

## **I. OTHER GENERAL RESIDENTS' RESPONSIBILITIES**

### **A. Medical Records**

All residents are required to complete the EMR (P.E.D.S) training prior to be given access to the electronic medical record. Login and passwords MUST not be shared with others. Residents are responsible for recording a complete admission history and physical examination on the chart within 24 hours of admission. Progress notes shall be recorded at the time of observation sufficient to permit continuity of care and transferability. Residents should use CPOE and avoid verbal orders unless it is a case of emergency or unless they have no access to a computer system or they tied up in surgery or caring for a very ill patient. The record should not include personal gripes or derogatory comments. Progress notes should indicate the thought process (assessment).

All relevant diagnoses established by the time of discharge, as well as all operative procedures performed are to be recorded using acceptable disease and operative terminology that includes topography and etiology as appropriate. All final diagnoses and any complications are recorded without the use of symbols or abbreviations preferably using ICD-10 codes.

### **B. Discharge Summaries**

The discharge summary shall be completed at the time of discharge and shall include: the reason for hospitalization, the significant findings, the procedures performed and treatment rendered, the condition of the patient on discharge, and any specific instructions given to the patient and/or family, as pertinent. Consideration is given to instructions relating physical activity, medications, diet and follow-up care.

Discharge summaries should be completed within 3-7 days after the patient is discharged. Completed means that the summary has been dictated and/or transcribed and electronically signed.

A printout of medical records status is made available to the chief residents bi-weekly and is the document used to determine delinquency status. Each resident is expected to regularly check their individual Message Center for any communication from the Health Information Management staff regarding their medical records' deficiencies.

If the above rules are not complied with, the first action taken will be assignment of an extra call/shift to residents with more than 10 delinquent charts, as determined by a printout made available to the chief residents on the 15<sup>th</sup> day of each month. If after one week of this first warning, the resident continues to have delinquent charts, he/she may be suspended. Suspension means that the resident will be relieved of all duties usually associated with a residency. Suspension means no credit toward completion of the residency and means no pay. The time lost will not be canceled and must be made up, either from vacation time or at the end of the program, in July.

If coverage for a patient care service becomes compromised as a result of this, or any other event, then residents will be temporarily moved from a noncritical service to replace the suspended resident.

### **C. Language**

It is the policy of the hospital that all medical records should be documented in English. Patient safety (and courtesy) requires that spoken language be understood by all involved participants in all conversations involving patient care and program activities.

### **D. Orders And Medications For Patients**

All orders shall be entered by the physician using CPOE. Verbal or telephone orders may only be given to a registered nurse or physician. These are considered to be comparable to written orders and must be electronically signed within 24 hours by the dictating physician. Certain orders for medications (narcotics, anticoagulants, oxytocics, ergot and derivatives) are automatically discontinued after 72 hours. Antibiotics (unless the original order specifies a longer period of time), sedatives, hypnotics, and barbiturates not included in Schedule II (with the exception of Phenobarbital and Valium) are automatically discontinued after 5 days. Blanket orders to “renew,” “repeat,” or “continue orders” are not acceptable. All orders are canceled when a patient goes to surgery or in or out of ICU. All orders must be written in the metric system; orders such as “a teaspoon” are not acceptable. Additionally, the admitting and discharging residents are responsible for the completion of the Medication Reconciliation Form.

Medications for parents should be written on a prescription. These should be provided only for problems related to a child’s hospitalization. Inpatients are not permitted to use their own medications other than birth control pills.

### **E. Special Permits**

Permits for special procedures including transfusions of blood products, must be obtained by the residents. This task should not be deferred to nurses. Such procedures must be explained to the responsible family member. The needs for such procedures must be clearly stated and understood and the possible risks enumerated. Alternate methods available should be pointed out. Such discussion should be documented in the patient’s chart. It is the resident’s duty to try to obtain written permission for postmortem examination in every death. When the PL1 and PL3 on the case are unable to get this permission, the Chief Residents and attending pediatrician should be called upon. Special consent for photographs must be signed before any photographs are taken of patients.

### **F. Treatment Of Employees**

Residents are not to treat employees or other residents.

## **G. Resident Representatives**

Residents participate in program evaluation and in revision. Each class of residents elects three representatives and fellows elect their representatives who will participate in the monthly GMEC meetings. Fellows representatives are peer-selected. The fellows have a total of six fellows representatives. These residents & fellows reps will secure colleagues' input and suggestions regarding curriculum and program planning. The Resident/Fellows Representatives attend Graduate Medical Education committee meetings and are responsible for channeling results of each of these meetings to his/her level of co-residents. Additionally, residents participate on committees whose actions affect their education and/or patient care. These representatives relay committee meeting information to the other residents via the monthly Program Director's meeting. Hospital committees are opened to trainees as members based on the trainees' interests.