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DIVISION OF GENERAL INTERNAL MEDICINE, UNIVERSITY OF
TORONTO

Job Description for
Attending Physicians
on
the Clinical Teaching Unit

GIM-CTU Working Group,
Updated August 2020

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. At the beginning of each CTU rotation, these documents should be discussed by the members of the medical team. 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. Part of this discussion involves determining the trainee’s objective(s) for the rotation, and planning for the required Entrustable Professional Activities (EPA) to be completed.

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, 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) in the context of the innate power differential that exists between learners and their attending physicians, faculty must be mindful of the daily workloads and should ideally volunteer to assume patient care responsibilities rather than

waiting to be asked to do so when the workloads are high; (6) furthermore, in the context of the COVID-19 pandemic, the care of patients with COVID will be shared by the attending physician and the residents; (7) all team members and patients on the CTU are treated with fairness, respect and dignity; (8) 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
September 2020

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;**
- **In the context of the COVID-19 pandemic, the care of patients on COVID units will be shared by the attending physician and the residents.**

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 weekends as assigned by their local hospital practices. 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. The care of patients with COVID-19 will be shared by the attending physician and the residents, and there will be an attempt to limit the exposure of multiple residents to a patient who is known to have COVID-19.

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, and is attentive to their safety and wellbeing;**
- **The attending physician must be aware of the rotation plan including structure, goals and objectives and evaluations (ITARS, EPAs);**
- **Faculty will provide mid-rotation feedback and complete the required evaluations (EPAs and ITAR) in a timely manner.**

Day-to-Day Operations:

- The attending physician will be familiar with the Rotation Plan (which includes the rotation objectives, and competencies) and the corresponding In-training Assessment Report (ITAR) for the CTU rotation for all levels of trainees as well as EPAs aligned with the learning opportunities on the rotation.
- 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 (outside of the COVID-19 pandemic), 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 to 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 ITAR in a timely manner, 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 area(s) for improvement 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 provide a confidential evaluation of 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. The Department of Medicine circulates twice a year by email the CPSO's Professional Responsibilities in Postgraduate Medical Education <https://www.cpso.on.ca/Physicians/Policies-Guidance/Policies/Professional-Responsibilities-in-Postgraduate-Medi>
- 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 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.
- Furthermore, the attending physician will demonstrate the principles of allyship by intervening in any observed discrimination or harassment towards learners from patients, colleagues, staff or other health care providers (assuming there is no significant risk to themselves to do so) or seek support and advice from the Site Director or other hospital leadership or university leadership.

- 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.

Job Description for Senior Medical Residents on the Clinical Teaching Unit

GIM-CTU Working Group, November 2016,
Updated September 2020

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. The resident documents were created by residents for the residents. At the beginning of each CTU rotation, these documents should be discussed by medical team. 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

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.
- In the context of the COVID-19 pandemic, the care of patients on COVID units will be shared by the attending physician and the residents.

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 of 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 due to vacations, half-day off-site activities, illness, etc.

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, Scholar**).

- 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 learners 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.**
- **The SMR will complete EPAs for the junior residents, as appropriate.**
- **The SMR will share the responsibility with their supervisor for getting their own EPAs completed.**

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.**
- **The SMR is expected to complete teaching evaluations of their supervisor and a rotation evaluation.**

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.
- The SMR will demonstrate the principles of allyship by addressing any observed discrimination or harassment, by supporting patients, colleagues and staff (assuming there is no significant risk to themselves to do so) or seeking advice from their attending physician or Site Director or other hospital or university leadership.

Job Description for Junior Residents on the Clinical Teaching Unit

GIM-CTU Working Group, November
2016, Updated September 2020

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. The resident documents were created by residents for the residents. At the beginning of each CTU rotation, these documents should be discussed by medical team members. 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 September, 2020

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.
- At times, the junior resident may be responsible for the care of patients with COVID-19 infections. This responsibility will be shared with the attending physician.

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 medical directives, changes in medical status, re-assessments, procedure notes, communications with other services, etc.). Daily progress notes should clearly communicate the clinical status and assessment and plan with a SOAP note (subjective, objective, assessment and plan).
 - 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 sign-out 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 physician and ask for assistance in the event of significant change(s) 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.**
- **The Junior resident will share the responsibility with their supervisor and SMR for getting their EPAs completed.**

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.**
- **The Junior resident is expected to complete teaching evaluations of their supervisor and SMR, and a rotation evaluation.**

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.
- The Junior Resident will demonstrate the principles of allyship by addressing any observed discrimination or harassment, by supporting patients, colleagues and staff (assuming there is no significant risk to themselves to do so) or seeking advice from their attending physician or Site Director or other hospital or university leadership.