

Dear Pacific Hospital Medical Staff:

Thank you for your recent interest in becoming a part of Pacific Hospital of Long Beach Teaching Staff. Attached is a brief description of the teaching service as well as our application.



Pacific Hospital of Long Beach is an AOA, WUHS sponsored and OPTI Participating teaching hospital with Traditional Internship, Family Practice, and Internal Medicine Residency. We are also a primary teaching hospital for WUHS, TOURO, and many other osteopathic medical students from within the United States.

There are many opportunities for your involvement and in return, as clinical teaching faculty your patients will be admitted to the Teaching Service on medicine, surgery or obstetrics.

Please read on to learn of the benefits of participating in the medical education that goes beyond the satisfaction of training the next generation of physicians and all that you can gain in the interaction with house officers and medical students.

1. The most minimal involvement is to admit your patients to the Teaching Service and work in close communication with the house officers on the care of your patients.

It must be understood that having a house officer working with you and your patient's, does not relieve you of your legal responsibilities to the patient as delineated by the Pacific Hospital Bylaws, Rules and Regulations. This means that you must still see your patients on a daily basis and there must be documentation of the daily visits. Let the house officer know when you plan to round on your patient so that they can make every effort to be available to discuss the patient's status and plans with you.

The house officer will perform and dictate the history and physical, monitor the patient's progress, inform you of substantive changes in the patient's lab studies and status initiate or change treatment orders under your supervision and dictate the discharge summary. There are interns and residents overseeing the patients 24-hours a day, 7 days a week. Close phone communication with you is very important.

With faculty approval previously proctored and approved house officers can perform certain procedures such as central lines or endotracheal tube insertions. The house officers will personally monitor patients in the Labor and Delivery and assist in delivery. They are not permitted to perform controlled delivery in the absence of a credentialed attending physician, with faculty approval.

Surgeons can expect a student or intern to act as 1st and 2nd assist scrubbing in on cases and provide postoperative care management under supervision by the surgeons in exchange for the teaching.

2. If the LIP Teaching Physician desires, their patients may be admitted to the "Residents Practice Service" (RPS). This places the total management of the patient with the resident under the director the of RPS medicine supervisors for medicine patients and to other specialty faculty for surgery or obstetrical/gynecologic patients. At discharge the patient will be redirected for follow-up care to his/her personal physician with discharge instructions and a dictated discharge summary. All other patients will be discharge to PHLB's Family Health Clinic.

3. The opportunity to conduct morning report, work rounds, specialty rounds, journal club and board review as faculty activities. These activities are one hour in length and every effort is made to accommodate your schedule should you be interested in conducting such activities.
4. All students and house officers attend noon Conferences. This provides an audience of approximately 35-40.
5. Precepting in the Family Practice Clinic is a great need. The vision is to develop more specialty clinics to provide a more complete scope of care for our patients.
6. House staff is required to maintain logs. This will require the LIP Teaching Physician to verify by signature the performance of procedures, or the interpretation of certain tests or exams. In the continuity setting, verification of patient encounters is also required.
7. Sites are needed for the education of the family practice and internal medicine residents in the specialty areas. If you enjoy teaching on a one-on-one basis, the Academic Council will perform a site visit to your office/clinic and delineate the learning objectives and requirements. If approved, this experience would be offered either as an elective or a required rotation if it meets curricular requirements. Direct supervision of the house officer is required onsite; a sign-off on their log of patients and an evaluation is required of the preceptor.

It should be remember that as an osteopathic training hospital we must meet various AOA accreditation standards, which includes teaching the concepts of Osteopathic Medicine.

If your are interested in participating in any of the above stated activities, please complete the application and return it to the Department of Medical Education.

ACADEMIC COUNCIL:

Andrew J. Manos, D.O., Director, Family Practice Residency and Medical Education

John Adams, D.O., Director, Internal Medicine Residency

Erica Kuhn, D.O., Clinical Teaching Supervisor

John Thomas, D.O., Medical Director, Family Practice Clinic

PACIFIC HOSPITAL OF LONG BEACH
TEACHING SERVICE

Services covered: Medicine, ICU, Surgery, and OB admissions by physicians on the list of Teaching Service Physicians.

The Pacific Hospital Medical Department must duly credential teaching Service Physicians as required by WUHS and OPTI.

Teaching Service patients will receive full management by the intern under the supervision appropriate residents and attending physician. With close communication with the attending physician, the following services will be given by house officers: Dictated history and physical, admit orders and treatment plan, daily monitoring of patient's status, discharge planning and dictation of the discharge summary emergency care as it arise.

The LIP Teaching Physician is still bound by the Medical Staff Rules and Regulations as well as Medicare regulations requiring documentation of hands-on daily visits with the patients. House officers should be given the opportunity for making responsible decisions on the patient's care. The LIP Teaching Physician must validate the work done by house officers with appropriate documentation; errors should be corrected, disagreements resolved and alternate methods of care explored. The LIP Teaching Physician must countersign written orders by houses officers. Verbal orders must be counter signed within 48 hrs per JCAHO. There are good opportunities to proctor house officers for procedures. This can be done by LIP Teaching Physician who themselves have been approved for procedures (central fines, etc.).

The LIP Teaching physicians are encouraged to let the intern on his patients know when he plans to rounds so that they can try to be present.

MAXIMUM CASELOADS

"TEACHING SERVICE" implies an educational process. This means that there must be a good balance of "teaching" and "service". If the number of patients becomes so high that the house officers are not able to follow their cases thoroughly it can be a threat to good patient care.

The maximum caseload for interns should be 16, but not at a sustained level. A more manageable patient load is 12 per intern. As the census escalates, residents will start taking full management of ' some patients up to a maximum of 12, which is in addition to their patients on the Resident Practice Service. Residents oversee the management of interns and work in teams with their interns and medial students on the service.

WHAT HAPPENS IF THERE ARE PATIENTS ON THE TEACHING SERVICE BEYOND THE MAXIMUM LOADS RECOMMEND?

Some "maintenance" patients may be "signed off" the service following review and approval by the resident and DME and notification of the LIP Teaching Physician. It may be necessary to close the Teaching Service for new admissions. This will be the decision of Dr. Manos or some other member of the Academic Council.

TEACHING SERVICE GUIDELINES

1. The LIP Teaching Physician (admitting physician or consultant) agrees to communicate with the managing house officer on a daily basis.
 - A. Prior to a direct admission or at the time of admission from the Emergency Room, the LIP Teaching Physician will give specific information regarding the condition of the patient and plan of care. This should be done through direct conversation with the house residents.

The in house resident can be reached by asking the telephone operator for the in house resident who is carrying the "admit beeper". The admit beeper can be accessed directly by dialing 562/918-0155.
 - B. The Medical Staff Rules and Regulations require the LIP Teaching Physician to see his/her patient and document this visit daily.
 - C. The LIP faculty must make an effort to communicate with the house officer daily to discuss management plans. They can best help you take care of your patient if they know what you are thinking and the direction you want to go with the patient. The house officer can be reached through their pager. If they are not on the floor they may be attending conferences, rounds or in the Family Health Clinic when you arrive.
2. There must be a clear understanding that the "Teaching Service" has as its major objective, the education of the house officers and medical students. This must be carried out always with the interest and welfare of the patient in mind. As dictated by the census and each house officer's caseload, judgment must be made in terms of appropriateness of the patient's condition for the education of the house officer. When the caseloads reach their maximums per house officer, the following guidelines will be observed:
 - A. Teaching Service will be closed until there is an opening. This could be only a matter of hours.
 - B. Some patients who require less intensive management may be signed off of the Teaching Service to allow more acute patients on to the service. This may be done following a personal conversation between the resident and the LIP Teaching Physician and a number of the academic counsel.
 - C. A LIP Teaching Physician should elect to manage of their less acute patients without a house officer during periods of high census.
3. If LIP Teaching Physician desires, patients may be admitted to the "Residents Practice Service" (RPS). This places the total management of the patient with the residents under the direction of the RPS medicine supervisors for medicine patients and to other specialty faculty for surgery or obstetrical/gynecologic patients. All other patients are discharged to PHLB's family medicine clinic.
4. It is the LIP Teaching Physician/consultant responsibility to supervise the management provided by the house officers. They must (by medical regulation) document their personal significant contact with the patient. The LIP Teaching Physician should communicate first with the intern or resident by telephone or in person in response to admission or follow-up care. When possible teaching should be conducted during reasonable working hours of the house officer responsible for the patient.

DEPARTMENT OF MEDICAL EDUCATION
CLINICAL TEACHING FACULTY APPLICATION

NAME: _____

ADDRESS: _____

EMAIL: _____

PHONE: _____ FAX: _____

SPECIALTY: _____

BOARD STATUS: _____

(Please Attached CV)

1. Do you want to be a member of the teaching faculty? Yes No

2. Do you wish to have the privilege of admitting your patient to the Teaching Service? Yes No

3. Do you understand the criteria for admitting your responsibilities when admitting to the Teaching Service? Yes No

4. Do you understand the services that the houses officers will provide as a member of the Teaching Faculty? Yes No

5. Do you agree to abide by the goals, policies and procedures of the post graduate education program at Pacific Hospital of Long Beach? Yes No

I would like to participate in the following medical education activities. Check with Department of Medical Education as to dates and times. Please indicate by checking Yes or NO

1. Admit my patients to the Teaching Service with bedside teaching 1 on 1 Yes No

2. Formal lectures/conferences/workshops Yes No

3. Beside Clinical Teaching Yes No

4. Specialty Rounds Yes No

5. Journal Club Yes No

6. Precept in your office Yes No

7. Precept in Pacific Family Clinic Yes No

8. Operating Room, Delivery Room Yes No

9. Board Review Yes No

10. Student Conferences Yes No

Special areas of interest in Teaching? _____

Lecture topics you would like to give: _____

If you answered "Yes" to the questions above, you must speak with someone from the Department of Medical Education to clarify the scope of your practice and your understanding of services the house officers could render in assisting you in the care of your patients. It is your responsibility to communicate with the house officers. Following review and approval from the Academic Council, your patients will be eligible for admission on to the Provisional Teaching Service. There is a provisional period of three (3) months before being placed on the list of Active LIP Teaching Service.

If you have any questions, please feel free to contact the Medical Education Department at 562-997-2180.

Signature

Date