

Job Description for Senior Medical 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 senior medical resident, followed by a more detailed description of day-to-day operations.

Overview of the Roles and Responsibilities of the CTU Senior Medical Resident

Clinical Teaching Units (CTUs) form a cornerstone of resident education in General Internal Medicine. The role of senior medical resident on the CTU provides trainees with extraordinary opportunities to provide high-quality patient care, to develop managerial and leadership skills, to supervise and educate junior learners, and to collaborate with consulting services, the Emergency Department, nursing and allied health. The CTU is an ideal learning environment for senior medical residents to integrate all of the CanMEDS competencies into clinical care. 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 at the beginning of each CTU rotation. A key component of this introductory conversation is to start a dialogue for 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 senior medical resident on the Clinical Teaching Unit **November, 2016**

PATIENT CARE

Principles:

- **The CTU provides safe and effective patient care;**
- **The senior medical resident oversees care for all patients admitted on his/her team, providing optimal supervision, feedback and support for more junior learners while being supervised and supported by his/her**

attending physician. The senior medical resident will also provide direct patient care as needed.

Day-to-day Operations:

Daytime Responsibilities:

The senior medical resident on CTU should see himself or herself as primarily responsible for all of the admitted patients on his/her team (with support and oversight by the attending physician). The senior resident is also responsible for facilitating the workflow structure of the day, including patient assignment, allocation of resources and personnel, and timing educational and patient care rounds. As the senior resident is at the hub of the medical team, he or she carries the team communication device throughout the day (when present), and is the main point of contact for consultants and allied health professionals.

Daily responsibilities for senior medical residents include, but are not limited to:

1. Assign patient responsibilities to each member of the team at the start of each day (Collaborator, Leader).
 - The SMR is responsible for assigning patients to each of the junior housestaff.
 - Each junior housestaff will assume the role of the primary physician in assessing and managing the patients he/she is assigned to for that day. Whenever possible, continuity of care should be arranged.
 - The SMR will determine levels of required supervision and independence accorded to each junior resident on his/her team taking into account junior resident's learning objectives, individual abilities and the acuity and complexity of the patient.
 - The SMR must be aware of which junior housestaff is responsible for which patient.
 - The SMR may assign him/herself direct patient care responsibilities as needed. For example, this may be required when the team is short-staffed.
2. Have an accurate, up-to-date knowledge of all patients under the care of the team. This requires knowledge of the current diagnoses, clinical status, completed and planned investigations, current treatment, and working discharge plans (**Leader, Health Advocate**).

- The SMR will familiarize themselves with all patients on their team during intake rounds.
 - The SMR may choose to be present during morning intake rounds when overnight admissions are being reviewed with the staff physician.
 - The SMR should review and countersign all patient notes written by medical students and clinical clerks.
 - The SMR must personally meet all patients, ensuring that the patient is aware of the team structure.
 - The SMR must attend interdisciplinary rounds regularly. It is the responsibility of the SMR to be aware of all patients' medical and social issues that contribute to their admission and influence discharge planning.
 - The SMR must ensure there is timely and accurate handover of patient care issues to the on-call resident covering his/her team overnight.
3. Supervise and support each junior learner as they carry out their clinical duties.
(Medical Expert, Communicator, Collaborator, Leader).
- The SMR must make him/herself readily available to junior housestaff at all times in order to help manage both medical and non-medical issues of their assigned patients.
 - This may consist of reviewing a patient's clinical status directly with the junior resident, and helping him/her generate and execute an appropriate management plan.
 - This may include other supportive measures such as personally confirming clinical findings, reassessing clinical status, assisting in discussions with the patient or family meetings, and supervising bed-side procedures.
 - The SMR must not, under any circumstance, ignore their requests for assistance.
4. Act as Code Blue Team Leader
(Medical Expert, Communicator, Collaborator, Leader).
- Allowing for variation in hospital organization, the SMR also serves as the Code Blue Team Leader and is thus responsible for management of the code team in the event of an arrest, and handover of this responsibility when appropriate (as for attendance of Academic Half-Day).

On-Call Responsibilities:

On-call, the senior medical resident receives all consultations requests for admission to General Internal Medicine. The start time may vary between institutions. He or she is tasked with initial triage and stabilization of these patients, assignment of each patient to a junior team member, as well as the subsequent review of each completed consultation with the junior learner, followed by a formal written senior note documenting his/her impression and plan. The senior resident is also responsible for following up on overnight management plans and assisting the junior trainees in managing any unstable patients on the ward or in the Emergency Department.

On-call responsibilities include, but are not limited to:

1. Oversees the consultation process for the Clinical Teaching Unit

This includes accepting requests for consultation for patients, assessing each patient, and delegating responsibility for the patient to a member of the on-call team (Also known as '*triaging consults*') (**Medical Expert, Professional, Collaborator, Leader**).

- The SMR is responsible for directly communicating with the referring services that have consulted General Internal Medicine. The majority of these consultations will come from the Emergency Department, but any service in the hospital may refer patients for admission to Internal Medicine.
- The SMR is to respectfully discuss consults from referring services, keeping mind admission guidelines to respective services at the institution where they are working.
- Consultations should then be personally assessed by the SMR in a timely manner in order to judge their appropriateness for the GIM service and to assign the most suitable junior housestaff to take responsibility of the patient.
- In some circumstances, a full consultation and management plan will be completed by the SMR. This will be influenced by the SMR's perception of the acuity/complexity of the clinical presentation, time management requirements, and individual patient circumstances.
- It is not acceptable to deny a consultation request or to behave in a disrespectful manner when discussing consultation requests with a referring service.

2. Ensure that appropriate management is instituted for all patients consulted as well as patients already admitted to the GIM ward. (Medical Expert, Leader).
 - Throughout the on-call period, it is the responsibility of the SMR to verify that the most appropriate management plans are initiated for all patients referred to the GIM service, such that patients can be safely admitted to the GIM ward or be safely managed until another consult and admitting service has assessed the patient.
 - The SMR will initiate treatment plans when it is deemed important to patient care prior to having the patient seen by a junior housestaff. The extent of which management is ordered directly by the SMR is up to the discretion of the SMR.

3. Review the patient's presentation and treatment plan with each junior housestaff. (Collaborator, Communicator, Manager).
 - The SMR must review the history, physician examination, assessment, and management (investigations and treatment) plan for each patient assigned to a junior housestaff. This includes reviewing the orders for each patient that is admitted.
 - Junior residents must be clear regarding the details concerning the consultation.
 - The SMR should teach around each case when reviewing with the junior housestaff. Though this is not always possible due to time limitations while on-call, a basic attempt at filling in the knowledge gaps of the junior housestaff as it pertains to the consultation is mandatory.
 - It is not acceptable to dictate management to junior learner without their input or without giving them an opportunity to review the case.

4. Document each assessment in a succinct Senior's Note (Medical Expert, Communicator).
 - The SMR must document their evaluation of each patient's assessment and management plan. The SMR's note should summarize all the available data and present a synthesis of the case in a manner that reflects a more advanced understanding of the case than that of the junior housestaff.
 - The optimal features of the note documented by the senior are the following:
 - Should be approximately 1/2 - 1 page in length.

- Must contain the pertinent details of the patient’s presentation and overall assessment including rationale. Simply restating most or all the details of a consultation is not necessary and not helpful.
- Must clearly outline a plan for initial investigations and treatment.

EDUCATION (including supervision, training, and feedback)

Principles:

- **The CTU offers a rich patient care 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 SMR promotes a positive and supportive learning environment for all levels of trainees.**

Day-to-Day Operations:

- The SMR has the opportunity to teach residents and medical students during daytime and on-call hours with either pre-planned or ad-hoc teaching sessions, as appropriate. It is the responsibility of the SMR to share their knowledge with the junior housestaff and guide their learning on topics in Internal Medicine (**Medical Expert, Scholar**).
 - SMR’s will be expected to organize and lead informal teaching sessions throughout the block.
 - SMR’s can allocate teaching topics to junior housestaff focusing on pathologies seen in patients admitted recently to the team.
- The SMR will provide informal feedback in a constructive manner on an ongoing basis to the junior learners trainees he/she is supervising. If there are any concerns regarding a trainee’s performance, the SMR will notify the attending physician.

PROFESSIONALISM

Principles:

- **The SMR is a role model of professionalism for other trainees on the CTU, and promotes a positive and supportive learning environment for all levels of trainees (Professional);**

- **All members of the healthcare team and patients on the CTU are treated with fairness, respect and dignity.**

Day-to-Day Operations:

- The SMR will be respectful in all interactions with patients, colleagues, trainees and other members of the healthcare team.
- The SMR will follow the Faculty of Medicine, College of Physicians and Surgeons of Ontario, and hospital-specific codes of conduct.
- The SMR will arrive on time. If he is she is running late, or will have an unexpected absence, he/she will contact the attending staff as soon as possible.
- If the SMR 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 SMR will be required to contact the back-up resident to arrange coverage.