

Job Description for Attending Physicians on the Clinical Teaching Unit

GIM-CTU Working Group, April 2016

The following document includes an overview of the roles and responsibilities of the CTU attending physician, followed by a more detailed description of day-to-day operations.

Overview of Roles and Responsibilities of the CTU Attending Physician

Clinical Teaching Units (CTUs) form a cornerstone of medical student and resident education in the practice of General Internal Medicine. Early in their training, students and residents routinely describe their experiences on the CTU as a place where they learn to “be a doctor”. More senior learners describe the CTU as an ideal learning environment for the integration of all of the CanMEDS competencies into clinical care. The CTU is also a place where attending physicians work closely with trainees during a relatively intense clinical rotation, and consequently have many opportunities to observe their development as clinicians. In order to ensure that trainees and attending physicians have a consistent understanding about their roles and responsibilities on the CTU, the Division of General Internal Medicine at the University of Toronto chose to articulate job descriptions for attending physicians, junior residents and senior residents. These documents should be discussed by medical team members at the beginning of each CTU rotation. In so doing, the attending physician can discuss shared expectations with trainees regarding patient care, education and professional behaviour. Broadly, this initial contracting conversation is a chance to speak about: (1) “What can you expect from me?” (2) “What do I expect from you?” (3) “Let’s meet again in _ weeks to exchange feedback”. Another key component of this introductory conversation is to start a dialogue between each trainee and attending physician, and in so doing, to create a learning environment where team members are encouraged to exchange ideas and feedback in a respectful, non-judgmental way. Ideally, this conversation engenders a culture shift similar to the clinical practice changes supported by the movement for Quality and Patient Safety.

In creating the foregoing roles & responsibilities documents, we are mindful that every attending physician will have an individual “style” and that there may be variations to the CTU daily schedule. Despite this variability, however, we consistently strive to provide outstanding education and patient care. The following principles help to delineate consistent practices on the CTUs across the city. These principles are: (1) the CTU provides safe and effective patient care; (2) the CTU offers a learning environment that optimizes experiential learning i.e. in which learning opportunities are linked to clinical care as much as possible; (3) the daily schedule on the CTU meets the requirements of PARO with respect to duty hour restrictions; (4) the attending physician provides optimal supervision, feedback and support for patient care, and is available to provide direct patient care as needed to mitigate workload rather than being limited to a supervisory role; (5) the attending physician promotes a positive, supportive learning environment for all levels of trainees; (6) all team members and patients on the CTU are treated with fairness, respect and dignity; (7) the attending physician and trainees on the CTU behave with professionalism, “which includes the demonstration of compassion, service, altruism and trustworthiness...in all interactions in the training environment in order to provide the best quality care to patients” (CPSO, 2011). The following detailed document elaborates further on these principles.

Roles and Responsibilities of the Attending Physician on the Clinical Teaching Unit
April, 2016

PATIENT CARE

Principles:

- **the CTU provides safe and effective patient care;**
- **the attending physician provides optimal supervision, feedback and support for patient care, and is available to provide direct patient care as needed to mitigate workload.**

Day-to-Day Operations:

- Throughout the rotation, the attending physician will assume responsibility for all patients admitted to their team as the MRP. The attending physician will review the initial history, physical findings and management plan developed by the admitting house staff no later than the morning following admission. Exceptional circumstances may require review of admitted patients after the admitting resident has gone home. This is undesirable from an educational and patient care perspective, and should occur very rarely.
- The attending physician will sign off all admission notes, and s/he or their MD delegate (e.g. PGY1 or higher) will counter sign all clinical clerk notes as required by the CPSO.
- The attending physician will take call on average every fourth night and on alternate days on their weekends on call. While on call, s/he will be available to provide direction, supervision and support for the house staff on any of the CTUs in matters pertaining to new referrals to General Internal Medicine. When the senior resident is away, the attending physician will assume the added responsibility of supporting the remaining team members with patient care.
- The attending physician will read and adhere to the admission guidelines, as well as other policies and procedures, for their specific institutions.
- The attending physician will examine the schedule for days when the team will be short-staffed. The attending physician is expected to assist housestaff in direct patient care activities when the team is short-staffed due to holidays, half-day off-site activities, illness, etc., or when the team is overwhelmed with the workload such that optimal patient care is compromised.

EDUCATION (including supervision, training, feedback and evaluation)

Principles:

- **the CTU offers a learning environment that optimizes experiential learning i.e. in which learning opportunities are linked to clinical activities and relevant supporting content as much as possible;**
- **the daily schedule on the CTU meets the requirements of PARO with respect to duty hour restrictions;**
- **the attending physician promotes a positive and supportive learning environment for all levels of trainees.**

Day-to-Day Operations:

- The attending physician will be familiar with the *Rotation-Specific Goals and Objectives* and the corresponding *In-training Evaluation Report (ITER)* for the CTU rotation for all levels of trainees.
- The attending physician will assist the housestaff to identify and acquire the knowledge and skills they require to manage patients; the attending physician will also assist the housestaff to meet these educational needs by facilitating self-directed learning, bedside teaching, case-based learning, and where appropriate, didactic sessions. Teaching should be imbricated with clinical practice as much as possible i.e. it should be relevant to the care of patients on CTU team, or to CTU systems, and it should complement daily workflow.
- The attending physician will evaluate the performance of each resident and student assigned their respective CTU team. Informal feedback will be provided in a constructive manner on an ongoing basis, and semi-formally (i.e. no form required) at the half-way point of the rotation.
- The attending physician who is MRP on the last day of the rotation must complete an ITER based on their own direct observations, and seek input as appropriate from nurses, allied and other health care professionals, as well as from other trainees and attending physicians who have worked with the trainee. If the attending physician identifies that a trainee has a significant weakness in any of the CanMEDS domains, the attending physician must inform the appropriate site residency program director/ clerkship director. Furthermore, the trainee must be made aware of the weakness such that a support plan can be implemented early in the rotation to ensure patient safety and trainee development.

- The housestaff will anonymously evaluate the attending physician. Although any evaluation system has limitations, if an attending physician has teaching evaluations which are consistently poor, s/he will meet with the hospital's GIM Division Head to discuss opportunities and support for faculty development.

PROFESSIONALISM

Principles:

- **the attending physician is a role model of professionalism for trainees on the CTU, and promotes a positive and supportive learning environment for all levels of trainees;**
- **all team members and patients on the CTU are treated with fairness, respect and dignity;**
- **the attending physician and trainees on the CTU behave with professionalism, “which includes the demonstration of compassion, service, altruism and trustworthiness...in all interactions in the training environment in order to provide the best quality care to patients” (CPSO, 2011).**

Day-to-Day Operations:

- The attending physician will behave with respect in all interactions with patients, colleagues, trainees and other members of the health care team.
- The attending physician will follow the Faculty of Medicine, CPSO and hospital-specific codes of conduct.
- While it is understood that every attending physician will have an individual “style” and that there may be permutations to the CTU daily schedule, these variations should be minor due to the paramount need to adhere to PARO and Undergraduate Medical Education's duty-hour restrictions. In adhering to these duty-hour restrictions, the attending physician is demonstrating not only respect for these other organizations, but respect for the wellbeing of the trainees.
- If the attending physician consistently does not adhere to the roles and responsibilities outlined by the Division, s/he will meet with the hospital's GIM Division Head or with other leaders such as an ombudsperson, to discuss appropriate next steps. Similarly, the attending physician will report a perceived lapse in professionalism by a trainee to the site's residency program director/clerkship director.