To further eliminate any confusion regarding our policy for off-campus clinical faculty and what level of care can be expected from our residents and in-house on call attendings, I am re-circulated this plan which passed the Education Comm Meeting last year. It was outlined and distributed in a series of Newsletters (#6, 7 & 8) from June-July 2009. In a nutshell, we have offered all clinical faculty whatever level of participation best fits their needs from hands off and doing nothing except emergency intervention to "ownership" from admission to discharge. The "ownership" is generally done by putting the pt on the PGP/Low Risk service. On this service the intern and the generalist +/- medical students would round on that pt. If the intern feels "in over his/her head" he/she should discuss with the chief. The chief can then either work with the intern to manage the pt while involving the generalist attending or approach the MFM doc for transfer of care to that service.

Support of Off-Campus Clinical Faculty on VUMC’s L&D:

- In order to increase the level of interest of our OB attendings who visit VUMC’s L&D with the breadth and depth of the patient care provided by our VUMC L&D team.

- And allow the Off-Campus Clinical Faculty to feel comfortable in sending his/her patients to VUMC knowing that she will receive the highest level and most thorough care.

- And generate good will that will transcend these L&D experiences and will carry over into future interactions between the Off-Campus Clinical Faculty and the VUMC residents at outside hospitals for maximal resident-attending experiences in OB AND GYN.

- It is proposed to integrate the patients of our Off-Campus Clinical Faculty into our work flow which will then allow for proper decision support and data collection on all admissions.

- And involve other members of the L&D team, our residents and our attendings, in the care of the patients of our Off-Campus Clinical Faculty to the degree these faculty desire:
  1. no assistance
  2. assistance only if asked
  3. assistance at a predeterminded level established by the provider through correspondence with Dr. Boehm whereby we have clearly ID’d which these faculty prefer for triage:
     a. to be called immediately upon presentation of their pt regardless of the hour and the day, or
b. that the patient be completely evaluated first by the VUMC L&D team and then called, or

c. that we not evaluate their patients.

(Obviously if records are needed, then option #1 and a call to the covering OB is required first.)

4. and what the faculty prefer for admissions, including when the patient presents, whether for triage, labor, or even a C/S, we will triage or admit her as we do for all others if that OB prefers. The intern or appropriate level resident will see the pt +/- medical students, work her up, and write the admission orders and triage/admit note including the pt summary and vitals in Starpanel. The intern/resident will present the patient to the attending CNM or MD. The attending CNM or MD will see the patient and attest the documentation.

5. If the off-campus OB clinical faculty cannot make the delivery or C/S, or prefers we handle the entire admission, we can also provide that service.

6. If our residents participate in the delivery or the C/S, they will write the delivery note or C/S note. (It gets a little tricky to get this note attested, but I can figure that out with IT.)

7. If the off-campus OB clinical faculty prefers that we round on their patient postpartum/op, we will include her in our PGP rounds, write the notes, attest the notes and do the discharge summaries.

8. If this is a high risk patient and requires MFM leadership, then we can admit her to the MFM service and follow her just as we do any transport.