

Job Description for Junior Residents on the Clinical Teaching Unit

GIM-CTU Working Group, November 2016

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

Overview of the Roles and Responsibilities of the CTU Junior Resident

Internal Medicine and off-service trainees rotating at a junior level through the Clinical Teaching Unit (CTU) play a vital role in providing direct patient care. Although the CTU team of patients is led by an attending physician and senior medical resident, the junior resident should assume primary responsibility for the day-to-day medical care of all patients assigned to them (i.e. the junior resident should “be the doctor” for those patients). As such, during a normal workday, junior residents should assess and examine assigned patients, write progress notes in their charts, perform any necessary procedures (with supervision, as required), and communicate with consulting services, under the guidance of their senior resident or attending physician.

In addition to the provision of direct patient care, junior residents learn through reading around their cases, presenting cases in formal rounds settings, participating in morning report and noon rounds activities, and participating in informal teaching sessions offered by their senior residents or attending physicians.

During overnight on-call shifts, junior residents assume direct responsibility for the care of their entire team of admitted patients. At certain sites, they may also assume cross-coverage responsibility for a smaller team of hospitalist patients and should expect sign-over on those patients at the start of the call shift. In addition, they complete admission histories and physical examinations and determine management plans for several patients assessed and admitted from the Emergency Department. These patients are to be reviewed by the senior medical resident, followed by morning review with the attending physician.

Core internal medicine trainees have the benefit of using the junior level rotations on CTU to gain the necessary knowledge, skills and attitudes to allow for successful transitions to the senior role in the following year. As such, they have additional responsibilities. Allowing for variations in hospital organization, these additional responsibilities may include carrying the junior Code Blue pager during the day and overnight, as well as the team pager during the day when the senior resident is away on vacation, at academic half-day or post-call. In addition, they have the opportunity to take on graded on-call responsibilities in the latter half of the academic year in order to simulate portions of the senior resident role.

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. A key component of this introductory conversation is to start a dialogue within each CTU team in which

roles and responsibilities are discussed between trainees and the attending physician. Another goal of this dialogue is to create a learning environment where team members, both trainees and attending physicians, are encouraged to exchange ideas and feedback in a respectful, non-judgmental way.

Definitions:

SMR (Senior Medical Resident): PGY2 or PGY3 in Internal Medicine

Junior Housestaff:

- PGY 1 in Core Internal Medicine
- Off-service residents (ranging from PGY1-PGY3)
- Third and fourth year clinical clerks

Roles and Responsibilities of the junior resident on the Clinical Teaching Unit November, 2016

PATIENT CARE

Principles:

- **The CTU provides safe and effective patient care;**
- **Each junior resident will be expected to assume the role of primary physician for several patients admitted to the team (typically 5-10).**
- **The junior resident will be supervised and supported by both the attending physician and SMR both in terms of clinical decision-making and workload.**

Day-to-day Operations:

Daytime Responsibilities:

Daily responsibilities for patients assigned to junior housestaff include, but are not limited to:

1. Assume the role of primary physician for patients as assigned by the senior medical resident (**Medical Expert, Communicator, Collaborator, Health Advocate**)
 - Clinical assessment of all assigned patients with a focused history and physical examination.
 - Completion of a daily written progress note in the chart with additional documentation of any medically significant events (family meetings, changes in code status, changes in medical status, re-assessments, procedure notes, communications with other services, etc.).

- Follow-up and initiation of management plans in response to any pending laboratory or imaging tests (or handing over of any tests which have not yet been completed, reviewed or acted upon on by the end of the day to the on-call housestaff).
- Requesting consultation from subspecialty services, as required, and explaining the rationale for consultation.
- Following up on consultation requests, acting upon recommendations, including initiation of tests or treatment plans.
- Maintaining an up-to-date signout list of assigned patients, which includes critical information that is required by the on-call housestaff.
- Attending and/or leading family meetings or meetings with the interdisciplinary team regarding patient care.
- Junior housestaff should feel comfortable, and understand the urgent need to inform the senior resident and/or attending and ask for assistance in the event of significant change in clinical status and in all other circumstances where they require assistance.

2. Junior residents are expected to have an up-to-date knowledge of patients assigned to them (**Medical Expert, Communicator, Collaborator, Leader**):

- They should be able to communicate pertinent information regarding each of their assigned patients to on-call residents during sign-over.
- They should know the goals of therapy for each patient, and the medical issues affecting their discharge.
- When possible, junior residents should attend multidisciplinary rounds and should discuss the patients that they are following. If attendance is not possible, the role will be assumed by the SMR of the team.
- Junior residents must also have sufficient working knowledge of all of the patients on their team such that they can provide coverage and appropriate care overnight and on weekends when they are on-call.

3. Allowing for variation in hospital organization, one of the junior residents from the general internal medicine program is expected to carry the Junior arrest pager for the 24 hours that he/she is on call, and to respond promptly to any CODE BLUE calls (**Medical Expert, Collaborator**).

- Responsibilities at a Code Blue may include: performing cardiopulmonary resuscitation, assisting with bedside procedures, gathering collateral information from the patient's chart or family members, assisting the Senior Medical Resident running the code with generating a differential diagnosis and executing a management plan.

- Depending on hospital policies, junior medical residents may be assigned to lead a code blue in the event of simultaneous code blues.
- This role may occasionally be carried out by an off-service junior resident, depending on their comfort level and experience.

Daytime Responsibilities if the SMR is absent:

When the SMR is absent either due to illness, academic responsibilities, post-call, or vacation, the junior resident from the general internal medicine program is expected to function as the team senior under the supervision of the attending physician. The amount of responsibility will vary and increase through the course of the academic year commensurate with experience and skill set. During exceptional circumstances in which staffing is limited, the attending physician may serve in this role. (**Medical Expert, Communicator, Collaborator, Leader, Health Advocate, Scholar**).

1. When the SMR is absent, one of the junior residents from the internal medicine program is expected to:
 - Assign patients to other junior learners;
 - Assign a smaller number of patients than usual to him/herself;
 - Carry the blackberry/paging device dedicated to that medical team, and respond to calls/pages in a timely manner (less than 15 minutes);
 - Have at least a working knowledge of all of the patients on the team in order to be able to deal with questions from consultants, allied health, and nursing regarding patients;
 - Sign-over to any residents covering on-call;
 - Provide mentorship/supervision for the other junior housestaff (including co-signing orders and notes for the medical students on the team), with the assistance and support of the attending physician, depending on the JMR's experience, skill set and workload;
 - Attend multidisciplinary rounds and be aware of discharge plans and limiting medical factors for all patients;
 - Provide teaching to the medical students and other junior residents on the team (time-permitting), with support and guidance from the attending physician.

On-Call Responsibilities:

1. The junior resident will be expected to perform emergency department consultations on referred patients (typically between 2-5). (**Medical Expert, Communicator, Collaborator, Health Advocate**).

- The junior resident will be expected to provide an in-depth consultation, including a complete history and physical examination, review of all relevant laboratory tests and imaging, as well as generating a differential diagnosis and management plan. The junior resident is then expected to review all consultations with the SMR on-call, to refine the management plan as acquired, and to input all admission orders for that patient, and follow-up on any further testing or treatment, as required.
- The junior resident is responsible for adding all newly-admitted patients to the sign-out list, and ensure that all relevant information, including pending results, is included in the descriptive portion of the list.
- On the post-call morning, the junior resident will meet with the attending staff and present his/her cases for review.

2. On call, the junior resident will also be expected to manage one or two ward teams **(Medical expert, Communicator, Collaborator, Leader).**

- This may include providing coverage for a second team allowing for variation in hospital organization (e.g. hospitalist team, cancer team, geriatrics team or rarely a second CTU team)
- The expectation is that calls/pages to the device assigned to this team will be answered promptly (within 15 minutes) and dealt with accordingly.
- This may involve providing phone advice or being made aware by nursing of a certain fact to hand over to be addressed in the morning if non-urgent;
- When required, the junior resident is expected to assess patients on the wards (change in clinical status/deterioration, new symptom assessment, death pronouncement, etc.);
- Issues beyond the scope and comfort of the junior resident should be brought to the attention of the SMR and/or attending physician responsible for that team.

2. Junior medical residents in the internal medicine program have the option of assuming the role of a senior medical resident (Acting SMR) on-call for the purposes of graded responsibility, experience, and preparation for PGY-2.

- This is not a requirement of the internal medicine program, but is an educational opportunity that some may choose to participate in.
- This option is only available to PGY-1 internal medicine residents who are in their fourth or fifth block of CTU.
- Junior medical residents should not be *coerced* into this role by senior residents or attending physicians if they do not feel comfortable.
- Furthermore, the attending physician should be made aware of nights when this is to occur to ensure clinical supervisory expectations. The expectation

of the SMR is that he or she would support the acting-SMR in consultation acceptance, triaging, management, and reviewing as necessary.

EDUCATION (including supervision, training and feedback)

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 curricula as much as possible);**
- **The junior resident is responsible for additional self-directed learning outside of scheduled teaching sessions and patient care responsibilities.**

Day-to-Day Operations:

- The junior resident will be responsible for reading around conditions of the patients they are following and sharing this knowledge with the team, as applicable **(Medical Expert, Scholar)**.
- The junior resident will have the opportunity to lead informal teaching sessions throughout the block as assigned by the attending staff and SMR.
- Junior residents are also encouraged to participate in informal teaching for the medical students, especially as they approach the end of the academic year and will be transitioning to senior roles.

PROFESSIONALISM

Principles:

- **It is an expectation that the junior resident will behave in a professional manner at all times in their interactions with patients, colleagues and other members of the healthcare team.**

Day-to-Day Operations:

- The junior resident will follow the Faculty of Medicine, College of Physicians and Surgeons of Ontario and hospital-specific codes of conduct.
- The junior resident will arrive on time. If he or she is running late, or will have an unexpected absence, he/she will contact the SMR and attending staff as soon as possible.

- If the junior resident is going to be absent and he or she is scheduled to be on call, the Chief Medical Resident will be contacted in addition to the attending staff and administrative coordinator. The junior resident will be required to contact the back-up resident to arrange coverage.