Communication Policy

Training Program Policies ? Communication Policy

Expected communication practices for patients managed by the radiation oncology service as inpatients or outpatients.

1. **For all critical changes in a patient?s condition, the attending will be notified promptly (generally with 1 hour following evaluation). These include:**

? Death (even if expected)
? Cardiac arrest
? Respiratory failure either requiring intubation or significantly increase oxygen demands
? Severe respiratory distress
? Airway issues
? Transfer to Intensive Care Unit or higher level of care
? Concern that patient needs a procedure or operation
? A new need for acute dialysis
? Bleeding requiring transfusion
? Hypotension/hemodynamic instability
? Symptomatic and severe hypertension
? Significant new arrhythmia
? Suspected MI
? Suspected PE
? New onset of severe chest pain
? New onset of severe abdominal pain
? Abrupt deterioration in neurologic exam or profound decreased mental status
? Significant change in neurovascular exam of extremity
? Patient or family wishes to speak to the attending
? Patient wishes to be discharged AMA

? Any other significant change in clinical status of patient that is of major concern
? Any new admission
? The arrival of a patient accepted in transfer from another institution.

2. **The following will be discussed with and approved by the attending before they occur:**

? Discharge from the hospital or from the Emergency Department
? Transfer out of Intensive Care Unit

3. **The attending should be contacted if:**

? Any trainee feels that a situation is more complicated that he or she can manage.
? Nursing or physician staff, or the patient request that the attending physician be contacted.

4. **Guidelines for resident/fellow and attending communications SPECIFIC to Radiation Oncology service:**
All patient care is supervised by qualified faculty, and faculty schedules and coverage are structured to provide residents with continuous supervision and consultation. Each resident on a clinical service is assigned to one or two attending physicians. Attending physicians complete a consult note and/or dictated history & physical on each new patient, write weekly notes on patients under treatment, and sign all simulation films, port films, treatment plans, and treatment prescriptions. The software that runs the linear accelerator treatment machines does not allow patient treatment without faculty approval of the radiation prescription. All faculty members carry pagers. Faculty coverage for vacation and meeting time is documented in a ?Meeting Maker? schedule available on- line widely throughout the department. An attending physician takes call weekly along with a resident on call, and this faculty member carries a pager. All patients seen emergently after hours or on weekends are seen by both a resident and an attending physician, and the attending physician approves films and the treatment prescription prior to emergency treatment. Call schedules with pager numbers and home and/or cell phone numbers are posted at various locations and are distributed throughout the department by e-mail.

Residents and attending physicians in Radiation Oncology are trained to deal with issues that may arise with patients who have been or are currently being treated with radioactive sources. If the on-call resident and attending physician need assistance with radioactive sources, the call schedule lists emergency contact phone numbers for Barby Pickett and the Technical Director. In addition, someone from Environmental Health & Safety is always on-call for radiation or hazardous material emergencies. A radiation safety manual is available on the Ucarelinks [1] website, under "Environmental Health & Safety Manuals" under "Medical Center Manuals." The most recent one-hour resident in-service session on brain brachytherapy took place on October 19, 2010, led by Albert Chan and Michael Lometti with Dr. Penny Sneed in attendance.

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Links
[1] http://ucarelinks/
[2] https://radonc.ucsf.edu/training-program-policies