Operational considerations:

I. RESIDENT STAFFING. In general one senior resident (SR) and junior resident (JR) will be assigned to the IR service.

II. INPATIENT ROUNDS: Daily prior to morning report--Estimated start time is 0645

   a. JR should have rounding list and pertinent labs prior to rounds and be fully prepared for case discussion. JR should briefly review the patient’s presentation, history, hospital course and pertinent management issues. Inpatient rounds are conducted at bedside.
   b. Team will review patient progress and devise management plan.
   c. JR should plan on charting on patients in conjunction with APN. EACH PATIENT SEEN ON ROUNDS MUST HAVE A PROGRESS NOTE IN CHART BY 0900 DAILY. PLEASE LEAVE NOTE OPEN FOR ATTENDING ATTESTATION.
   d. UH Fellow is responsible for inpatient management under direction of UH attending staff.
   e. Timely discharges are of essential import and will fall to APN/JR on service. May use SR as required.

I. Morning report

   a. Shall begin promptly at 0730 each morning; SR responsible for case prep and presentation.
   b. Review of all pending cases--emphasis on management problems and challenging cases. SR in conjunction with fellow may certify simple cases as "complete" without need for presentation if clinically appropriate.
   c. Daily teaching--UH staff to teach daily from Fellow's objectives list: See Fellow's Handbook--Section SIR pp 8-43

II. RESIDENT call responsibilities:

   a. JR and SR each to take weekend call one weekend during rotation. Call beings 5PM Friday evening and terminates 7AM Monday morning.
   b. Resident responsible to take all first calls and make an appropriate disposition or review with attending physician on call.

III. Resident responsibilities by level:

   a. JR: Specific objectives are outlined in the Core Competency Section and illustrated graphically in the Core Competency Matrix.
      1. R1 should plan on spending much of first week with nursing staff and Jay Walker and acquiring basic patient management issues.
      2. R2 outline as listed
      3. R3 outline as listed
      4. R4 outline as listed

   b. REMINDERS:
      1. JR should dictate all cases they perform--do not use electronic templates. Written templates with explanatory notes are provided for guidance to help develop proper technique and syntax.
      2. SR may dictate from templates as long as they understand issues regarding proper documentation, coding and charge capture.

IV. CASE REPORT
a. Each resident is to prepare a case report during the rotation. Present patient history, physical findings, laboratory and imaging findings. Review differential diagnosis and treatment options.

V. Morbidity and Mortality Conference:
   a. Meets quarterly under direction of chief of service:
      i. 2-4 cases per meeting
      ii. Fellow or senior resident to present majority of cases
      iii. Case presentation should provide full background information on the patient, complaint, imaging findings, diagnostic and therapeutic decisions, performance of the intervention and nature of complication and outcome.
      iv. Understand the nature of the complication, the management considerations that led to the complications and most importantly, how different actions might have obviated the complications.
      v. All M and M cases to be logged by IR nursing staff

VI. Support professionals:
The IR section has enlisted the support of highly skilled and trained APN and RN resources. These professionals provide value to the operations by ensuring that patients are adequately prepared for examinations, that it is safe to perform examinations, that patients are scheduled in a timely fashion. The APN and RN staff enjoy teaching, administrative and research support activities as required by the program.
   a. Resident to spend considerable time in training with nursing staff
   b. APN fully integrated into the clinical service with responsibility to report through IR fellow to UH1 physician on all inpatient issues. RESIDENT to become familiar with EMR tools though APN and RN staff
   c. APN responsible for all inpatient and outpatient E and M codes as well as physician (attending/fellow and R2) training on E and M procedures.
   d. Resident to spend time with RN staff on patient consent issues and patient/family communication issues.
   e. APN responsible for inpatient management and outpatient clinic coordination with IR attending and fellows. IR attending must personally visit all outpatients and coordinate all care issues. IR clinic initially to occur 0830 to 1300 hours each Wednesday--30 minute intervals. Additional clinic time will open as demand dictates.
   f. APN, in collaboration with RN staff shall create IR inpatient follow up list, including all IR inpatients as well and follow-up consultative visits, and will be responsible to ensure that all patients are seen and have a chart note entered on a daily basis.
   g. RN staff responsible for all consent/patient preparation issues under direction of IR fellow/attending physician. RN staff shall also have teaching responsibilities for RESIDENT/R2 physicians with regards to proper patient management/consent and patient preparation.
   h. RN staff responsible to work with section chief to ensure efficient section operations, and to liaison between professional and technical staffs to achieve best possible productivity and efficiency outcomes.
   i. RN staff responsible to facilitate clinical and basic research objectives of the IR section. To work with attending physician staff to provide support on a needs basis to resident, fellow and staff physicians who are engaged in active clinical
research. This responsibility includes compliance issues with UAMS and pertinent federal/state regulations.

VII. OUTPATIENT CLINIC

a. IR service participates in a growing outpatient clinic.

b. Clinic initial hours to occur 0800 to noon each day. Visits to be scheduled at 20 minute intervals.

c. Each new patient to be seen by attending physician and APN.

d. Each patient to have full note in Logician on the date of service.

e. Each patient visit to generate an IR consult note to referring physician.

f. APN to assume responsibility for clinic management, scheduling and coordination of clinic and admission/follow-up activities.

g. APN to provide follow consultative services on select follow up patients as determined by section chief.

h. APN to assume primary responsibility for E and M functions in clinic--all patients to receive appropriate E and M codes/charges.

i. It is the stated objective of this program to grow the clinic as quickly as manpower permits.