

R2/R3 On Call Responsibilities

http://deptmed.queensu.ca/residency/schedules_and_forms/call_schedules

R2 Emerg – Team Call 1600 – 2200 weekday, 1200-2200 weekend

On weekdays, the R2 on each of the floor CTU (A, B, C & D) teams are expected to be in the ER by 1600 and by noon on weekends, on their respective 'take' days to receive handover from CTU-E. It is expected that the R2 will cover all medicine consults from the ER and distribute these accordingly to the junior housestaff. The R2 is expected to review consults with the junior housestaff until 2200. However, if there are several consults still pending review by 2200, the R2's are encouraged to finish reviewing these consults with their juniors prior to leaving. The R2 is also expected to cover any major issues with patients admitted to CTU-E while they are on call in the ER. Additionally, if there is a Code 99 or Code Blue called on floor CTU or medicine subspecialty patients, the R2 is encouraged to attend these provided that the CTU-E patients in ER are clinically stable. There is an R3 at home who is on back up call to help with medicine consults in the ER. It is encouraged to call the R3 early if there are too many consults, unstable patients or any other concerns. If there are any unstable or acutely ill patients, the resident is strongly encouraged to call the attending staff on call urgently to review the management plan for these patients.

R2/R3 Cardiology –

On weekdays, the R2/R3 call starts at 1700 and ends after handover the next morning. Weekend on call duties start at 0800 and end after handover the next morning. On the weekend, you will be expected to round on the CSU ward patients and help with Cardiology ward patients. At 1700 (weekdays/1200 weekends), R2/R3's should receive handover from the cardiology fellow or senior resident in the CSU. The R2/R3 is expected to cover the CSU and PPU patients and is expected to admit patients to the CSU post cardiac catheterization. R2/R3 is also responsible for seeing Cardiology consults in the ER and for reviewing any new admissions with the cardiology fellow on call. If there is a new consult in ER that may be discharged home, the R2/R3 must review the case with the attending prior to discharge. The R2/R3 should also attend all Code Blues that occur in hospital overnight unless they are dealing with unstable cardiology patients in the CSU or ER. The ICU residents are code team leaders for all Code Blues in hospital.

Night Float (R2/R3) –

Night float shift begins at 2200 and ends after handover the next morning. It is expected that the night float resident will cover all medicine consults from the ER and distribute these accordingly to the junior housestaff. They will also review medicine consults with the juniors and attending staff. The resident is also expected to cover any major issues with patients admitted to CTU-E while they are on call in the ER. Additionally, if there is a Code 99 or Code Blue called on floor CTU or medicine subspecialty patients, the night float resident is encouraged to attend these provided that the CTU-E patients in ER are clinically stable. There is an R3 at home who is on back up call to help with medicine consults in the ER. It is encouraged to call the R3 early if there are too many consults, unstable patients or any other concerns. If there are any unstable or acutely ill patients, the resident is strongly encouraged to call the attending staff on call urgently to review the management plan for these patients.

R3 Back Up Medicine –

The R3 back up call starts at 1700 and ends at 0830 the next morning. R3's must get handover on D4-ICU medicine patients from the senior residents on each CTU team. The R3 is responsible for covering all CTU (A, B, C & D) floor and D4-ICU patients. The R3 is on home call but should be available to come into hospital within 15-20 minutes should the need arise. The R3 is responsible for answering to the best of their ability, any questions that the junior residents may have. Tuck in rounds in the D4-ICU must begin no later than 2100 every night and the R3 should call the R1's on CTU ward call to accompany them during rounds. The R3 is expected to see and write brief notes on all CTU patients in the D4-ICU every night and should notify the attending staff of any concerns on the CTU teams. The R3 must check in with the R2/Night Float Resident in ER physically every night when done with 'Tuck In' rounds. The R3 is expected to come in and help any of the junior (R1, R2, Night Float) housestaff if they call for it.