Expectations for InPatient WARD CONSULT Junior Attending Rotation

Roles / Responsibilities.

As a junior attending, we expect you to be in a leadership role for your rotation. The goal should be to as much as possible take on the role of an attending physician. This does not mean that you will be entirely on your own as you will still have your attending for assistance, advice, and teaching.

It is very important that you sit down with each attending you have at the beginning of when you work with them and discuss expectations and how you want to work together.

The InPatient Ward Consult team has the following responsibilities:

1. Ward consults - seeing new ward consults, maintaining the consult list, seeing follow ups regularly including writing notes, and when signing off being sure to leave a note stating this explicitly and being very clear with any follow up plan if needed.
2. Consults for transfer of care within RAH: Other than ICU, all daytime requests for transfer of care would come to the ward consult team. The ward consult team would see the patient, do a full consult, and decide if the transfer is appropriate. If transfer is deemed appropriate then the ward consult team would discuss directly with the staff on call (NOT MAT) about taking over the patient. Typically the transfer would happen immediately without waiting for a bed under GIM. The exception would be if they are in CCU in which case the ward team would take over when they physically move out of CCU. For ICU, the ward consult team is not involved at all and the on-call staff should be contacted directly.
3. All Urgent GIM clinics: The ward consult team triages new referrals to GIM and sees patients scheduled in these clinics. Typically the clinics run on Tuesday afternoons and Thursday mornings. Please pre-read about these patients so you are prepared for the clinics. The clinic runs in the outpatient department in the basement of DTC (just south of the cafeteria).
4. Some Preadmission (aka Preop) clinics: The ward consult staff typically does 3 of these clinics a week (Monday morning, Wednesday morning, and Friday morning). The clinic is located in the basement of ATC (just east of the cafeteria).

Schedule & Call

You will be expected to **work every weekday (0800 - 1600)** excluding official holidays.

Please make any requests for personal days, study days, conference leave well in advance of the rotation. We will do our best to accommodate all leave requests but they will be reviewed on a case by case basis. If this is a mandatory rotation for you (ie. not an elective) then any requests that lead to you missing more than 25% of the rotation need to be discussed.

You are expected to attend your regular academic half day.

Your training program requires that you do call on your rotation.

- For a **4 week rotation**, you will be expected to do **5 EVENING calls. 2 of those calls should be on a weekend** date (either Saturday or Sunday).
- For a **split rotation (two 2 week blocks**), you will be expected to do a **total of 5 EVENING calls (two in one of the 2 weeks, three in the other)**. For each of the two weeks, 1 of the calls should be on a weekend date (either Saturday or Sunday). In total for your 4 weeks you will have two weekend dates on call.
- For a **2 week rotation** (ie. not split), you will be expected to do **2 EVENING calls with one of them being on a weekend** date (either Saturday or Sunday).

You will be expected to pick your call dates AHEAD of your rotation. You can email Lori Hawrelak (**rahgimed@ualberta.ca**) to get a copy of the staff call schedule. Please pick dates when there is not another junior attending on call (just look at the schedule to see which team is on call and make sure they don't have another junior attending on, most do not so it should be easy). **Once you have selected your dates it is critically important that you inform Lori (rahgimed@ualberta.ca), and the staff you will be joining on cal**l.

Call

See above for scheduling call.

Call will be home call though you will almost always go into hospital in the evening and go home before midnight. As you will **almost never be in hospital overnight** you will not have a post call day (unless exceptional circumstances kept you in hospital overnight).

First some background for how our call system works. There are nine to ten ward teams (three teaching and six to seven non-teaching), the medical admission team (MAT), a consult team, and obstetric medicine (which in general we would divert ob med consults to). Only the staff on the ward teams do call (at the current time the teaching team staff, GIM 2,3,4 and 6 teams do call while GIM 1, 5 and 7 do not, this may be subject to change).

Here is a bit of a guide for where things go:

- Daytime (7am - 4pm)
    - Er admissions / consults go to MAT team and staff (senior residents first call)
    - ICU transfers go to the staff on call for the day (ie. The one on in the evening)
    - Transfers from any other (ie. not ICU) service are first seen by the consult staff and if deemed appropriate for transfer the consult staff will discuss with the staff on call for the day and transfer to them.
    - Outside calls go to MAT staff
    - Ward consults go to ward consult staff
- Evening (4pm - ~11pm)
    - ICU transfers go to staff on call
    - Outside calls go to staff on call

    - All ward consults / admissions will go to staff on call (though will go through the senior residents first for admissions).
    - Admitted patients will go under the on-call TEAM and the on-call staff.
    - The next morning these patients would be handed over and transferred to the appropriate ward team based on which unit they go to. Any of these patients which remain in ER or go to the unit the on-call team is working on REMAIN under the team they were admitted to.
- Overnight (~11pm - 7am)
    - Admissions will be admitted by the senior residents under MAT TEAM but under the name of the on-call staff. If the residents need questions or advice overnight for these admissions they would typically contact the staff on call (or junior attending if one is on call with them).
    - ICU transfers will go to the staff on call.
    - Outside calls go to staff on call.
    - Urgent ward consults would be seen by the senior and reviewed with the staff on call. Otherwise they could be handed over to ward consult staff in the morning.
    - In the morning the overnight senior resident gives handover of the patients admitted under MAT still in ER to the MAT attending (NOT on-call staff) and to any patients they admitted to MAT that got a bed on the wards directly to the appropriate staff/team. Patients are transferred under the attendings that the senior hands over to.
    - The on-call staff (or junior attending) would not be expected to see the patients that were admitted to MAT that transfer to another attending (MAT or other ward team) in the morning.

When you are on call as a junior attending you will basically be filling the role of the staff on call, starting at 1600 (1400 for RAAPID calls). Any ICU transfers and evening admissions (typically from 4pm to 11pm) will go to the on-call team. Any daytime or overnight admissions would go to the MAT team (not the on-call team) instead.

You will be expected to go into hospital in the early evening to start reviewing all the consults and admissions done by the senior residents. Additionally, if there is a backlog of patients building up who have not been seen by the seniors then doing some of these yourself or reviewing consults directly with juniors to free up the seniors can be very helpful. You would typically go home before or around midnight after reviewing the last of the patients admitted to the on-call team. I would recommend discussing with your staff ahead how you want to review with them but they will typically come into hospital as well. Any patients you want to send home should be reviewed with staff prior to discharge. Overnight it would be very rare for you to have to go back in but the seniors may call you for advice including on patients they are admitting to MAT.

Following your call shift, there are handover rounds at 800 AM on 6 west where patients who have been admitted can be transferred to the ward teams. Please attend these to help the staff you were on-call with handover patients to the appropriate teams. If you are

post call on a Sunday (ie. you were on call Saturday evening) then you have no further responsibilities that day after finishing handover. On your ward consult rotation you ONLY need to attend handover rounds if you were on call the prior evening.

Note that on days (including weekend days) that you are on-call, during the *daytime* your responsibility would remain as doing ward consults, and you would not need to round on the on-call team's prior patients. You would be expected to do all of your usual ward consult responsibilities during the daytime when you are on call (including weekend days you are on call).

Outside Calls

You will take **RAAPID north calls when you are on-call from 1400 until the next morning at 0700.** Below outlines the most recent expectations that RAAPID north has when junior attendings are taking outside calls:

1. The junior attending on call needs to be identified as taking outside calls on ROCA. This is why you need to let Lori Hawrelak know ahead of time when you are doing call.

2. RAAPID requests that all residents identify themselves as the junior attending/GIM fellow to ensure the physician requesting advice is aware they are speaking to a GIM fellow.

3. The GIM staff is expected to be on the RAAPID call (regardless of time of day/night) if a GIM R4 is taking the call. The purpose of this is to ensure the GIM resident is comfortable giving advice, determining when transfer is required etc. The GIM staff can subsequently provide direct feedback.

4. For the R5s, RAAPID will continue to page both the GIM staff and junior attending. Prior to the start of each call shift, the R5 can speak with the GIM staff to determine if the staff and resident are comfortable with the R5 taking the call independently or if it is preferable that the staff be on each RAAPID call. This may vary. If the staff and GIM R5 agree that the resident will take the call alone, please ensure that the staff is aware there is a RAAPID call and is available to be added in quickly if necessary. This could be via text or secure chat on CC if both are at a computer. If the resident takes the call independently, the case should be discussed with the on call staff afterwards. RAAPIDs main concern is that if the GIM staff needs to be added to a call that this will delay advice, which we would like to avoid.