GENERAL SUMMARY OF DUTIES/RESPONSIBILITIES:
Provide routine, urgent, and emergency care and intervention to all patients who present with illnesses, injuries, and disorders of both the functional and aesthetic aspects of the hard and soft tissues of the oral and maxillofacial regions including admission and/or consultation at the Detroit Medical Center (DMC) under supervision, and in coordination with the designated oral and maxillofacial surgery attending physician.

PRINCIPLE JOB DUTIES/RESPONSIBILITIES/BEHAVIOR EXPECTATIONS:

1. Is responsible for a history and physical and provision of admission orders on all patients admitted to the oral and maxillofacial surgery service.

2. Develops and implements treatment plan in coordination with the attending physician.

3. Makes daily rounds on Oral patients to monitor patient’s progress especially the most critical patients. Is responsible for necessary progress notes, orders, and dictation, in coordination with the attending physician.

4. Attends and monitors the critically ill Oral patient(s) until they are stable or transferred.

5. Acts as a resource and is available to Emergency Department and physicians for Oral consultation.

6. Acts as On-call house physician during the day or night and attends to problems with Oral patient’s emergency or routine medical situation in the hospital. In addition, scrubs in on Oral patient(s) surgical procedures with attending physicians.

7. House physician Oral service will respond immediately to calls from an attending physician, nursing unit, or any department requesting assistance. Whenever patient care is involved, either routine or acute care, the problem shall be resolved on the patient’s behalf as quickly and efficiently as possible. They may involve bedside assessment, communication with attending or consulting physicians and nursing staff, writing orders, etc. Should the House Physician have the reason to question the appropriateness of a request, that question may be directed to the attending Oral surgeon, attending Oral surgeon-on-call, or the chief of the otolaryngology service, but only after a direct and timely response to facilitate the patient’s comfort and care.

8. House Oral physicians shall document all patient visits, assessments, examinations, interventions, etc., with, at minimum, a progress note entry.
9. House Oral physicians may evaluate short stay patient(s) prior to discharge, if requested, by attending physicians, although the actual discharge should appropriately be written (or verbal order given) by the attending physician.

10. House Oral physicians will serve as a resource to the Emergency Department physicians.

11. House Oral physicians will pronounce the death of any patient on his/her service, request autopsy, assist with organ/tissue requests, and communicate with staff and family as required in the circumstances.

12. House physicians will comply with and implement the Continuous Improvement philosophy as well as all hospital, health, human relations, safety, personnel and departmental policies, procedures and guidelines.

13. House Oral physicians will carry a hospital-provided beeper and be available for pages at all times. If extenuating circumstances arise and a house Oral physician is not available to respond, the house Oral physician will make arrangements to have his/her pages answered.

14. House Oral physicians wear their photo ID badges at all times while on the hospital premises.

MINIMUM CRITERIA NEEDED FOR OTOLARYNGOLOGY HOUSE PHYSICIAN:

**Minimum level of training:**

1. Graduate of a dental school recognized by the ADA or equivalent foreign training.
2. Either a license in the State of Michigan or a Clinical Academic Limited license in the State of Michigan.
3. Successfully completed at least one year of an ADA recognized residency program, or actively working in an academic dental setting.

**Skills and abilities:**

1. Interpersonal skills to communicate and coordinate effectively with attending physicians, nursing staff, ancillary and professional support personnel, patients, families and outside agencies, as required.

2. Clinical expertise to care for seriously ill patients with a variety of illnesses, injuries, and disorders of both the functional and aesthetic aspects of the hard and soft tissues of the oral and maxillofacial regions.
REPORTING RELATIONSHIPS

Medical: House Physician Coordinator, and/or Chief of Department of Otolaryngology, or his/her designee.

I HAVE READ AND UNDERSTAND THE OTOLARYNGOLOGY HOUSE PHYSICIAN SCOPE OF PRACTICE AND WILL COMPLY WITH ALL PRINCIPLE JOB DUTIES, RESPONSIBILITIES, AND BEHAVIOR EXPECTATIONS. I ALSO ATTEST THAT I MEET THE MINIMUM CRITERIA, AS OUTLINED, FOR HOUSE PHYSICIAN STATUS.

I ALSO UNDERSTAND THAT MY CONTRACT ARRANGEMENT MAY BE TERMINATED AT ANY TIME DEEMED NECESSARY BY THE HOSPITAL ADMINISTRATION, WITHOUT RIGHT TO APPEAL, IF I FAIL TO MEET THE RESPONSIBILITIES AND EXPECTATIONS DEFINED IN THE SCOPE OF PRACTICE AND POLICIES AND PROCEDURES.

________________________________________________ ________________________
Signature (Practitioner)      Date

________________________________________________
Name (Please Print)

Department Chief Recommendation (if applicable)

☐     Recommend as requested.        ☐     Do not recommend.

☐     Recommend with conditions/modifications as listed.

________________________________________________
Department Chief Signature      Date
Specialist-in-Chief Recommendations

I certify that I have reviewed and evaluated the applicant’s request for clinical privileges, credentials and other supporting documentation, and the recommendation that is made below takes all pertinent factors into consideration:

☐ Recommend as requested. ☐ Do not recommend.

☐ Recommend with conditions/modifications as listed.

___________________________________________________________
Signature, Specialist-in-Chief                                      Date

Joint Conference Committee Approval: _____________________________
                                                                 Date

Approved/JCC: 2.28.12