

Attending Role Descriptions 2017-18

CTU A-D

- 2 week or 4-week blocks
- Responsible for management and care of patients on single CTU
- Approx 25-30 patients on wards +/- Davies 4 ICU)
- Responsible for education of residents and clerks on team
- Team: 1 R3, 1 R2, 2-3 R1s, 2-3 clerks
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- Primary On call 1:4 from 1pm- 7.30am next day (noon-7.30am on weekends/holidays)
- Primary On call with own senior resident (until 10pm) and then 'night float' senior
- Primary On call: expected presence in ED at least through early evening
- Primary On call: includes coverage of D4ICU patients overnight
- Secondary On Call: 1:4 (your senior present until 8pm & R1/clerk overnight)
- Secondary On Call: not expected to be physically present during evenings
- New admissions every other day and each weekend on service
- Attending presence mandatory each weekend on service
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- Attending **MUST** have **NO CLINIC** on their call day afternoons or post-call mornings. Recommended maximum one ½ day clinic/week on service)
- Attending **MUST** cover senior residents for their **Academic Half Day (Wednesdays 1-4pm)** including on-call days

Attending Staff Notes / Review:

- All new admissions **MUST** have an Attending Note within 24hrs/admission
- On-call attendings **MUST** write notes on own team's admitted patients.
- On-call Attendings can staff review appropriate admissions to the Medicine Short Stay Unit (MSSU/CTU E patients)
- On-call attendings should supervise/assist residents from the secondary on-call team's admitted pts as needed – full review will come from their own attending in am
- Attendings are expected to review all new admissions on call / post-call with their own team's residents' and clerks

CTU E

- 1-week or 2-week blocks
- CTU E service has a cap of 15 patients
- CTU E actively manages all 11 beds on the K10 unit
- CTU E covers all new ER consults from 7.30am-1pm (M-F) and 7.30am-noon (weekends & holidays)
- CTU E should select & admit appropriate patients for MSSU (see separate document)
- On-call CTU teams (A-D) can admit direct to CTU E into MSSU beds

- If open beds on MSSU (K10) then the CTU E team should actively solicit appropriate patients from the ED or other teams for admission to the MSSU
- CTU E teams manage ALL patients on the MSSU (K10). Any exceptions need to be discussed with the CTU director and Attendings involved
- Team: 1 R3, 2 R1s +/- 1clerk
- Attending **MUST** cover senior residents for their **Academic Half Day (Wednesdays 1-4pm)**
- Attending **MUST** have **NO morning clinic** while on CTU E service and limit pm clinics to one ½ day/wk
- Expected presence in ED by 8am during mornings and K10 daily

IMU H (35 patients)

- Attending responsible for cohort of “less acute” / mostly ALC patients decanted from CTUs
- One Attending and one Nurse Practitioner. No housestaff
- Patients should be appropriate for less acute ward on Connell 3 (e.g. stable vitals, infrequent blood draws, no intensive OT/PT required).
- Ensure patients have clear discharge planning in process
- Liaise with Family, Social work, PT, OT etc
- Co-ordinate subspecialty consults as appropriate
- Arrange transfer back to original CTU if patients become “active”