admissions must be staffed with your attending.

7. **H and P/ Notes**
Every patient needs to have an admitting History and Physical in the chart and a daily Progress Note. It is the expectation that the daily progress notes are written by the intern on the team. (see Resident Responsibilities section on page 19).
Seniors must write an addendum on any intern H&P for any patient that is not physically seen by the attending of record that day.
Medical Student notes do not formally count for documentation, but can be referenced to for PMHx, PSHx and ROS. These notes need to have an addendum written by either the senior resident or the intern which includes all elements of an H and P or Progress note except as stated above (PMHx, PSHx, ROS).
Intern progress notes should be completed by beginning of sign out.

8. **Sign out**
Sign out to the night float intern takes place at 6 pm every day.

9. **Curriculum**
All rotational curricula can be found on-line under the Internal Medicine Residency homepage:
www.luhs.org/medres -> Click Internal Medicine on the right hand side -> Resident Resources (under video) -> then click “Curriculum” in the right hand column. There you will find a tab for the Hematology/Oncology Rotation, and then the Hematology or Oncology tab within which has Learning Objectives, Conference Schedule, and Reading List with links.
If you are off-campus, the Login and password is: LoyolaIM (case sensitive).

10. **Conferences**
You are expected to attend Internal Medicine conferences:
    Noon Conference: M, W, Th (locations emailed and paged to all residents)
    Department of Medicine Grand Rounds: Tuesdays at noon in Stritch School of Medicine
    CPC: Thursdays at 4:30pm in Stritch School of Medicine
    Autopsy Conference: Fridays at noon at Hines VA Medical Center
Heme/Onc Specific Rotation Conferences:
    There is a Heme/Onc lecture series for this rotation. You will receive specific information about the days and times at the beginning of your rotation.
LOYOLA NIGHT FLOAT (NF) SERVICES

Night Float rotations are 2 weeks in duration.
Duty is from Saturday night to Thursday night with Friday night off.

A. GENERAL MEDICINE/HEPATOLOGY NF

1. Team Structure
   Team is composed of 1 Senior and 1 Intern
   Work hand and hand with HOB Senior and Intern
   a. Senior
      Admit to GM 1-4 and Hepatology
      Oversee Intern cross cover and admissions
   b. Intern
      Primary responsibility is to cross cover the services
      Is expected to help with admissions (supervised by the senior residents)

2. Census/Caps and Patient Distribution
   Admission cap is 10 patients in 24 hours for a senior resident. An Intern may not admit more than 5 patients in a 24 hour period.
   Gen Med 1-4 team cap is 10 patients per team.
   Hepatology A and B team cap is 10 patients per team.
   The census can increase to 11 patients to accommodate a bounceback
   a. Patient Assignment
      Gen Med assignments are determined by Patient Placement Center (PPC)
      Hepatology admits should be placed as dictated by team census (resident/fellow determines which team new admission is assigned to)
   b. Patient Distribution
      Admit to Gen Med 1-4 and Hepatology A/B
      Only admit to Gen Med 5-8 if teams 1-4 are all capped
      You will alternate admissions with the Hospitalist 2:1 from 6 pm until 11:30pm
      Call PPC x65361 with any admits that show up on the floor to accomplish the following:
         Make sure the pt is accommodated for
         Ensure this pt is counted in the 2:1 distribution

3. Pagers:
   Service Pagers
   It is each resident’s responsibility to forward/un-forward personal and service pagers at every change of shift.
   It is the responsibility of the Intern to hold the service pager during the day (in addition to your personal pager).
   These pagers should be handed off to the NF intern at 5 pm.
   Interns on GM 1-4 and the Hepatology teams forward their service pagers to the Gen Med Cross Cover Pager at 5pm.
   They then unforward the pagers at 6am the following morning.

Do not forward personal pagers to the service or cross cover pagers!
You may only forward your pager to another intern/resident.

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<tbody>
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<td>Gen Med Admit Pager</td>
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<tr>
<td>Gen Med Cross Cover Pager</td>
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</tbody>
</table>
4. Staffing
ALL admissions must be staffed with the attending on call.
The general rules/flow will be as follows:
1. All patients need to be staffed (no matter how straightforward they may seem).
2. Full history and physical does not need to be presented, can limit to HPI, pertinent physical exam, labs, brief plan.
3. Call anytime if you have questions/concerns especially if you feel it cannot wait until the planned “batched” phone call.
4. Try and ”batch” the calls:
   a. First call between 10 and midnight
   b. Second call around 4am (or earlier if have a couple of patients to discuss/need clarification)
   c. Any admits after 5am can just be signed out to the day team and do not have to be called in to the overnight attending of record
5. Who to call: Rotating call schedule between all four gen med teams 1-4. Schedule sent to the NF residents. The attending on call is responsible for staffing all admits regardless of which team the patients are admitted to.

5. Notes
Seniors must write an addendum on any intern H&P done on the night float rotation.

B. HEME/ONC/BONE MARROW (HOB) NF

1. Team Structure
Team is composed of 1 Senior and 1 Intern
Work hand and hand with GM Senior and Intern
Perform all sub-specialty consults
a. Senior
   Admit to Hematology, Oncology, and BMTU teams
   Oversee intern cross cover and admissions
b. Intern
   Primary responsibility is to cross cover the services
   Is expected to help with admissions (supervised by the senior residents)
   “IL-2 check” and call the Heme/Onc fellow (pager #14704) at 21:45 (9:45 pm) and 05:45 am

2. Census/Caps and Patient Distribution
Admission cap is 10 patients in 24 hours for a senior resident. An Intern may not admit more than 5 patients in a 24 hour period.
Hematology team, Oncology team, and BMTU team can accommodate up to a census of 20 patients each.
Senior resident is responsible for following up on the patients they admit overnight and signing them out to appropriate team at 6am.

3. Pagers
   Service Pagers
It is each resident’s responsibility to forward/un-forward personal and service pagers at every change of shift.
It is the responsibility of the Intern to hold the service pager during the day (in addition to your personal pager). These pagers should be handed off to the NF intern at 6 pm.

   Do not forward personal pagers to the service or cross cover pagers!
   You may only forward your pager to another intern/resident.

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<td>BMTU Service pager</td>
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</tr>
<tr>
<td>Heme/Onc/BMTU Admit Pager</td>
<td>92864</td>
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</table>
4. **Staffing**
ALL admissions must be staffed with the patient’s primary oncologist. If unable to reach them via pager, you are to call the paging operator x66400 and ask to be connected to their home/cell phone. If unable to reach after multiple attempts, call the on-call fellow.

5. **Notes**
Seniors must write an addendum on any Intern H&P done on the night float rotation.

6. **Sign out**
Sign out to the Night Float Intern takes place at 6 pm every day.

7. **Consults**
Between 6am-6pm all consults should be triaged by the Fellow from that service or the Attending on call – the on-call Fellow should be the one who is primarily seeing all consults. The following exceptions exist for the specific sub-specialities:
1. GI: if fellow is currently doing a procedure and the patient needs to be seen – they may reach out for your assistance (please let the CR know if this happens as they will look into each case)
2. Pulm/MICU: Should be done by the MICU resident
3. Cardiology: Will be seen by the Cards/CCU/CHF Resident who is already working closely with the on call Fellow

C. **CARDIOLOGY NF**

1. **Team Structure**
Team is composed of 1 Senior and 1 Intern
- **Senior**
  - Admit to Cardiology, CCU, and HTU teams
  - Oversee intern cross cover and admissions
  - Do all cardiology consults
- **Intern**
  - Primary responsibility is to cross cover Cardiology, CCU, and CHF teams
  - Is expected to help with admissions (supervised by the senior residents)

2. **Census/Caps and Patient Distribution**
Admission cap is 10 patients in 24 hours for a senior resident. An intern may not admit more than 5 patients in a 24 hour period.
All three services are capable of taking up to 20 pts
You will admit appropriate patients to the Cardiology service, the CCU, or the CHF team. Teams with > 16 patients may be redistributed in the am.

3. **Pagers**

*Service Pagers*
It is each resident’s responsibility to forward/un-forward personal and service pagers at every change of shift.
It is the responsibility of the Intern to hold the service pager during the day (in addition to your personal pager). These pagers should be handed off to the NF intern at 6 pm.

*Code Pagers*
Held by the CCU NF (and MICU NF)
These pagers are transferred at the time of sign-out
Residents may not leave the hospital while carrying a code pager
Do not forward personal pagers to the service or cross cover pagers!
You may only forward your pager to another intern/resident.

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<tr>
<td>CCU/CHF/HTU Admit Pager</td>
<td>17699</td>
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4. **Sign out**
Sign out to the night float intern takes place at 6 pm every day.

5. **Notes**
Seniors must write an addendum on any intern H&P done on the night float rotation.

6. **Staffing**
There is a cardiology fellow on call (pager 12191) and (on most nights) an intensivist attending who is in-house.

a. CCU Service
   1. **Staffing all new CCU admissions:** Our goal is for the intensivist to assist in any identified Critical Care issues. The Cardiology fellow on-call and appropriate Cardiology attending will remain the primary decision makers. Cardiology Fellow will call the case to the Intensivist.
   2. **The Intensivist is available to evaluate CCU patients with a significant “change in status.”**
      This can be called by residents or CCU fellow. All suspected or septic shock should be seen by the Intensivist.
   3. **Supervising procedures:** Any line placement (central or arterial) will be approved by intensivist. All Swan-Ganz catheter placements should involve the Cardiology fellow as well. The intensivist will determine if the experience and skill level of the resident is appropriate to place the line.
   4. **Evaluating denied CCU Admissions:** The Intensivist will evaluate all patients denied admission to CCU by residents. Resident will call & review the case with the Intensivist.
   5. **Interventional Cardiology will be called to see all Admitted cardiogenic shock.** Cardiology fellow will call the Interventional Cardiology Attending on-call.

*If no Intensivist is in house, their responsibilities will default to the cardiology fellows on-call.

b. CHF/HTU Service
   1. CHF Service floor patients should be staffed with the cardiology fellow on call
   2. It is the discretion of the fellow as to whether the CHF service patient is admitted to the floor or the ICU.
   3. If a CHF service patient is admitted to the CCU, the CHF attending should still be notified that their patient is being admitted to the unit.
   4. If you cannot get a hold of a heart failure attending for an LVAD or transplant patient, call the fellow and page the next attending.

c. Cardiology Service
   Cards floor patients are to be staffed with the on call cardiology fellow (in house second 1/2 of the month)
7. Evening Rounds
Abbreviated evening rounds with the fellow ~ 10 pm
It is expected that BOTH the senior and intern know the patients
Should include a brief update of clinical status, labs, swan numbers etc
Fellow should be involved with decisions and present for procedures

8. Notes
Seniors must write an addendum on any intern H&P for any patient that is not physically seen by the attending of record that day.

9. Consults
Between 6am-6pm all consults should be triaged by the Fellow from that service or the Attending on call – the on-call Fellow should be the one who is primarily seeing all consults.
The following **exceptions** exist for the specific sub-specialties:
1. GI: if fellow is currently doing a procedure and the patient needs to be seen – they may reach out for your assistance (please let the CR know if this happens as they will look into each case)
2. Pulm/MICU: Should be done by the MICU resident
3. Cardiology: Will be seen by the Cards/CCU/CHF Resident who is already working closely with the on call Fellow

D. MICU NF

1. Team Structure
Team is composed of 1 Senior and 1 Intern
a. Senior
Admit to MICU and Pulm Transplant Service
Oversee intern cross cover and admissions
b. Intern
Primary responsibility is to cross cover MICU
You are expected to help with admissions (supervised by the senior residents)

2. Census/Caps and Patient Distribution
Admission cap is 10 patients in 24 hours for a senior resident. An intern may not admit more than 5 patients in a 24 hour period.
Both MICU team A and team B are capable of taking up to 20 pts.
NF will be preferentially admitting to the team “on call” which rotates every other day.
If census between teams is largely unbalanced, pts may be distributed at the discretion of the attending/fellow/NF resident on-call
Pulmonary transplant patients are to preferentially be admitted to MICU B – if and only if there is a Pulmonary Transplant attending on MICU service during that time.

3. Pagers:
   Service Pagers
It is each resident’s responsibility to forward/un-forward personal and service pagers at every change of shift.
It is the responsibility of the Intern to hold the service pager during the day (in addition to your personal pager).
These pagers should be handed off to the NF intern at 6 pm.
   Code Pagers
Held by the MICU NF (and CCU NF)
These pagers are transferred at the time of sign-out
Residents may not leave the hospital while carrying a code pager
Do not forward personal pagers to the service or cross cover pagers!
You may only forward your pager to another intern/resident.

<table>
<thead>
<tr>
<th>MICU Pagers</th>
<th>Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>MICU A</td>
<td>10057</td>
</tr>
<tr>
<td>MICU B</td>
<td>10347</td>
</tr>
<tr>
<td>MICU Eval/Admissions</td>
<td>91195</td>
</tr>
</tbody>
</table>

4. **Sign out**
   Sign out to the night float intern takes place at 6 pm every day.
   The entire team should be present for sign out – including seniors as well as fellows.

5. **Staffing**
   ALL MICU admissions must be staffed with either the in house intensivist or fellow
   If neither is in house call the on-call Pulmonary fellow
   All Pulmonary transplant admissions are to be staffed with the transplant attending. Can page via the answering service.

6. **Notes**
   Seniors must write an addendum on any Intern H&P on any patient that is not physically seen by the attending of record that day.

7. **Consults**
   Between 6am-6pm all consults should be triaged by the Fellow from that service or the Attending on call – the on-call Fellow should be the one who is primarily seeing all consults.
   The following **exceptions** exist for the specific sub-specialties:
   1. GI: if fellow is currently doing a procedure and the patient needs to be seen – they may reach out for your assistance (please let the CR know if this happens as they will look into each case)
   2. Pulm/MICU: Should be done by the MICU resident
   3. Cardiology: Will be seen by the Cards/CCU/CHF Resident who is already working closely with the on call Fellow

**LOYOLA CONSULT SERVICES**

**A. RENAL**
   Responsible for seeing inpatient consults
   Pt list should be divided between the fellow and residents
   1-2 residents will be assigned to the renal consult service at all times
   Weekends should be split up between residents (1 coming in each day)

**B. INFECTIOUS DISEASE (ID)**
   Responsible for seeing inpatient consults
   Pt list should be divided between the fellow and residents
   1-2 residents will be assigned to the ID consult service at all times
   Weekends should be split up between residents (1 coming in each day)
C. CARDIOLOGY
Responsible for seeing inpatient consults
Pt list should be divided between the fellow and residents
1 resident will be assigned to the Cardiology consult service at all times
Weekends should be split up between resident and fellow.

D. GI
Responsible for seeing inpatient consults
Pt list should be divided between the fellow and residents
1 resident will be assigned to the GI consult service at all times
Residents do not work weekends on this rotation.

E. RHEUMATOLOGY
Responsible for seeing inpatient consults
Pt list should be divided between the fellow and residents
1 resident may be assigned consult service
Residents do not work weekends on this rotation
Any ambulatory component to this rotation will be sent from the program coordinator prior to the beginning of your rotation.

F. HEMATOLOGY
Responsible for seeing inpatient consults
Pt list should be divided between the fellow and residents
1 resident may be assigned consult service
Residents do not work weekends on this rotation

G. ENDOCRINOLOGY
Responsible for seeing inpatient consults
Pt list should be divided between the fellow and residents
1 resident may be assigned consult service
Residents do not work weekends on this rotation
Any ambulatory component to this rotation will be sent from the program coordinator prior to the beginning of your rotation.
HINES INPATIENT SERVICES

A. GENERAL MEDICINE

1. Team Structure

There are 7 GM services at HVA
Teams 1-5 are the Housestaff Services composed of 1 Senior and 1 Intern and M3 Stritch students
Teams 6-7 are the Hospitalist services

2. Admitting Responsibilities

a. Weekdays:

Late Admitting ➔ Protected ➔ Overflow ➔ Short Late ➔ Short Early

1) Late Admitting: The Late Admitting team will do primary admissions from 12:00pm until 7:00pm Monday through Saturday. On Sunday late admitting will begin admitting when the overflow/short team caps, or at noon, whichever comes first. The late admission cap will be 6 patients.

2) Protected: The protected team should not walk into any admission from the previous night nor shall they be responsible for any primary admissions on their protected day. The only exception would be if all other Gen Med teams are capped.

3) Overflow: The overflow team will be responsible to assume up to 4 admissions from the night float resident. If greater than 4 gen med admissions were done by the night float resident then the short early team would accept those patients. Overflow patients may on occasion need to be assigned to the short early team depending on the census and distribution of each team.

4) Short Late: The short late team will do general medicine admissions from 11:00am until 5:00pm. The short late admission cap will be 4 patients. The overlap of 11am-12noon between the short early and short late is to allow a buffer in case there are several admissions simultaneously.

5) Short Early: The short early team will do primary admissions from 6:00am until 12:00pm. They can admit up to 3 primary admissions.

GM 6 and 7
There will be 2 attending-only Hospitalist Teams. They will do primary admissions throughout the week between 8am and 5pm.

b. Weekends/Holidays:

GM1-5

Interns are expected to work together on protected or overflow weekend days. Senior residents are expected to work the other day on the weekend. On weekends, assigned residents will need to arrive at 6am to get sign-out from the Night MOD (medical officer on duty) and Gen Med Night float resident. Admissions will be assigned according to the call cycle the team falls on for any given day.

1) Late Admitting: On the weekends, one intern on the late admitting team, as designated and decided on by the team, shall also serve as cross-cover intern for other Gen Med teaching services 1-5. It is appropriate for all non-Late cross cover teams to sign out to the designated cross cover intern starting only at Noon, or subsequent to the cross cover intern’s completion of primary service rounds. The Late admission cap will be 6 patients.

2) Protected: Shall not walk into any admission from the previous night nor shall they be responsible for any primary admissions on their protected day

3) Overflow (Saturday): Can assume up to 4 admission from the night float resident

4) Short (Saturday): Team will do primary admissions from 6:00am until 12:00noon. Can admit up to 4 primary admissions.

5) Overflow/Short (Sunday only): Can assume up to 4 admission from the night float resident, if a number less than 4 was passed off to O/S (Overflow or Short) team at 6am. Can admit up to 4 primary admissions until 12:00noon, to reach total of no more than 4 new patients combining both those admitted overnight (overflow) and subsequent day’s primary admissions (short).
The two hospitalist teams will each have a short call day and a protected day on the weekend.

**3. Admissions**
Interns are expected to do 50 admissions throughout the year.
Interns should be doing every primary admission that occurs to their service.
Seniors should be present to supervise and develop treatment plans in conjunction with intern.
H&P’s should also be written by intern, but cosigned and brief addendum written by senior.
All notes including H&P’s need to be cosigned by attending of note.
Each admission is staffed with attending on service either in person, or via telephone.

**4. Schedules**
Schedules are developed before each month and will be distributed prior to, or on, orientation days, which is the first day of service.

**5. Duty hours**
Everyone should personally monitor hours to make sure they do not exceed 80 hours per week.
Interns cannot work more than 16 hours in a row. The only time where this becomes an issue is when your team is the late admitting team.
It is the responsibility of the SENIOR to ensure all interns leave the hospital no later than 10pm.
Let the Hines Inpatient Chief Resident (Liz Pappano) know immediately if duty hours violations become an issue.

**6. Days off**
Days off should be taken on weekends when possible. Residents will need to average 1 day off per 7 over the course of the 4 week rotation. Please remember that interns work on the same weekend day.

**7. Holidays**
Holiday staffing at Hines is determined by the Federal Government calendar in conjunction with the Hines VA Administration. The Chief Resident will communicate the specific holiday schedule 1 month prior for planning purposes.

**8. Census Caps**
The total census cap on each teaching Gen Med team is 15 patients.
A team may accept an additional patient, up to 16, if this admission is a bounceback to that team’s Senior.
Caps will be accounted for on a “rolling” basis. That is, teams with a full census, can still admit patients that same day only if a current patient is discharged from the service prior to receiving the new admission, so as to not exceed 15 (or 16 if bounceback is included) at any one time throughout the day.
Senior residents (R2 or R3) can admit up to 10 patients within any given 24 hour period.
Admission caps are noted within each call cycle noted above.
When caps are met, subsequent admissions roll onto next team in the above outlined call cycle.

**9. Bouncebacks**
Patients will be considered a “bounceback” admission if the patient has, since the beginning of the service month, been evaluated and cared for by the Senior resident assigned to the Gen Med team. That particular Senior shall be responsible for the admission regardless of his/her team’s admitting schedule for that day.
Bouncebacks may increase both the team census, and admission number, caps up to a maximum of +1 for each.

**10. Notes**
Every patient needs to have an admitting History and Physical in the chart and a daily Progress Note.
It is the expectation that the daily progress notes are written by the intern on the team. (see Resident Responsibilities section above).
Seniors must write an addendum on any intern H&P for any patient that is not physically seen by the attending of record that day.
Medical Student notes do not formally count for documentation, but can be referenced to for PMHx, PSHx and ROS. These notes need to have an addendum written by either the senior resident or the intern which includes all elements of an H and P or Progress note except as stated above (PMHx, PSHx, ROS). Progress notes should be completed by beginning of sign out.

a. Admissions
Use H&P Template for ALL admissions
Must always include:
Medication Reconciliation
Pain assessment
Skin exam (breakdown, decubiti, lesions, etc)
Admission H&Ps done by Interns should have Senior Resident note/addendum
Send all notes for attending co-signature

b. Discharges
Use the Anticipated Discharge Order Set the day prior to any anticipated discharge
Use Discharge Summary template to write your summary
Must be completed within 24 hours of discharge
Penalties include loss of vacation days if later than one week
Seniors on record is ultimately responsible for Discharge Summary.
Except for extenuating circumstances it will be delegated to the patient’s primary intern for completion.

c. Patient Fall evaluation must use the Fall Template

11. Staffing
ALL admissions must be staffed with your attending.

12. Sign outs
Your patients are taken care of overnight by the night MOD (medical officer on duty). This person is a Board Certified/Eligible Internist; either a current fellow, chief resident, or attending. You will need to sign out your patients at 5 pm to the MOD. The I-PASS system is used for sign outs. You need to arrive at 6am the following morning to receive sign out from the Night MOD and learn of any admissions by the GM NF resident.

13. Personal Health Information (PHI)
Is any printed documentation that lists patient information.
It should not be left out in the resident lounge or anywhere except a secure area.
If left out, it will be disposed of routinely.
If house officer is identified, they will need to meet with the Hines Medicine Leadership.

14. Conferences
A. Gen Med Morning report at 7:15am in room 1492
   The First Monday of each month will be a Hines Gen Med orientation
   Monday/Wednesday – rolling schedule of team-led case presentation with Dr. Pawlikowski (the assigned team will present the case)
   Thursday – Chairman’s Journal Club with Dr. Schmitt
   Friday – Friday Morning Report presented by the current NF resident
   The last Wednesday of the month will be a Hines Gen Med feedback session
   All conferences begin at 7:15AM and are held in 1492. It is expected that each member of the team will be present at time of conference commencement.

B. Medicine Noon Conference- M,W,F at Noon. Location is announced in the Friday emails and via pages.
C Intern-only conference: September, October and February through June at noon. Location TBD (no conference Thursday during interview season: October 2-Jan28, 2016).
D. Department of Medicine Grand Rounds- Tuesdays at 12noon in the Stritch School of Medicine  
E. CPC- Thursdays at 4:30pm in the Stritch School of Medicine  
F. Autopsy Conference- Fridays at noon at the Hines VA Jr Medical Center

15. Curriculum
All rotational curricula can be found on-line under the Internal Medicine Residency homepage:
www.luhs.org/medres -> Click Internal Medicine on the right hand side -> Resident Resources (under video) ->
then click “Curriculum” in the right hand column. There you will find a tab for the General Medicine rotation
with Learning Objectives, Conference Schedule, Reading List and article links embedded.
If you are off-campus, the Login and password is: LoyolaIM  (case sensitive)

16. Gen Med Consults
Performed by all 7 Gen Med Services
Consults count toward cap numbers.
You may follow as a consult service, or if felt most appropriate, accept/transfer the patient onto your medicine
service (at any time).
All consults count toward the daily team census and are seen/evaluated with a daily progress note until signed off
with co-signature by the attending.
Also done on weekends and holidays

17. Code Pagers
The code pager will be carried on a rotating basis amongst the general medicine senior residents and interns
during the week.
BLS and ACLS certification MUST be current to carry the code pager.
Late Admitting Team Senior will carry this pager and pass it off to the Gen Med Night Float resident upon their
arrival. The Intern will give the code pager to the night MOD at 5pm.
Make sure you ALWAYS call back Code Test Pages (22013). Test pages usually take place at 8am and 8pm.
At RRTs and Codes, one resident must document the events and be in charge of assigning the patient a
disposition, either admission to medicine, transfer to a unit, but not transfer to ED (unless code is in a current
outpatient setting).

18. Miscellaneous Admissions Information
Any General Medicine, Medicine Subspecialty, OMFS/Dental or ophthalmology attending can admit to general
medicine directly.
Any transfer from non-general medicine service has to be transferred through the MOD (this includes Geriatrics,
Heme/Onc, and ICU-level care services).

B. HEMATOLOGY/ONCOLOGY INPATIENT SERVICE

1. Team Structure
There are 2 Seniors on the Heme/Onc Service and 1 Fellow

2. Admitting Responsibilities/Distribution
You are responsible for primary admissions of Heme/Onc patients established with a primary oncologist at
Hines, from 6am until 6pm.
In the event Heme/Onc primary service reaches their cap, overflow will go to the proper admitting Gen Med
team with an automatic Heme/Onc consult.

3. Census Caps
Service cap is 15 patients.
Each Senior is able to admit up to 10 primary patients in a 24 hour period.
4. Hours
During weekdays, all teams will need at least one member to arrive at 6am to get sign out from the NF UHO intern. One member will also need to stay until 6pm each night to give sign out to the NF UHO intern.

5. Urgent Consult
In the event that there is a patient on a non-internal medicine team who needs a medical subspecialty consult that cannot wait until the consult service is in the hospital, the 6am-6pm UHO senior will be responsible for seeing them on the weekend and staffing with the appropriate fellow.

6. Weekends/Holidays
Senior residents will share weekend 6am-6pm shifts amongst the MICU, CCU/Cards and Heme/Onc services. It is expected that the specific weekend 6am-6pm schedule will be made, and agreed upon by all parties, prior to beginning the month. National holidays should be taken into account as they are treated as weekend staffing by all 3 services. There should be no greater than 1 difference in total 6am-6pm shifts, completed in a month, between each of the 5 UHO (Units/Heme/Onc) Seniors.
Also noteworthy for the weekends; no senior may sign out to the crosscover Intern before the MICU has rounded. If, in the rare instance, the MICU attending decides not to round until the afternoon, crosscover sign out may occur at noon.

7. Days Off
In compliance with the RRC rules and regulations, ALL residents and interns on all rotations (inpatient, outpatient, and consult) shall receive an average of one day off per week during any rotation (i.e. 4 days off per month).

8. Code pagers
Senior Code pager is to be held ONLY by Cards and MICU Seniors, except on weekend 6am-6pm shifts when the UHO Senior holds the pager and passes it to the UHO NF.

9. Curriculum
All rotational curricula can be found on-line under the Internal Medicine Residency homepage: www.luhs.org/medres -> Click Internal Medicine on the right hand side -> Resident Resources (under video) -> then click “Curriculum” in the right hand column. There you will find a tab for the Hematology/Oncology Rotation, and then the Hematology or Oncology tab within which has Learning Objectives, Conference Schedule, and Reading List with links.
If you are off-campus, the Login and password is: LoyolaIM  (case sensitive)

10. Conferences
You are expected to attend Internal Medicine conferences:
   Noon Conference: M, W, Th (locations emailed and paged to all residents)
   Department of Medicine Grand Rounds: Tuesdays at noon in Stritch School of Medicine
   CPC: Thursdays at 4:30pm in Stritch School of Medicine
   Autopsy Conference: Fridays at noon at Hines VA Medical Center
Heme/Onc Specific Rotation Conferences:
   There is a Heme/Onc lecture series for this rotation, usually at 8am. You will receive specific information about the days and times at the beginning of your rotation.
C. HINES MEDICAL ICU (MICU) SERVICE

1. Team Structure
MICU team consists of 1 Senior and 2 Interns.

2. Admitting Responsibilities/Distribution
The MICU team is responsible for admissions between 6:00am and 6:00pm.

3. Census Caps
The cap will be 15 patients. Each Senior is capable of admitting up to 10 primary patients in a 24 hour period, each intern may admit up to 5 patients in a 24 hour period.

4. Hours
During weekdays, all teams will need at least one member to arrive at 6am to get sign out from the NF UHO intern. One member will also need to stay until 6pm each night to give sign out to the NF UHO intern. There should be a unit Senior resident present until the Night Float Senior arrives to handoff unstable patients. At no time should an Intern be left without a Senior resident in house prior to sign out.

5. Weekends/Holidays
Senior residents will share weekend 6am-6pm shifts amongst the MICU, CCU/Cards and Heme/Onc services. It is expected that the specific weekend 6am-6pm schedule will be made, and agreed upon by all parties, prior to beginning the month.
National holidays should be taken into account as they are treated as weekend staffing by all 3 services. There should be no greater than 1 difference in total 6am-6pm shifts, completed in a month, between each of the 5 UHO (Units/Heme/Onc) Seniors.
MICU Interns will cover all weekend 6-6 cross cover patients on the Heme/Onc and CCU services after 12noon. They will then cross cover all three services as well as do admissions with the designated Senior resident.

6. Days Off
In compliance with the RRC rules and regulations, ALL residents and interns on all rotations (inpatient, outpatient, and consult) shall receive an average of one day off per week during any rotation (i.e. 4 days off per month).

7. Code pagers
Senior Code pager is to be held ONLY by Cards and MICU Seniors, except on weekend 6am-6pm shifts when the UHO Senior holds the pager and passes it to the UHO NF.

8. Curriculum
All rotational curricula can be found on-line under the Internal Medicine Residency homepage:
www.luhs.org/medres -> Click Internal Medicine on the right hand side -> Resident Resources (under video) -> then click “Curriculum” in the right hand column. There you will find a tab for the Hematology/Oncology Rotation, and then the Hematology or Oncology tab within which has Learning Objectives, Conference Schedule, and Reading List with links.
If you are off-campus, the Login and password is: LoyolaIM  (case sensitive)

9. Conferences
You are expected to attend Internal Medicine conferences:
    Noon Conference: M, W, Th (locations emailed and paged to all residents)
    Department of Medicine Grand Rounds: Tuesdays at noon in Stritch School of Medicine
    CPC: Thursdays at 4:30pm in Stritch School of Medicine
    Autopsy Conference: Fridays at noon at Hines VA Medical Center
D. HINES CCU/CARDS CONSULT SERVICE

1. Team Structure
CCU/Cards inpatient service is one team consisting of 2 Seniors and a designated Cardiology Fellow.

2. Admitting Responsibilities/Distribution
Responsible for primary admissions to the CCU and seeing new and established Cardiology consults, from 6am until 6pm.
The inpatient CCU and the Cards consult services are often staffed by two different Cardiology attendings. You will be expected to round on the CCU patients with the CCU attending, then round with the Consult attending on consult patients as urgent patient care allows in conjunction with consult attending’s preferences.

3. Census Caps
The cap will be 15 patients. Each Senior is capable of admitting up to 10 primary patients in a 24 hour period.

4. Hours
During weekdays, all teams will need at least one member to arrive at 6am to get sign out from the NF UHO intern. One member will also need to stay until 6pm each night to give sign out to the NF UHO intern.

5. Weekends/Holidays
Senior residents will share weekend 6am-6pm shifts amongst the MICU, CCU/Cards and Heme/Onc services. It is expected that the specific weekend 6am-6pm schedule will be made, and agreed upon by all parties, prior to beginning the month. National holidays should be taken into account as they are treated as weekend staffing by all 3 services. There should be no greater than 1 difference in total 6am-6pm shifts, completed in a month, between each of the 5 UHO (Units/Heme/Onc) Seniors. Also noteworthy for the weekends; no senior may sign out to the crossover intern before the MICU has rounded. If, in the rare instance, the MICU attending decides not to round until the afternoon, crossover sign out may occur at noon.

6. Days Off
In compliance with the RRC rules and regulations, ALL residents and interns on all rotations (inpatient, outpatient, and consult) shall receive an average of one day off per week during any rotation (i.e. 4 days off per month).

7. Code pagers
Senior Code pager is to be held ONLY by Cards and MICU Seniors, except on weekend 6am-6pm shifts when the UHO Senior holds the pager and passes it to the UHO NF.

8. Curriculum
All rotational curricula can be found on-line under the Internal Medicine Residency homepage: www.luhs.org/medres -> Click Internal Medicine on the right hand side -> Resident Resources (under video) -> then click “Curriculum” in the right hand column. There you will find a tab for the Hematology/Oncology Rotation, and then the Hematology or Oncology tab within which has Learning Objectives, Conference Schedule, and Reading List with links. If you are off-campus, the Login and password is: LoyolaIM (case sensitive)

9. Conferences
You are expected to attend Internal Medicine conferences:
Noon Conference: M, W, Th (locations emailed and paged to all residents)
Department of Medicine Grand Rounds: Tuesdays at noon in Stritch School of Medicine
CPC: Thursdays at 4:30pm in Stritch School of Medicine
Autopsy Conference: Fridays at noon at Hines VA Medical Center
E. HINES GERIATRICS SERVICE

1. Team Structure
There will be 2 Interns assigned to each week of Geriatrics Service.

2. Hours
Residents are expected to be present for rounds and patient care Monday through Saturday.
Sunday is considered the weekly day off.

2. Responsibilities
Chart documentation will occur on Mondays and Fridays (or at least every 3 days) and on a PRN basis as indicated by changes in patient care or patient status.
At least one resident will be assigned to 11ETC on any given AM/PM shift. The PM resident is relieved of patient care responsibilities at 4:30pm (assuming patients are stable and orders completed) and will sign-out to the on-call geriatrics fellow for overnight cross-cover issues. The other resident will participate in AM rounds and didactic sessions with the team and alternative clinical responsibilities (see below) during the afternoons.

3. Admissions:
ALL new patient admissions (transfers no later than 3pm) are to be seen by the resident and staffed that same day with the geriatrics attending. The Fellow or Attending MUST see every new patient to verify the findings of the admitting PGY1. If there are any questions related to patient care, it is the responsibility of the Geriatrics Fellow or Attending to directly supervise the residents and help direct patient care.

4. Clinic Responsibilities:
As an outpatient rotation, the Geriatrics service requires intern participation in the various non-hospital clinical activities overseen by the geriatric service. These include, but may not be limited to, the following:
- Outpatient clinics
- Home care visits
- Wound care rounds
- Hospice and consultation rounds

5. Patient Transfers:
As the Geriatric floor (11ETC) is not considered an inpatient unit, it does not have the sufficient resources (i.e. nursing staff, equipment) to function as such. Therefore, if there is any concern for clinical deterioration of a patient, or if nursing needs become complex, the patient must be evaluated and, if deemed appropriate, transferred to an acute medical/surgical service.

6. Curriculum
All rotational curricula can be found on-line under the Internal Medicine Residency homepage:
www.luhs.org/medres -> Click Internal Medicine on the right hand side -> Resident Resources (under video) ->
then click “Curriculum” in the right hand column. There you will find a tab for the Geriatrics Rotation, which has Learning Objectives, Conference Schedule, and Reading List with links.
If you are off-campus, the Login and password is: LoyolaIM (case sensitive)
7. Teaching/Didactic Responsibilities:
Any didactic sessions by the Geriatrics faculty should be done outside of the departmental conference time (12:00-1:00pm on Mondays, Tuesdays, Wednesdays, Thursdays, & Fridays).

Attending-led didactic lectures: times may vary but will respect the departmental conferences (below)
Seminars: Wednesdays at 1:30-2:30pm in 1B conference room
Geriatric Grand Rounds: Wednesdays at Noon (if possible to attend)
Interdisciplinary Rounds: Thursday at 10:00am, led by NP Susan Adeli
You are expected to attend Internal Medicine Departmental conferences:
   Noon Conference: M, W, Th (locations emailed and paged to all residents)
   Department of Medicine Grand Rounds: Tuesdays at noon in Stritch School of Medicine
   CPC: Thursdays at 4:30pm in Stritch School of Medicine
   Autopsy Conference: Fridays at noon at Hines VA Medical Center

F. HINES NIGHT FLOAT SYSTEM
1. Gen Med NF

a. Hours
Gen Med Night Float will work 7pm-6am Saturday through Thursday with Fridays off. There is Hines GM Night Float ROC assigned to cover Fridays (7pm-6am).

b. Responsibilities
Admit patients to the GM service at Hines. Patients may be admitted through the ED, transferred from a different service, transferred from a different hospital.
The night MOD will be responsible for distributing admissions between the nocturnist moonlighter and the gen med Night Float resident.
Generally, the teaching cases should be done by the Night Float resident and passed on to the gen med teams in the morning. Alternatively, the admissions with less teaching value should be done by the nocturnist, signed out to the night MOD, and then given to a hospitalist team in the morning. After midnight and until 6am all admissions will be done by the gen med night float resident (these admissions will usually go to the teaching services but can, on some occasions, go to the hospitalist teams). Ultimately, the night MOD has final say on distribution of patients.
Urgent overnight Gen Med consults are done by the nocturnist or a resident who is not busy with patient care and will be endorsed to the gen med teams in the morning. These count to your "admissions" total.
Night Float will back up UHO Resident (if needed) who also caps at 10 new admissions.

d. Staffing
You should be staffing all Gen Med admissions with the Night MOD. This is the person that you should assign as the official "co-signer" to your H&Ps. You can and should add the accepting gen med attending, and residents, as additional signers.
All OSH transfers or admits/transfers from another service must be accepted by the night MOD (i.e. residents do not accept patients).

e. Urgent Imaging Studies
All overnight CT and MRI radiology studies are read by the Teleradiology service (off site) and will be reported in CPRS after approximately 1 hour. If you need a plain film read, you can contact the xray department at Hines and ask them to transmit the film to the Teleradiology Service. This will NOT be done automatically. Alternatively, you can go to the ED and read the film with the ED attending moonlighter.

f. Code Pagers
Night Float resident takes the code pager from the LA resident upon arrival at 7pm.
Night Float resident must attend all rapid responses and code blues (and write appropriate note).
2. Unit-Heme/Onc (UHO)

a. Hours
UHO Night Float will work 6pm-6am Saturday through Thursday with Fridays off. There is Hines UHO Night Float ROC assigned to cover Fridays (6pm-6am).

b. Responsibilities
UHO Resident admits patients to Heme/Onc (even if H/O Service is capped and patients will be going to Gen Med), MICU and CCU services
Cover all (other than Gen Med) urgent subspecialty consults

c. Supervision of UHO Intern
It is our expectation that the Night Float intern should be doing at the very least 1 and hopefully 2 or 3 admissions per night. These can be MICU, CCU, Heme/Onc or Gen Med admissions.
In addition, the UHO intern is responsible for crossoff of MICU, CCU and H/O patients. The senior residents should remain a resource for intern questions, concerns or decompensating patients.
Related, Seniors on UHO are responsible for listening to the sign out /supervising sign out to interns when they start their shift. We encourage frequent communication between the UHO senior and intern and to view each other as a night float team.

d. Staffing
Overnight evaluations, admissions and potential outside hospital transfers should be promptly discussed with the service appropriate Fellow on call. The on-call list in CPRS has this information. The ED clerk can be used as a backup if you cannot find this information.

e. Urgent Imaging Studies
All overnight CT and MRI radiology studies are read by the Teleradiology service (off site) and will be reported in CPRS after approximately 1 hour. If you need a plain film read, you can contact the Hines xray department and ask them to transmit the film to the Teleradiology Service. This will NOT be done automatically. Alternatively, you can go to the ED and read the film with the ED attending moonlighter.

f. Code Pagers
Night Float resident takes the code pager from late senior when you arrive at 6pm.
Night Float resident must attend all rapid responses and code blues (and write appropriate note).
G. HINES CONSULT ROTATIONS
Residents rotating on Hines consults will round with assigned consult service Monday through Friday. It is inappropriate for any subspecialty division to shift resident workload/coverage from Hines VA Hospital to Loyola University Medical Center. If this occurs please contact a Chief Medical Resident immediately.

General Medicine Consults
Performed by assigned inpatient teams as described above under General Medicine.

Cardiology
Cardiology consults will be performed by the CCU/Cards team as outlined above under CCU/Cardiology Consults.

Endocrinology
There may be one or more residents assigned to Endocrinology consults each month. Residents will see inpatients and attend clinics at Hines VA.

GI
There may be one or more residents assigned to GI consults each month. Residents will see inpatients.

Infectious Disease
There may be one or more residents assigned to ID Consults each month. Residents will see inpatient consults, attend clinics at Hines, and attend conferences.

Rheumatology
There may be one or more residents assigned to Rheumatology consults each month. Residents will see inpatients and attend clinics at Hines and Loyola.

Renal
There may be one or more residents assigned to Renal consults each month. Residents will see inpatient consults and attend divisional curriculum conferences.

Pulmonary
There may be one or more residents assigned to Pulmonary consults each month. Residents will see inpatient consults.

Hematology/Oncology
There may be one or more residents assigned to Heme/Onc consults each month. Residents will see inpatients and attend clinics at Hines, as well as attend daily Heme/Onc educational conferences at 8am.
Helpful Information while at Hines:

Below is the contact information for people who can help you with any problems that arise while rotating at Hines VA:

<table>
<thead>
<tr>
<th>PROBLEM</th>
<th>PERSON WHO CAN HELP</th>
<th>EMAIL ADDRESS</th>
<th>PAGER</th>
<th>EXTENSION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Computer problems/access</td>
<td>LaWanda Rucker</td>
<td><a href="mailto:lawanda.rucker@va.gov">lawanda.rucker@va.gov</a></td>
<td>708/718-1753</td>
<td>24564</td>
</tr>
<tr>
<td>Discharge Summaries</td>
<td>Edna Freeman</td>
<td><a href="mailto:edna.freeman@va.gov">edna.freeman@va.gov</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office Supplies/On Call</td>
<td>Erin Karpus</td>
<td><a href="mailto:erin.karpus@va.gov">erin.karpus@va.gov</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient Medicine Problems</td>
<td>Dr. Bruce Guay or Dr. Bryan Gee</td>
<td><a href="mailto:bruce.guay@va.gov">bruce.guay@va.gov</a> <a href="mailto:bryan.gee@va.gov">bryan.gee@va.gov</a></td>
<td>708/718-1749</td>
<td>25300</td>
</tr>
<tr>
<td>Outpatient Medicine Problems</td>
<td>Dr. Joanne Haralampopoulos</td>
<td><a href="mailto:joanne.haralampopoulos@va.gov">joanne.haralampopoulos@va.gov</a></td>
<td>708/988-3250</td>
<td></td>
</tr>
<tr>
<td>Supplies on the 14th floor</td>
<td>Erin Karpus OR Primavera Nunez</td>
<td><a href="mailto:erin.karpus@va.gov">erin.karpus@va.gov</a></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

EMERGENCY DEPARTMENT ROTATIONS
Senior residents will have an Emergency Department experience either at Loyola or Hines VA ED.

LOYOLA ED ROTATION

-Loyola ER: required to have 4 ten hour shifts per week that includes a weekend and an overnight shift; Dr. Barbas & Dr. Cappiello are the rotation coordinators. You will receive your schedule prior to the start of the rotation.
-Your first and primary responsibility is for the evaluation and care of E.D. patients and to receive education in conjunction with patient care. The E.D. attending is ultimately responsible for all patient care in the E.D. You will receive orientation materials with specific instructions on protocols and procedures prior to the start of your first shift. You may wear either scrubs or professional attire. Lab coat is required with scrubs.
-Residents are allowed to go to CPC and Grand Rounds during the ER shift. All other conferences and meetings should not be scheduled or attended during an ER shift.
-There is an ED curriculum online with helpful articles and goals and objectives for the rotation. It can be found on our residency website:
  Go to the Internal Medicine Residency homepage: [www.luhs.org/medres](http://www.luhs.org/medres) -> Click Internal Medicine on the right hand side -> Resident Resources (under video) -> then click “Curriculum” in the right hand column. There you will find a tab for the Emergency Medicine Rotation, which has Learning Objectives and Reading List with links.
  If you are off-campus, the Login and password is: LoyolaIM (case sensitive)
HINES ED ROTATION

- You will spend 4 weeks on the Hines ED rotation. You will work Monday through Friday, 8:00AM to 4:30PM, and must be on time every day since you will be relieving an overnight physician. -Hines ER is M-F, 8:00-4:30; Dr. Nemeth is the rotation coordinator.
- There is no official assigned "lunch break"—need to work this out with the attendings on duty with you. In general OK if brief/quick and when the clinical work load allows
- Attending DOM conferences is a real-time, daily decision made collaboratively with the ED attendings on duty and the Chief Residents, again when the clinical work load allows
- You do NOT work weekends or official federal holidays, but you will work on LUMC holidays that are not official federal holidays at Hines (e.g. Christmas Eve, etc.)
- You MUST show up for your shifts as assigned. If there is an emergency that will make you late or unable to work, you MUST contact the Outpatient Chief Resident via page or cell phone (no texting). A voice conversation must take place (ie not texting or text paging or emailing) to explain the situation. Simply sending a text/email/page without a voice conversation is not acceptable. Any absence from the ER, whether an extended amount of time away from the ER during the shift or when a chief was not contacted, is considered unexcused and is subject to disciplinary action.
- There is an overview to the rotation and ED curriculum online with helpful articles and goals and objectives for the rotation. It can be found on our residency website:
  
  Go to the Internal Medicine Residency homepage: www.luhs.org/medres -> Click Internal Medicine on the right hand side -> Resident Resources (under video) -> then click “Curriculum” in the right hand column. There you will find a tab for the Emergency Medicine Rotation, which has Learning Objectives and Reading List with links.
  
  If you are off-campus, the Login and password is: LoyolaIM  (case sensitive)

JEOPARDY

Jeopardy is a back-up system that is utilized when residents who are scheduled to work are unable to do so either because of a personal emergency/illness or that continued work would violate ACGME rules (i.e. doing more than 10 admissions per admitting day).

Every categorical PGY2/PGY3 resident will be assigned to a period on “jeopardy,” generally 2-4 weeks.

Prior to the start of a block it is the responsibility of the residents assigned to jeopardy during that time to create a call schedule. This schedule will be given to the chief residents.

If a resident is unable to guarantee availability they will need to obtain and secure appropriate coverage prior to release of the schedule.

All assigned residents must be available to come into work if called 24 hours a day while on jeopardy (i.e. provide cell phone number and/or pager and be available to answer).

All assigned residents must be able to report to work, unimpaired, within 1 hour of notification.

If you call in jeopardy for any reason (i.e. illness or family emergency), you will need to pay back the resident who is covering for you, either by taking one of his/her ROCs or Night Float shifts.

Random/Resident On Call (ROCs)

Given the nature of our current 4+1 system coupled with the ACGME-mandated resident hour work restrictions, a Night Float system was put in place to allow patients to be admitted and cross-covered overnight without violating duty hours. Residents on Night Float rotations work in 2 week blocks, and have 1 night off per week. Because residents have 1 night off in 7, this night off takes place on Friday nights for the Night Float residents. As such, patients need to be cared for during this Friday evening/overnight time period. The “Random On Call” or ROC is designed to schedule a non-Night Float intern or senior resident into this Friday evening time period. New to this academic year, the ROC design has been re-structured slightly to incorporate the feedback and preferences of our housestaff.


Cut and Paste Policy
In general, the cutting and pasting of one’s own note into another is discouraged. This practice leads to misinformation due to lack of updating when information is carried forward from day to day. This practice can also lead to redundancy and confusion.

You are prohibited, due to hospital policy, from cutting and pasting another’s note into your note. In the rare instance this needs to be done for any reason, you must state that you are doing so and give credit to original author.

For complete Institutional Policy on this topic, please refer to:
http://data.luhs.org/?key1=8065F676-68C9-410E-A6EF-E11D3DC55CA9&key2=63913CDE-A0B7-45A8-ACBC-127873BF5AA1

Procedures
The hospital is currently revising their Procedure Requirements and Credentialing policy. This section will be updated to reflect those changes once they are finalized.

The American Board of Internal Medicine (ABIM) states that internal medicine residents must be able to perform certain procedures competently as a part of their residency training, but must only be able to counsel, understand indications/complications, obtain informed consent, and interpret the results of many common procedures (but not necessarily perform them). The IM residency program supports the ABIM’s requirements and offers simulation opportunities in the mandatory procedures if not addressed elsewhere. Experience and training of many common procedures are available while on specific rotations (eg Hepatology and paracentesis); some procedures are taught in the continuity clinic (eg pap/pelvic). Please refer to the table below for the ABIM requirements.

Full text can be found: http://www.abim.org/certification/policies/imss/im.aspx

<table>
<thead>
<tr>
<th>Competency required in the following procedures:</th>
<th>Know, Understand, and Explain</th>
<th>Perform Safely and Competently</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal paracentesis</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Advanced cardiac life support</td>
<td>X</td>
<td>N/A</td>
</tr>
<tr>
<td>Arterial line placement</td>
<td>X</td>
<td>N/A</td>
</tr>
<tr>
<td>Arthrocentesis</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Central venous line placement</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Drawing venous blood</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Drawing arterial blood</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Electrocardiogram</td>
<td>X</td>
<td>N/A</td>
</tr>
<tr>
<td>Incision and drainage of an abscess</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Lumbar puncture</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Nasogastric intubation</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Pap smear and endocervical culture</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Placing a peripheral venous line</td>
<td>X</td>
<td>N/A</td>
</tr>
<tr>
<td>Pulmonary artery catheter placement</td>
<td>X</td>
<td>N/A</td>
</tr>
<tr>
<td>Thoracentesis</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>
DNR

At Loyola, the DNR policy can be found on the Loyola Portal under the Policies tab, then infection control, the resuscitation. It may also be accessed here: http://data.luhs.org/?key1=CE3E1110-3794-4FAC-BB21-CDC4193AC083&key2=CFE8965B-EC43-4B0D-AB19-B12975DB6854

In general, a DNR discussion needs to take place with all inpatients and documented as such in the chart so that the ‘code status’ is made known to all those involved in patient care.

At Hines VA, please note that DNR status is an order and those orders can be entered by housestaff but then MUST be co-signed by the attending within 24 hours. In addition to the order, there is a CPR note that is entered in the record.
PLUS ONE WEEKS (4+1 system)
Also called the Ambulatory Week

These are unique weeks in our 4+1 system and differs among preliminary residents, med-peds residents, and categorical residents.
- All residents will attend Friday school for a ½ day during this week.

1. Categorical Residents
   a. Continuity Clinic: all residents will be assigned to either Hines, Loyola, or Access to Care (ATC) for their continuity clinic. These clinics consist of five ½ clinic days. According to the RRC, all residents are required to a minimum of 130 clinics over 3 years. Each clinic session should have: 3-5 patients for interns, 4-6 patients for PGY2s, and at least 4 patients (no max) for PGY3s.
      i. Residents are allowed to have no more than 1 clinic week cancelled throughout the three years of residency for vacation. This needs to be approved by the outpatient chief resident and the respective attending (Drs. Haralampopoulos, Fitz, or Sisbarro).
      1. Hines Clinics need at least a 45 day notice to cancel clinic
      2. Loyola & ATC need at least a 30 day notice to cancel clinic
      ii. Residents are responsible for checking and answering all inboxes and secure messaging which are ways for the patients and nurses to communicate with you (CPRS at Hines and EPIC at Loyola and ATC) DAILY. This is the primary means for communicating patient calls, Rx requests, lab results, consults, etc. In general, you will not be paged when a patient calls you. A note will be placed in EPIC or CPRS. Therefore, it is necessary to check this each day so that you may return pt calls and requests for medications, advice, etc in a timely fashion.
      iii. Computers at Hines VA can access EPIC via ‘emr.lume.edu’ webpage.
      iv. Only certain computers at Loyola can access Hines VA using your PIV card. These computers are in the 6th floor call rooms and the 7th floor resident room.
      v. You are responsible for having remote access for your clinic in order to check alerts when on service at the other hospital.
      vi. Both Loyola and Hines have important introduction documents you will receive on the first day of clinic with clinic-specific information and policies.
      vii. There is a clinic curriculum that will be completed with the clinic attendings. These should be prepared prior to the clinic session.
   b. Subspecialty Clinics:
      i. Residents will go to four ½ day subspecialty clinics during the +1 week. These are chosen based on the resident’s preference.
      ii. Over the three years, a resident is required to do a 1 year experience in each of the 5 core clinics: rheumatology, endocrinology, oncology, pulmonary, & GI/liver.
      iii. An unexcused “no show” to clinic can result in disciplinary action. If you are sick, you must page/call a chief resident to let them know. All communication should be a closed loop, so you should hear back from the chief as well to ensure that the message was received. You should also contact your clinic attending to let them know. This should not be a frequent occurrence.
      iv. To aid in Board Examination preparation, PGY3s will be given the option of using one ½ day on the +1 week for boards studying in the second half of the year. This will be coordinated and assigned by the outpatient chief resident.
2. Preliminary Interns  
   a. +1 week will be filled with a combination of inpatient medicine subspecialty consults and custom specialty rotations.  
   b. Interns will fill out a preference form for custom rotations after matching. Once the inpatient consult rotations are scheduled, these custom rotations will be coordinated and scheduled by the outpatient chief as available.  
   c. The prelim interns will still have a protected “golden weekend.”

3. Med-peds Residents: will have the continuity clinic for ½ day per week, but will still have various other experiences in the +1 week  
   a. PGY1s - do a combination of urgent care and ER during the +1 weeks plus Friday School  
   b. PGY2-4s – do a variety of subspecialty clinics and Friday School during the +1 weeks

**Friday School**  
Each resident will be assigned to a “Friday School” block and time. Friday school is a ½ day protected academic time designed to provide our housestaff additional teaching and training on topics not covered in other areas of our program. Topics include simulation training, problem-based teaching, subspecialty topics and didactics, and MKSAP board review questions, among others. The categorical interns and residents will have Friday School on the Friday of the +1 week opposite their continuity clinic time (i.e. if clinic is Friday mornings, the school session will be from 1-5pm, and afternoon clinic will have school from 8am-noon). ATC clinic, med/peds, and prelim/neuro interns are assigned to a Friday school to best balance the roster and other educational considerations. Rosters and session dates can be found on the residency webpage under the “Friday School” tab. Occasionally there will be reading or short activities to do prior to the session. A reminder email will be sent usually the Monday of the +1 week with specific session details.  
The 2015-2016 academic year will have 9 Friday School sessions which will cover a variety of curriculum and are required to be attended. Housestaff may only miss 1 Friday School during their entire residency and the Chief Residents, Dr. L Ozark and the school faculty facilitator all must be notified of the absence. Please see the “Vacation” section below for additional details. In the event that any resident is requesting to miss a 2nd Friday School during their residency, this request must be made to the Chief Residents and Dr. Laura Ozark and will be reviewed by the Leadership of the program. If there are any interested housestaff in working on a Friday School Curriculum Planning committee, please contact Dr. Laura Ozark. There are 2-4 Friday School sessions that are planned by residents interested in curriculum planning each year.

**CONFERENCES**  
There are many conferences offered throughout the week for the residents. Attendance is expected while on all rotations (except when noted below). Make sure to sign in to each conference you attend.

1. **General Medicine Morning Report:**  
   - Loyola: M, W, F, at 8:15am in the Foley Library  
   - Hines: M, W, Th, F at 7:15am at Hines on the 14th floor room 1492  
   - All gen med teams need to be present and ON TIME.

2. **Noon conferences:** (the specifics are subject to change)  
   a. Summer Lecture Series: M-F in July-August; held in the medical school; daily conference focusing on high yield topics for entering interns and a nice review for the seniors  
   b. Chief-run conferences: August-April; M & W; takes place at Hines and Loyola simultaneously covering a wide range of topics important for patient care and boards’ studying  
   c. Wednesday conferences will have topics such as CQC, M&M, program director update, & subspecialty lecture series. Also will have Patient Safety Conference delivered by our Quality and Safety Chief 6 times per year (see below for specific information regarding CQC and Patient Safety Conference).  
   d. Intern-only conference: September, October and February through June at noon. Location TBD (no
conference Thursday during interview season: October 2, 2015-Jan28, 2016).

3. **PSC - Patient Safety Conference (formerly known as M&M)**
   a. Wednesdays 12-1pm, six times a year
   b. Patient Safety Conference is part of our Quality Improvement/Patient Safety curriculum and is prepared by our Chief Resident in Quality and Safety (CRQS). It covers cases that may involve morbidity and mortality within the context of quality improvement and patient safety core concepts.

4. **Grand Rounds:** Tuesdays at Noon in Tobin Hall in the medical school for all medicine faculty and staff and is presented on a rotating basis by the various departments.

5. **Subspecialty Lectures:** Some departments have organized a lecture series while on those rotations (i.e. heme/onc). These conferences are required and information will be provided prior to your rotation. This is separate from the Wednesday potpourri day.

6. **CQC-Clinical Question Conference:**
   a. One Wednesday of each month 12noon-1pm (replaces the usual Wednesday conference)
   b. Given by all PGY 1s
   c. 10-15 minute (about 12 slides) presentation based on a focused clinical question that has come up during your internship.
   d. All Interns will be assigned to a date to give this conference during a non-service rotation.
   e. You are expected to contact Dr. Dayal at the start of that month, or earlier if you are able to discuss potential topics (amit.dayal@va.gov or amitdayal17@yahoo.com) and to discuss the format.
   f. The expectations are that you conduct a thorough review of the literature and create a concise presentation. Your power point presentation will need to be reviewed the week prior.
   g. The goal of the talk is to improve your ability to review the literature and then convey that information to your peers in a succinct manner.

7. **Autopsy Conference:**
   a. Fridays at Noon at the Hines Veterans Hospital E347
   b. Autopsy Conference is a weekly academic case conference presented by PGY2 Medicine and M/P residents.
   c. Residents are assigned the case of a patient who underwent autopsy after dying in the hospital and are responsible for preparing and presenting the case to a wide Internal Medicine audience to foster academic discussion about the patient’s clinical course, lessons learned from the case, and academically challenging topics.
   d. The conference serves as a bridge between the intern year’s Clinical Question Conference (CQC) and the culminating experience of 3rd year, the Clinical Pathophysiology Conference (CPC). As such, it is the perfect opportunity to showcase one’s ongoing internal medicine training and practice academic presentation and conference skills. The resident does so by analytically dissecting a complex medical case through thorough medical chart review, collaborating with a pathology resident to review the autopsy and other pathologic findings in order to diagnose the cause of death, and identifying points of learning to educate conference attendees and encourage intellectual discussion.
   e. The conference focuses on the case presentation, i.e. the details of a patient’s clinical course that ends in death, and therefore may take on a Morbidity & Mortality style, but the emphasis is on the academic goal of identifying crucial points in the clinical course and asking whether different actions may have affected the course differently. Questions that are identified are answered by presenting literature and evidence and consulting with experts for their real-world clinical experience. Points of learning can be as narrow as answering such clinical questions, as broad as an overview of common or uncommon diagnoses, or as intellectual as topics of social, ethical, and humanistic significance in the practice of medicine (e.g. surrogate decision-making for end-of-life care issues, or the cost effectiveness of chronic disease management to prevent heart failure morbidity).
f. Residents are expected to prepare in the month before their assigned date for presentation. They should contact the assigned pathology resident about 3 weeks beforehand and actively discuss the case with them. They should meet with the Autopsy Conference advisor, Dr. Bryan Gee, about 3 weeks beforehand, who will guide them in their preparation until the conference. The conference is attended by a wide group, including fellow residents, medical students, and attending staff in general medicine and the subspecialties.

8. CPC (Clinical Pathophysiology Conference):
   a. Held on Thursdays 4:30-5:30
   b. This is the premier conference of the residency program presented by all PGY 3s and MP PGY4s
   c. Attendance is mandatory. If residents do not attend >50% (25% for med ped), they will be given an additional ROC (or equivalent for interns/prelims) as a consequence.
   d. Graduating residents present a complicated and in-depth conference focused on a medical case with multiple teaching topics interspersed
   e. When residents come across an interesting case, they should email the outpatient chief with the MRN to “reserve” it. This can happen starting intern year.
   f. A schedule will be made at the beginning of the year based on each resident’s schedule conflicts. These dates cannot be switched or traded.
   g. A detailed timeline will be distributed at the May Retreat for current PGY 2s, and then emailed at the beginning of the academic year with a personalized timeline.
      i. Presenters must meet with a member of the CPC advisory board (Drs. Czerlanis, Derhammer, or Kristopaitis) early in the planning phase
      ii. Residents should also be meeting with subspecialties: pathology, radiology, etc prior to their presentations
      iii. They should also meet with a chief resident to go over the final presentation according to the timeline

DRESS CODE/APPEARANCE
As a resident, you represent the Department of Medicine. It is expected that our residents will dress professionally at all times (e.g. dress clothes, ties, no plunging necklines). Scrubs should be worn only when on call overnight or in the ICU and may never be worn to clinic. In addition, it is hospital policy that when wearing scrubs, a white coat must be worn over the scrubs when outside the unit. There are scrubs available in the medicine 6th floor call room for you use. You may bring them back to the hospital to be washed and grab a fresh pair.
Open toe shoes are never permitted while in patient care areas as it is an OSHA violation.
Your hospital-issued nametag must always be on and visible.
White coats should be clean from stains, and your red name plate should be on your pocket. This identifies you as a resident physician. Attending name plates are black and medical school name plates are blue.
At no time should jeans, yoga pants, stretch pants, etc. be worn when you have patient care responsibilities.
If you have any specific questions, please contact one of the Chief Residents for clarification.

VACATION / TIME OFF POLICY
You will find the Loyola GME (Graduate Medical Education) policy at: www.stritch.luc.edu/gme/benefits the following is the IM residency specification of how the GME policy is implemented within our program:

Sick Leave:
As soon as a resident realizes that they are severely sick and unable to come to work, a call/page needs to be placed to a CR immediately - this can be done 24/7. Emails and text messages are not permitted. The resident also needs to notify their team members. It is not acceptable to only notify the team of your absence, one of the Chief Residents must also be directly contacted. Failure to come to work without a phone call to a CR (and a live conversation) will lead to a meeting with the Program Director, and possible disciplinary action which can include termination. Please note that if the resident
will be sick more than 2 days, per GME policy, they MUST see a physician on the 3 day for evaluation and will need a note to return to work.

**Annual Vacation and Educational Leave:**
- 4 weeks total per year per GME policy encouraging 1 week of this time for educational leave. These need to be taken in 1 or 2 week blocks.
- Vacation requests are taken at the beginning of the academic year.
- Vacation changes need to be approved, they are not guaranteed. Additionally, requests will be honored on a “first come, first serve” basis in the case of two residents on the same rotation each wanting the same time off.
- Vacations are not scheduled during service/ICU months.
- Should you need to change your assigned vacation, you must contact Dr. Pappano to see if this is possible. Your request will be considered and a final answer given back to you within the week. If you have a ROC scheduled during this desired vacation time, YOU are responsible for finding coverage.
- Residents presenting at a conference should submit their request to the CRs for time off at least 90 days in advance. Each request will be individually reviewed by our leadership team which reserves the right to approve or disapprove based upon scheduling implications.
- A vacation taken during the last week of June during the last week of one’s residency is known as a Terminal Vacation. While it is common for many senior residents to request this week off, it is impossible for all graduating residents to be absent at the same time. Therefore, no senior resident will be granted vacation from June 24-June 30 without prior approval. Requests for a terminal vacation will be reviewed by the Program Director and Chief Residents on an individual basis. The right to refuse a terminal vacation is retained by the Program Director. If the need for a week off at the end of June is anticipated, residents are encouraged to submit requests as soon as possible. Each request will be individually evaluated and the Chief Residents will work with that individual to arrive at the best solution possible. Please note that time off at the end of June will only be considered if there is actual vacation time left for the resident.

**Vacations during Ambulatory Week:**
- In order to provide appropriate access of continuity clinic patients to their resident physicians, meet the ACGME Internal Medicine requirement mandating that each categorical resident complete a minimum of 130 continuity clinic sessions over the course of his/her three year residency, and provide an optimal outpatient training experience, residents will be allowed to schedule no more than one week of vacation and/or educational leave during an "ambulatory week" period over the course of his/her residency. While residents are strongly encouraged to avoid scheduling vacation during any ambulatory week at all, residents requesting vacation during an ambulatory week should contact the Ambulatory Chief Resident, Dr. Michael Stokas, if they wish to do so.
- You must inform Dr. Laura Ozark that you will be missing Friday school in addition to your Friday School Faculty Facilitator.
- Your continuity clinic at Hines needs to be cancelled at least 45 days prior to your vacation and at Loyola/ATC, 30 days prior to the cancellation. This is a hospital policy and applies to all physicians, not just residents. Cancellation requests less than the above number of days cannot be honored. You need to contact Dr. Stokas if you need to have a clinic cancelled. It is the responsibility of the resident to check his or her clinic schedule to make sure that it indeed has been cancelled.

**Time off for fellowship/job interviews:**
- It is recognized that most residents applying for fellowships and/or jobs will require additional time off for interviewing. All such requests should be submitted to the CRs with at least 30 days notice for approval using the guidelines below for reference. Residents must recognize that patient care needs must be prioritized and that interviews should be scheduled, whenever possible, on non-service rotations and not during the residents’ continuity clinic week. Residents are allowed to interview on:
  - Vacation, on consults if cleared with attending/fellow (but the CR must know about this absence), on research if cleared with the Chief Residents.
  - If the resident is on a service rotation, they may leave for an interview if it is cleared with an attending. They should also ask a colleague to cover them for the day. The CR MUST know about the absence.
  - A resident will only be allowed up to 12 days off for interviews. Any days over 12 will be deducted from vacation days.
A fellowship interview will only be allowed on an ambulatory week if there are no other options and the Chief Resident has worked with the resident to investigate all options.

You may only miss 1 Friday School throughout your residency (vacation during a +1 week is included in this). Therefore, a fellowship interview on a Friday will only be allowed if there have been NO other missed Friday schools during your residency.

Again, all time away from the hospital for interviews is to be tracked by the Chief Resident and may not exceed 12 days total, after which time the resident must use vacation days.

**USMLE Step 3/COMLEX examinations:**

Time off to take USMLE Step 3/COMLEX must be approved by the CRs prior to scheduling your exam. This test is 2 days and can be scheduled individually (ie, no longer has to be 2 consecutive days). The exam may only be taken during an ambulatory week if vacation days are taken. Please recall you may only miss 1 ambulatory week during your entire residency.

**Maternity Leave/Paternity Leave:**

Given the schedule changes that must take place (both your own and your colleague’s) when a resident delivers a baby, or otherwise needs to take time off after delivery, it is necessary that the Chief Residents know your plans as soon as you can share them.

The Maternity/Paternity policy was developed by the GME department, and applies to all residents at Loyola. Below is a general outline of that information. Please refer to the following links for more specific information (http://www.stritch.luc.edu/gme/sites/default/files/site_hsd_gme/benefitsaaddendum2015-16.pdf, www.stritch.luc.edu/gme/benefits). In addition, when the formal document outlining the specifics is made available, it will be uploaded into this document.

The current policy for maternity leave is being updated by the GME office. In general, all residents will now be able to use short term disability insurance for up to 6-8 weeks after delivery of a baby where they will receive 50% of their salary (starts after 10 days of sick leave are used up).

1. Leave should begin at the time of delivery but may be initiated pre-delivery if medical complications dictate. This must be approved by the program director.
2. If both parents are residents in the same program, leave will be granted consecutively, not concurrently.
3. Residents are responsible for prompt cancellation of their continuity clinics.
4. Residents may be required to delay their date of graduation for any leave beyond the normal three weeks of vacation and one week of educational leave per year. This is determined on an individual basis and must be discussed with the program director.
5. Vacation from one year may not be postponed and used in another year (i.e. one may not accumulate or store leave time from one year to the next)
6. Residents must discuss anticipated requests for leave at the earliest possible time and in all cases at least 30 days in advance of the anticipated date of delivery.
7. Residents will be required to fulfill all training requirements including all those related to curriculum, service, meaningful patient care, and clinic. This may require changes in their future rotation schedules including forgoing previously anticipated elective time.

Any resident wishing to take time off for paternity leave must first use vacation time. Any request for additional time off will need to go through FMLA (Family Medical Leave Act). Should this need to occur, please let the Chief Residents know and a more specific conversation can take place. Please note FMLA is not a benefit that applies to interns. Also note that any time off of residency beyond 4 weeks vacation annually will need to be made up at the end of residency (ie your residency will be prolonged) which might have implications on future post-graduation plans.
PROFESSIONAL MILESTONES

ACLS/BLS
Current ACLS and BLS certifications are required for each resident. All interns need to have this course prior to starting residency. The certification is good for 2 years. Currently, the Department of Medicine schedules re-certification courses for the PGY 2 residents in the winter/spring prior to expiration. Ultimately it is the resident’s responsibility to make sure their certifications stay current, so if the resident misses their scheduled session, it will be the resident’s responsibility to schedule themselves into a Loyola session (certifications from outside institutions including Hines are not accepted at this time).

Inservice Training Examination
Each categorical resident is required to take an inservice examination in September. You will be assigned a date to take this computerized examination. You are excused from clinical duties on this day. Your percentile score will be reviewed during a meeting with the program director in January.

Step 3
We require all residents to take Step 3 prior to the start of their PGY 3 year. Step 3 is required in order to apply for a permanent state medical license. Specific information about this is given in the PGY 2 retreat in August. If you are a PGY 1 who wishes to take this exam, or otherwise need information prior to that time, please contact either Alba Isa or Dr. Laura Ozark.

Permanent Medical License
You will need a permanent state license in order to work after residency (this includes fellowship). In general, residents who are pursing fellowships wait until after the December Fellowship Match in order to start the licensing process. You should plan on applying for your permanent state license NO LATER than January of your PGY 3 year. Licensing information is given in the PGY 3 to-be retreat held in May of your PGY 2 year.

Alba Isa, Program Coordinator, will assist you in completing paperwork and will mail all documents Fed-Ex. As of this year, Step 3 is $730. All states have different fees for permanent licensure. In IL it is $700. You might want to consider this when you are budgeting to take the exam and apply for your license.

ABIM Certification
The board certification exam takes place each August. Any categorical internal medicine resident who chooses to be “Board Certified” must take this examination. This generally happens the August right after graduation. Registration for this exam starts December 1, 2015 and closes February 2, 2016. The current price is $1365.

Additional information is available on www.abim.org. The Department of Medicine supports its residents in preparing for this important examination in the following ways:
1. MKSAP is purchased for all categorical interns
2. Board Review Course for all PGY3s scheduled in the springtime (approx. $1000 value).
3. MKSAP questions incorporated into Friday School with analysis on both the content of the questions, but also strategies for answering boards questions.
3. Those residents felt to be “at risk” for lower performance on Boards are assigned an Associate Program Director to coach them as needed with study plan, timeline, etc based on specific needs.
EVALUATION SYSTEM

New Innovations
The electronic evaluation system that we use at Loyola is New Innovations. You will receive access to New Innovations during orientation with some instruction on how to use it. During your different rotations, you will be asked to evaluate your peers, attendings, and the rotations themselves. You will receive e-mail notification from New Innovations when you have new evaluations to complete. Your feedback is vital to our program, so please complete your evaluations as quickly and professionally as possible. Resident feedback is consistently used to make improvements to different rotations, and it is also provided to attendings and your peers anonymously. In addition, you will be evaluated by your attendings, fellows, co-residents, nurses and social workers through New Innovations. This feedback will be available for you to review in your portfolio.

Directly Observed Experiences
In addition to evaluations associated with the end of the rotation, there also are a number of Directly Observed Experiences (DOE) that will occur within rotations as well as in other settings. These DOE’s are typically evaluations you will receive from an attending who observes you perform some task related to the care and management of patients. The goal of these DOE’s is to give the evaluators greater insight into each resident’s skills, as well as to help provide more direct feedback to the residents. You will be reminded on different rotations of the need to complete certain DOE’s.

Clinical Competency Committee
The Clinical Competency Committee (CCC) is comprised of faculty members of the Department of Medicine that meets six times each year to review evaluations of the residents. This committed is charged with assessing the progress of each of our residents, and to make recommendations to the Program Director regarding promotion of each resident. The CCC uses the 22 Internal Medicine reporting milestones to assess each resident’s performance and is responsible for this milestone data that is reported to the ACGME every 6 months. An overall summary statement is generated about each resident at each CCC meeting, and hand written on the cover sheet of your packet. This packet can be found in your portfolio in Gertie and Alba’s office. You will meet with your advisor after each of these meetings to review the CCC packet (twice per year). Dates for these meetings can be found in your advisor packet.

On the Fly Evaluation
Should you wish to complete an evaluation on a colleague or attending whom you were not ‘assigned’ to work with formally (and therefore will not automatically be sent to you), you may do so through New Innovations. Simply log onto New Innovations to do this https://www.new-innov.com/login/. Questions about using New Innovations (NI) can be directed to Jill Wallock, program coordinator.

DIGITAL ACCESS
Email
All residents are given an email address using Microsoft outlook. first.last@luhs.org. You may access this email using the Outlook program on the desktop of hospital computers or on the emr link under “Trinity Outlook” tab: (http://emr.lumc.edu). You may also use the direct web address: https://owa2.trinity-health.org
Much of the departmental communication takes place using this email system, and you should expect to check it no less than 4 times per week.
Please note that former Stritch students might still have an active email account: login@luc.edu but that email will NOT be used by the IM department.
The CRs send out a weekly Friday email with important information. You are responsible for the information that is emailed to you. It is possible to upload your outlook email onto your smart phone, and that is recommended so that you do not have to miss any important information or urgent requests.
Directions can be found for iphone/ipad/android/windows phone by logging into the EMR, then clicking on the “helpdesk” tab at the very top. Look on the left-hand side for the “LUMC MS Outlook” tab. To make it easier, you may also follow this link: http://luhs.org/outlookinstall or call the helpdesk for more assistance x62160. There are directions for iphone, android, and windows phone. Again, the Department of Medicine highly encourages you to have your work email on your phone for easy access.
Home Access for EPIC and CPRS

For Loyola, you may fill out this form to request home access for EPIC:
http://www.lumc.edu/internal/depts/mcis/td/customer_web/IT_Forms/VPN.pdf

"Department Manager" is Nick Guzzi. He will need to sign this form, please complete your portion and give to Jill Wallock, program coordinator. Once this is approved, you will receive an email from the IT department.

If you would like to install EPIC on an iphone or MAC product, information can be found on this link:
http://www.luhs.org/internal/depts/mcis/td/customer_web/mac_corner.cfm

Lots of other useful information related to IT at Loyola can be found on the emr.lumc.edu website. At the top of the page - click on the helpdesk link.

For Hines home access, please contact LaWanda Rucker at 708/202-8387 x24564 for information.

Pager Issues

Pagers:
Resident pagers are distributed and collected by the departmental office. Each resident will be assigned a Loyola pager by the Department on Orientation Day, and this pager will be carried by the resident through the duration of his/her residency. Pagers will be collected at end of the PG3 year. Gertie can help you with any pager questions. In addition, she has extra batteries if your pager battery needs to be replaced.

Accessibility by Pager:
All Loyola residents, regardless of rotation site, must be accessible by pager at all times while on duty. It is recommended that all Loyola residents be accessible by pager at all times, but this is not required.
All residents should make every effort to respond to all pages immediately. This includes pages received while both in the hospital and at home. If you are no longer in the hospital or are unavailable then it is your responsibility to appropriately forward your pager. Please remember to change your pager status to “unavailable” when you are on vacation or a night float rotation to avoid being woken up. This also helps the clinic triage nurses know that you are not available for patient care calls (they will then contact the attending). You may also forward your pager to a colleague during this time.

Pager Repairs:
Pagers needing repair can be taken to the Parking Office in Mulcahy Building (faster) or you can see if Gertie can help you.

Social Media

While social media can be an important way for housestaff to keep in touch with family and friends, they are encouraged to limit the use of this format to times when they are not in the hospital/clinic taking care of patients.
Similarly, housestaff is reminded that it is never allowed to mention any patients, even if generally and not by name, in any online format as this is a violation of HIPAA. Such instances can be cause for suspension or immediate dismissal. In general, hospital/facility names and similar identifying features should be left off of social media posts to avoid accidental HIPAA breaches and maintain professionalism.
The view the actual policy, go to Loyola.wired on the portal under Administrative Policy Manual: COMP 39

To summarize:
- Colleagues must never post information or photos related to a patient’s care or our fellow colleagues on social media websites.
- Colleagues should not make negative or unprofessional remarks about the organization or co-workers on social media at any time. This applies while on a work device or a personal device.
- LUHS work stations may not be regularly used to access the Internet for non-work related purposes. Access to the internet for non-work related purposes must not interfere with job duties, and/or patient care, or occur in areas visible to patients. Uses may not access websites that are inappropriate or offensive.
When using social media and discussing topics where your affiliation with LUHS is known, you must indicate that the views expressed are yours alone and do not represent the views of LUHS.

Violations of our policies will result in disciplinary action.

RESEARCH EXPERIENCE/EXPECTATIONS

Academic Research Curriculum (ARC)
ARC is a longitudinal research curriculum that focuses on teaching research methods, data interpretation, and critical analysis of published literature. The curriculum is focused around core journal articles, which are presented and discussed in small groups by dedicated research faculty. Resident groups meet for an hour every five weeks with their designated faculty member. All categorical and prelim residents are required to participate.

Chairman's Journal Club
Weekly conference at Edward Hines Jr. VA Hospital led by the Department of Medicine Chairman, Brian Schmitt MD, MPH. An article is reviewed using an evidence based medicine approach including exercises to understand foundational concepts of statistical analysis. Residents are expected to prepare ahead of time by reading the article and completing the associated problem set.

Basic Research Block / Resident Research Scholar Program

Basic Research Block (BRB)
BRB allows residents to participate in a dedicated month-long research experience, typically during the second or third year of residency. The primary goal of the BRB rotation is to allow residents the opportunity to experience the process of hypothesis-driven research. While research experience is likely to benefit all clinicians, those residents considering a career in basic science and/or clinical research are particularly encouraged to participate in an BRB to help solidify their career goals as well as to establish a foundation for ongoing investigative activities. Interested residents apply for a BRB through the annual schedule request process and must have their research proposal approved by the Research Chief Resident (Dr. Chase Correia) and the Research Program facilitator, Dr. Stuart Johnson.

Resident Research Scholar (RRS) Program
The RRS program offers residents an opportunity to pursue a more extensive research experience in their second and third year of training with up to 8-12 weeks of dedicated research time. Interested residents must identify a specific faculty research mentor and submit a detailed research proposal describing their study hypothesis, research methodology, and anticipated timeline to successfully complete their project. Residents applying for the RRS program must present their research proposal to the Internal Medicine Residency Research Review Panel which meets in April to approve prospective projects for the following academic year.

General Resident Research Policies- for RRS and BRB Participants
1) Each participant must meet with the Research Chief Resident 3 months prior to starting the research month to discuss your project and goals for the month. You should bring a preliminary written proposal with you documenting what your project entails.
2) You must have IRB approval 14 days prior to starting your research month. Failure to provide documentation of your IRB acceptance will result in your being assigned to a different rotation at the discretion of the chief residents.
3) For each research project, you need to have a P.I. that has an appointment at the VA. If you are working with an attending that does not have a VA appointment, you will need to find someone who does to support your project. If no VA sponsor is found, you must meet with Dr. Stuart Johnson (stuart.johnson2@va.gov) 2 months prior to discuss your written proposal.
4) You must take at least one week of vacation time for every four weeks of research time you are granted whether in BRB or RRS.
5) You are expected to be available (i.e. in town) Monday – Friday. If you anticipate being out of town for a fellowship interview, job interview, or any other reason, you must inform the Research Chief Resident via email ahead of time. Any breach of this rule will be documented as ‘unprofessional’ in your file and could result in disciplinary action (suspension or even dismissal). Please make full use of your time away from clinic duties.
6) If you had a research block in the prior academic year, you need to submit a poster to the following year’s ACP Associates Day conference. This year, it will be October 21 in Chicago.
7) All residents with dedicated research time in the 2015-2016 academic year must submit a poster to Resident Research Day on May 3, 2016. RRS participants must present a poster and submit an abstract. External submission of posters/ presentations/ abstracts/ manuscripts are highly encouraged.

**Research Lecture Series**
The Department of Medicine with the support of staff in the Clinical Research Office provides a lecture series of Principles of Clinical Research. The purpose of this lecture series is to provide a framework for residents in training for their research projects. It also provides an opportunity to meet Clinical Research Office staff and Stritch School of Medicine faculty who can offer additional mentorship for individual research projects.

**Research/Conference Funding**
Residents are provided with educational funds totaling $500/year in their PGY2 and 3 years. These funds are available for residents to use towards research expenditures as needed. Further, the Department of Medicine will allow a senior resident (PGY 2,3,4) to apply for a total of $500 per year to be used towards presenting their original research at a regional or national conference. To apply for such funding, a formal written request must be addressed to Dr. Simpson and the Research Chief Resident at least 30 days prior to attending the conference. This research must have been done while at Loyola, and the strength of the research will be considered in the decision to grant funding. In addition, adequate service/consult coverage must be arranged with the chief residents at that time.

**Statistical Support**
Statistical support is available to residents through a partnership with the clinical research office. In order for this service to be available for any individual resident the following steps must be taken:
1. You must contact the research chief resident and submit a project request form to the clinical research office (CRO).
2. Once your request is received by the CRO you and your faculty advisor must meet Dr. Thomas Layden and his Clinical Research Office staff at least 4 weeks prior to the starting your project so that they can help with the planning of the project, sample size, and storing data in a secured area.
3. Any project not pre-approved by Dr. Layden will not get financial support for statistical analysis.

**Poster Printing**
Funding for poster printing is available to residents presenting their research at a regional or national meeting. Instructions on poster printing as well as templates can be found at the following site: http://www.stritch.luc.edu/tech_support/content/poster-printing-services. Please contact the Chase Correia, the Research Chief Resident for the department code and billing information.
QUALITY IMPROVEMENT

Quality Improvement/Patient Safety Curriculum
All Loyola Internal Medicine interns and residents are actively involved in quality improvement initiatives throughout their residency, both formally and informally.
Our QI curriculum begins in the PGY1 Bootcamp with a didactic and workshop session explaining the need for Quality Improvement and Patient Safety knowledge in a physician’s career and to introduce the basic core concepts that will be encountered throughout training. PGY1s will then participate in a year-long QI project under the guidance of a QI mentor.

In the PGY2 and 3 years there are a variety of QI/PS activities available to fulfill a QI requirement, including:
- Root Cause Analysis
- Committee involvement
- Institute for Healthcare Improvement Modules
- Attending Patient Safety Conferences (PSC)
- Leading a QI project
- Presenting a PSC

RESIDENT ADVISING SYSTEM
All residents are assigned to a faculty advisor with whom they will remain throughout residency. Meetings are held two times a year at a minimum (more if desired). The resident will receive notification via email from Dr. Laura Ozark that it is time to schedule an appointment with their advisor in the fall/winter, and spring. The resident is then responsible for contacting his/her advisor and arranging a time to meet. The resident will complete an Individualized Learning Plan (ILP) prior to the first meeting and then updated at the subsequent meetings. This self-assessment document will help the resident work on both long and short term goals. A copy of the ILP is kept in their portfolio and updated at each meeting. A separate document is included in the Intern Orientation packet explaining the advising system along with the 2015-2016 roster. This can be found on the department webpage as well.

Resident Portfolios
Every Resident has a portfolio in Gertie and Alba’s office. In it contains information relevant to your residency such as: your contact information, your annual contract, copies of your temporary and permanent license/NPI number, BLS/ACLS cards, evaluations, Clinical Competency Committee (CCC) summary statements, letters of commendation, etc. There is also a section for you to record accomplishments and milestones achieved during your residency. This section is a useful reference for your advisor, program director, and yourself to review when applying for fellowships or jobs or asking for letters of recommendation. You will be able to document conferences given (morning reports, autopsy, CQC, CPC, subspecialty conferences, etc), major conferences attended (eg ACP), or research projects and poster presentations. This section is entirely up to you to complete. In addition, you will be reminded to stop by the office minimally two times per year to review and sign all your evaluations as well as the summary statement from the CCC after it meets (this is usually done during your semi-annual advisor meeting, but if you do not sign at that time, you can always stop by Gertie and Alba’s office).
DISCHARGE SUMMARIES

1. Discharge summaries need to be completed at the time of patient discharge. Clinic attending (and clinic resident, if applicable) should be cc:d to these so that they receive a copy of the report (this is not done automatically). We do audits randomly in residency years 1 and 3 to give residents useful feedback. In general, at Loyola, the d/c summaries are done by the intern on the service, and at Hines, they are done by the senior resident.
2. The Discharge Summary can take the place of a daily progress note as long as it includes vital signs and a physical examination.
3. If a resident is more than 30 days delinquent (in total) of discharge summaries, he or she will be subject to loss of vacation days. The resident will have 7 days after formal contact from the chiefs (email, page, or both) and then one vacation day will be subtracted every day past the week deadline (for summaries identified in the prior email). Time will be extended if the resident is on vacation when first contacted.

INCIDENT REPORTING

Resident reporting of incidents is of great importance and helps the system self-monitor. Residents can help by reporting not only adverse events but also ‘near misses’ (where no patient was harmed, but harm could have happened). We have a very supportive department called the “Patient Safety” office at Loyola that was formerly called Risk Management. Someone is either in the department or on call to help with actual adverse events. They should be involved early and would rather know about any potential issue early rather than later. Reporting near misses helps us all learn about our system’s weaknesses before they lead to bad outcomes.

At Loyola:
Should you witness a significant harm event, you should report it immediately to your attending and to the Risk Manager on call (listed in Web on Call). They will be able to assist you in handling the event and aftermath. All the incidents and near misses can be reported through the VOICE system found on the LUMC Portal under the link “Patient Safety Reporting”. When reporting an incident please keep your narrative to a minimum, stating only factual information as this information can be ‘discoverable’ in any lawsuit down the road (this should not keep anyone from reporting any patient safety concerns or incidents, however).

At Hines:
All incidents and near misses can be reported through the EPER system. The link for this can be found on the Hines VA desktops. Additionally, you should notify your senior resident, attending and fellow as well as the Hines Chief Resident.

MOONLIGHTING

Moonlighting is any additional professional activity outside of the training program. A resident who participates in moonlighting must have prior written permission from the Program Director and/or Chair of the Department of Medicine. The schedule of these activities should not in any way interfere with the trainee’s performance in the residency program. All hours spent moonlighting must be counted as part of the total hours worked per week and may not bring the total to more than 80 hours per week when averaged over any four week period.

RESIDENT PERKS

1. The Department of Medicine will purchase MKSAP for every categorical intern.
2. All categorical residents will have their annual membership to the American College of Physicians (ACP) which is our professional organization. Membership includes: access to important clinical websites, Annals of Internal Medicine journal, ACP Hospitalist journal, reduced fees for the national conference, and many perks for various online and in-print resources.
3. PGY 2s and 3s receive $500 each year (total of $1000 which can be saved and spent in one lump sum) for educational spending which can include: ACP national conference, additional board review course/materials, or to defray some of the cost for ABIM Board Examination. Educational funds will not be approved if a resident is delinquent on discharge summaries, has not completed their rotation evaluations, or has not attended at least 50%
of CPC conferences. If you are considering using educational funds, please contact Alba Isaj before you do so since there are specific nuances to reimbursement (e.g., at times the department has to pay for you rather than you paying and being reimbursed).

4. The Department of Medicine pays for a Board Review Course for each PGY3. Traditionally this has been either the AWESOME Board Review or the ACP Board Review held in the spring of the PGY 3 year (PGY 4 for MP). While the department is not necessarily opposed to alternative board preparation programs, any request for deviation from the 2 approved courses requires the permission of either Dr. L Ozark or Dr. Bussey.

5. A resident can also apply for supporting funds if they will be presenting their research at a national conference. Please see the research section above or contact Dr. Chase Correia, Research Chief Resident.

WAY TO GO TAXI VOUCHER
If you are ever too tired to drive home safely after a long in-house call or a lengthy shift, all residents are encouraged to use a taxi to get home safely. You can print out a voucher for this following the directions below:

* Log on to the informational portal using the Loyola portal.
* If you are at Hines you can go to http://loyolamedicine.org/ - Select Employee Self-Serve Portal. Log on using your universal password xxx@lumc.edu with the same password that you use for the email system.
* Click on the WAY TO GO! Taxi voucher link
* To order your taxi, call American Taxi at: (847) 255-9614
* Print out the voucher and present it to taxi driver at pick up.
* Note: There is no need to trip the driver… the tip is already included in the contracted price
* You may only use this service to go home (i.e., NOT the airport, etc)

Retreats
Intern Retreat
This annual event is held during the last weekend of January/first weekend in February (this academic year, it will be held January 29-31, 2016); all interns are excused from clinical responsibilities starting Friday afternoon until Monday morning to attend. For the past seven years, we have held this retreat at the beautiful Grand Geneva Resort and Spa in Lake Geneva, WI. Activities include large and small group discussions about intern life and issues of balance and maintenance of the profession. Camaraderie is developed during time included for reflection and relaxation. Key faculty attend and spouses are welcome. The resort hosts many amenities including a full service spa, ski slopes, horseback riding, and fitness center. Don’t forget the Annual Interns vs Attendings basketball game! Cocktail hour, formal dinner and dancing takes place Saturday night. This weekend is one of the Intern Year highlights!

PGY 2 Retreat
We hold a PGY-2 retreat each summer at Irons Oaks Environmental Learning Center in Olympia Fields. This year, it will be held on August 5 from 9am-4pm. The day focuses on developing leadership skills, discussing how to be an effective senior resident, and building camaraderie among our second year residents. Applying for Step 3 will also be covered at this session.

PGY 3 Retreat
The Department of Medicine hosts a PGY 3 retreat annually at Brookfield Zoo! This session will be held May 5, 2016 and will be for the current PGY2s (moving to PGY 3s). Topics include: Residents as Teachers, Preparing for Board Examinations, Licensure, CV and cover letter preparation, Professionalism, Leadership, Addressing Burnout, and Planning for your future career after residency. Applications for fellowship programs start in June 2016, so this retreat is timed perfectly to allow our second years to have “Just In Time” information.
HOUSESTAFF REPRESENTATIVE COMMITTEE
Made up of members from each firm including the firm chiefs, elected housestaff, future chief residents for the following academic year, two prelim interns, four med pediatrics residents, and 1 neurology intern elected by their peers in July. This committee meets bi-monthly starting in August to discuss any housestaff related issues. The committee has been directly responsible for many positive changes within the residency curriculum, service structure, and call scheduling. You are encouraged to speak with a housestaff representative about any concerns you would like addressed at any time. You may find the representative names and meeting dates on our website.

HOW TO RESOLVE AN ISSUE
Ultimately, we want our residents to feel comfortable in our program and to grow in their ability to care for patients and pursue professional goals. If a situation arises with a particular issue of concern, residents have many options available to them. The Chief Residents are a good first step to resolve any issue. In addition, the Program Director (Dr. Simpson for IM or Dr. Nate Derhammer for MP) as well as any of the APDs can help. The Housestaff Committee (see description above) is made up of residents and each class has their own “voice” on the committee. Finally, if additional concerns remain, the GME office can be a useful resource for the residents. Please refer to Section III of the GME Housestaff Handbook for additional Grievance Policy information
http://stritch.luc.edu/gme/sites/default/files/site_hsd_gme/finalresidenthandbook20112012_1.pdf#3.

Chain of Command for Reporting of Resident Concerns/Complaints at Hines VA
It is our goal to improve patient care and resident learning wherever possible. We seek to foster a professional learning environment for our residents and to eliminate errors that may cause harm to our patients. It is our hope that the following Chain of Command will allow for accurate reporting of concerns, particularly as they pertain to patient care and resident life. We welcome and appreciate any/all resident feedback!
1. Residents are encouraged to alert the Chain of Command with any/all concerns, particularly those pertaining to patient safety. This process is non-punitive and no resident will be punished for reporting concerns.
2. There are many appropriate people with whom residents may discuss concerns including Chief Residents, service/clinic attendings, MOD, and APDs. The first line of communication regarding a concern or complaint should be to a Chief Resident (Liz Pappano or Joe Danavi). The Chief Resident will then directly discuss the concern raised with the appropriate APD (Dr. Haralamposopolous for all matters related to the outpatient arena [i.e. resident clinic], and Dr. Gee for all matters related to inpatient Gen Med, subspecialty services, and/or Units) and together they will raise the issue up to MSL leadership (Dr. Guay as the Senior Associate Chief of Medicine or Dr. Schmitt as the Chief of Medicine) accordingly, depending on the nature and context of the concern raised. It is also appropriate to consider sending this issue to the director of the unit or division concerned if you feel comfortable doing so: issues related to the ED, the night mod’s, and the nocturnists can and should be raised with Dr. Nemeth (as the Moonlighter Coordinator and the Operations Director of the Emergency Department). Please feel free to come to the Chief’s office to discuss these concerns in person but ultimately the issue should be formalized in an email. Please do not send PHI (names, SSN) by email. After receiving the concern/complaint we will approach you for this information. This will allow for an appropriate investigation of the issue. These details may be shared with others on a need to know basis in order to complete an investigation or change processes.
3. Residents who wish to raise concerns anonymously may do so by submitting documentation of the issue and placing it in the black box on the 14th floor. Because this is anonymous it will likely be impossible to give the resident feedback or an update on the issue after a review.
4. Alternative means of reporting your concerns include:
   a. New Innovation on-the-fly evaluations of attendings and peers
   b. New Innovation evaluation of attendings and peers at the end of a given rotation
   c. New Innovation rotation evaluation
   d. EPER’s are best submitted for concerns related to Nursing, Ancillary Services (lab, radiology, social work, nutrition, et al),Consultants et al
   e. Concerns related to attendings (including moonlighters) and peers are better suited for any of the avenues noted above, and are not ideal for the EPER system.
If you would like to discuss the EPER system further or if you have a concern that you think is appropriate for EPER please discuss with a Chief Resident who will guide you in the process.
SERVICE OPPORTUNITIES
In the Jesuit tradition of service and education, we encourage all Loyola Medicine Housestaff to participate in Community Outreach. Below are some organized ways to become involved in caring for the underserved.

Community Health Clinic
Residents have the opportunity to volunteer with Loyola faculty and chief residents at the Community Health Clinic in West Town (Chicago). This clinic is a volunteer-based clinic serving the uninsured and underserved in Chicago and surrounding communities. Residents serve as preceptors for Loyola medical students to provide primary care services including acute care visits, health consuming and educations and chronic disease management. Clinics take place on Monday evenings throughout the year. Any interested residents can Kristen Uhland, Stritch Student, at kuhland@luc.edu.

Catholic Charities Health Fairs
Residents have the opportunity to volunteer to provide health screening and assessments at local Catholic Charities Health Fairs held throughout the Chicagoland area on designated weekends during the summer. In this setting residents work with Loyola faculty and staff as well as medical students. Signs will be posted with dates and emails sent seeking resident volunteers at these events. You are encouraged to participate as your schedule allows.

P.A.D.S (Public Action to Deliver Shelter) Clinic
Residents volunteer weekly at the Oak Park P.A.D.S clinic to provide routine health assessment and acute care services to this patient population. Residents also have the opportunity to interact with nursing and medical students in this setting to develop history taking and exam skills. Please contact the Chief Resident if you are interested, and look for emails regarding this opportunity as the colder months approach.

Immersion Trips
ISI (International Service Immersion) is offered during May, June, and July in partnership with the Stritch School of Medicine Department of Ministry. This is paid for 100% through fundraising initiatives. If you are interested, you may get additional information from the CRs or http://www.stritch.luc.edu/isi/.
This is not an opportunity for interns.

PARTIES AND OTHER FUNCTIONS
There are lots of social events designed at building resident camaraderie outside of the hospital, here are just a few:
1. Post CPC- every Thursday after CPC. From October-January, this takes place in the Faculty and Alumni Lounge of the Medical School with food and drinks provided (essentially during interview season). During the other months, the resident who gives the conference chooses a place (usually a restaurant or bar) to go to after the conference.
2. Chief Resident / Intern outing – date TBD, planned by CR
3. Summer Kickball Game – date TBD
4. Intern Appreciation Dinner – Aug 20, 2015
6. Inspirational Attending Night – April 14, 2016
8. Senior Skip Day – date TBD

We hope you have found this document useful and would like any feedback you have about other topics to include. Any specific questions can be directed to any of the Chief Residents or APDs/PD. This document will be updated as needed. Please refer to the date in the footer section of the document to ensure that you have the newest version.