



## Regional Academic Affairs

TITLE: Resident/Fellow to Attending Communication Requirements

POLICY NUMBER: S - 53

DEPARTMENT: Graduate Medical Education

Effective Date: 11/17

Revised: 12/23

GMEC approved: 12/23

Date of next Review: 12/25

### **POLICY:**

Timely communication regarding patients is vital to excellent and safe care. An important component of safe and excellent care is to ensure the attending physician is aware of important changes or events in the patient's care flow/progress. This policy outlines those times/situations, at a minimum, when a resident/fellow must communicate directly with an attending physician. This policy also operates in conjunction with GMEC Policy #S-30 Resident/Fellow Supervision.

### **PROCEDURE:**

The following situations require a resident/fellow to communicate directly with an attending physician. This communication must be in person/telephone. Such communication **must occur within 20 minutes** at a maximum. Resident/fellow to attending communication should occur prior to the list of situations below, **regardless of the time of day**, outside of the need to administer immediate life-saving care. This is not an inclusive list as attending physicians should be called whenever a resident/fellow deems necessary for patient safety and quality of care.

1. All admissions
2. Transfer of patient from outlying hospital
3. Need to transfer out of hospital for higher level of care
4. Any need for emergent or urgent care (if not planned/discussed already with attending):
  - a. Rapid response team activation for any reason
  - b. Intubation of patient
  - c. Need for central access
  - d. \*Negative change in patient condition with risk for further deterioration (early recognition)
  - e. Treatment needed for vital signs (e.g. Vasopressors, Increased O2 requirement)
  - f. \*Change in patient condition without significant response to intervention
  - g. Urgent consultation to your service
5. Unable to reach senior resident/fellow
6. \*Death of patient
7. Disagreement among services as to plan of care (for acute issues)
8. Family upset/questions beyond resident/fellow ability

**Note: All programs must have a program level policy outlining those situations that require immediate/prompt resident/fellow communication to an attending.**

If the attending physician cannot be reached, the resident/fellow is to contact their program director. If resident/fellow does not comply with attending physician notification Academic Affairs Policy S-04, "Due Process" will be implemented. If the attending physician is upset or attempts to block resident/fellow communication, the resident/fellow is to notify their Program Director and enter a SafeCare report.

Approved by:

A handwritten signature in black ink, appearing to read "Randall Schlievert".

Randall Schlievert, MD

VP, Academic Affairs, Mercy Health - Toledo

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