

Frequently Asked Questions: Geriatric Medicine

Question	Answer
Duty Hours	
<p>Are there situations when fellows may be supervised by licensed independent practitioners?</p> <p><i>[Program Requirement VI.D.1.]</i></p>	<p>While there is an expectation that the fellow and faculty have ultimate responsibility for the overall care of a patient, there may be circumstances where a licensed independent practitioner or physician extender may also be involved in a supervisory role for the resident. In such instances, the non-physician is expected to provide that supervision within the legal limits of his or her particular license.</p>
<p>What is an optimal clinical workload?</p> <p><i>[Program Requirement VI.E.]</i></p>	<p>The program director must ensure fellow patient loads are appropriate. The optimal case load will allow each fellow to see as many cases as possible, without being overwhelmed by patient care responsibilities, or without compromising a fellow's educational experience.</p>
<p>Are there any circumstances under which fellows may stay on duty to care for their patients or return to the hospital with fewer than eight hours free of duty?</p> <p><i>[Program Requirement VI.G.5.c).(1).]</i></p>	<p>Fellows may stay on duty to care for their patients or return to the hospital with fewer than eight hours free of duty to maintain continuity of care, to provide counseling to patients and/or patients' families, to participate in care for patients with rare diagnoses or conditions, or to care for a patient with an acute issue.</p>
<p>Should geriatric fellows be assigned night float rotations?</p> <p><i>[Program Requirement VI.G.6.]</i></p>	<p>Fellows are not expected or obligated to assume a night float role. Should a program director determine a need for an ongoing night float requirement for a particular fellow, an educational rationale must be submitted to the Review Committee for review prior to implementation.</p>

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