

Resident Role Descriptions 2017-2018

Residents on CTU A-D:

- Team: 2 senior residents (1 R3 & 1 R2 OR 2 R2s/R3s) + 2-3 R1 residents + 2- 3 clerks
- Responsible for management and care of patients on single CTU
- Average 25-30 patients including D4-ICU patients

- Team/Senior on Primary call 1:4
 - Call from 1pm – 8:00am next day (noon-8:00am w/e & holidays)
 - R1 on call overnight (home by 10am)
 - R3 or R2 on call 1pm - 10pm, no post-call day
 - Night float takes call from 10pm-10am with on call CTU R1/clerks
 - Supervises admissions to primary and secondary call teams on a 1:1 basis or to CTU E if appropriate MSSU patient
 - “Bounce-Backs” return to original (discharging) team w/in same block

- Senior on Secondary call (1:4) – except Saturday/Sunday
 - R3 or R2 on call 1pm-8pm, no post-call day
 - Assigned consults by primary team senior that will be admitted to secondary team
 - R2/R3 responsible for seeing & admitting consults directly to secondary team
 - Review directly with staff that evening or next morning
 - Occasionally will be asked to review with juniors admitting to secondary team

- R2 Role
 - “Team Lead” and senior responsible for ward patients
 - Covers CTU team on 2 assigned weekends
 - Takes ER primary call from 1pm-10pm on assigned primary call days (noon-10pm on w/e and holidays)
 - Takes ER secondary call from 1pm-8pm on assigned secondary call days

- R3 Role
 - Responsible for D4-ICU patients during regular weekdays
 - Covers CTU team on 2 assigned weekends
 - Takes ER primary call 1pm-10pm on assigned primary call days (noon-10pm on w/e & holidays)
 - Takes ER secondary call 1pm-8pm on assigned secondary call days
 - Assists co-senior in management of ward patients & clinical teaching

Attending MUST cover resident AHD time (Wednesdays 1-4pm)

Residents on CTU E

- Team: 1 R2, 2 R1 +/- 1 clerk
- Cap of 15 admitted patients
- Responsible for all CTU E patients on MSSU
- Covers ER consults 8:00am-1pm M-F (8:00am-noon w/e & holidays)
- CTU E will accept all appropriate short stay patients (see separate document for guidelines) whatever the time of day/night.
- Rounds on any 'unseen' consults from overnight (if very busy night)
- Help manage all admissions to Kidd 10 (MSSU) and triage others directly to the on-call CTU teams.
- Attending MUST cover resident AHD time (Wednesdays 1-4pm)

Night Float Residents (R2 or R3)

- 2 Residents per rotation – work 14 nights each (2 weekends each)
- Hours: 10pm-10am x 7 nights (Tue-Mon)
- During 'academic' off week it is mandatory to attend AHD Wed 1-4pm & GIM ½ day continuity clinic. Attendance at Grand Rounds and Morning Reports and other conferences is expected and completion of some CanMEDS modules (is this still an expectation?)
- During "non-academic" off week, not mandatory to attend all teaching sessions above, but encouraged. Resident is expected to answer all emails from the department within 24 hours.
- Distributes consults appropriately 1:1 to admitting teams or to the CTU E team
- Supervises 2 R1 + 2 clerks overnight (one pair each from 1° & 2° teams) who should be free to round on their patients between 6-8am
- Night float resident is responsible for new consults between 6-8am
- Can book vacation during 'off' week only

TYPES OF CALL

D4-ICU Call (R3/R2)

- Covers D4-ICU and acts as back-up for R1s covering medicine and subspecialty wards at night, except cardio ward/CSU
- Runs 'tuck-in' rounds on D4-ICU each call night at approx. 9pm
- When on D4ICU call on the weekend, must arrive at 8am for weekend rounding for assigned CTU team. Takes over D4-ICU call at noon.
- Responsible for GIM consults after 5pm on weekdays and weekends (GIM fellow responsible for consults from 8am-5pm on weekends)
- Available to R2 on call / Night Float Resident / cross-cover R1s for medical back-up (do you want to put anything re seeing new admits in ED?)
- Home post-call by 10am

MEDICINE R1 CALLS:

- Call 5pm-8am next day (home by 10am); 8 am – 8am on weekends (this includes rounding during the morning and ER consults beginning at 12 pm)
- Expect to receive handover at 5pm (weekdays) and 12 pm (weekends) and to give handover the next morning at 8:30am
- 4 R1s on call each night:
 1. Resident (R1) on call in ER for consults + cover own CTU (1° team)
 2. 1 Resident (R1) on call in ER for consults + cover own CTU (2° team)
 3. 1 Resident (R1) covers the 2 non-call CTUs + CTU H + Palliative pts.
 4. 1 Resident (R1) on call for Medicine subspecialties (Cardiology ward & Neuro/CTU E/Heme/Med Onc/GI/Nephro)
- Call RACE Team for emergencies
- Senior resident on D4-ICU call is back-up for help
- Note that R1s on medicine call during weekends will be expected to round on their own CTU team or assigned a team (if on subspecialty)
- Home post-call at 10am

SENIOR CARDIOLOGY CALL (R2/R3)

- Senior resident is responsible for Cardiology consults from ER + covering the CSU (5pm-7:30am on weekdays; 7:30am-7:30am on weekends)
- Present cases to Cardiology Fellow at night (Attending if D/C patient)
- Review admissions with Cardiology Attending Staff post-call morning
- Home post-call by 10am

CLERKS ON CALL

- 2 clerks on ER call / night with their own team (1° & 2° teams)
- Clerks on the 'on call' CTUs may stay late to see new admissions
- Clerks on CTU will spend one shift 'shadowing' D4-ICU resident to observe approach to medical emergencies on ward/ICU.

CODE PAGERS

- To be carried by ICU Resident on call