

Expectations for MAT Junior Attendings

RAH Call System

First some background for how our call system works. It will be helpful for understanding what the medical admission team (MAT) does. 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) services 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 .
 - 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.

What is the MAT?

The MAT is, in essence, an internal medicine emergency consult team. The attending on MAT is in general responsible for the following:

- New consults (generally for admission) for non-admitted patients from the emergency room
- Outside calls (from 7 am - 2 pm)
- Handover of admitted patients to the ward teams (once they are on the wards)
- Care of any patients from previous days who are not transferred to the ward teams.

To help with this we have a team consisting of senior resident(s), nurse practitioner(s), and possibly a fourth year medical student.

The senior residents are first call for new consults from the ER doctors. They will see and admit patients to the MAT attending and review their admissions with the MAT attending.

The nurse practitioners can help in several ways, but typically their first priority will be in seeing patients admitted to MAT overnight who are not being handed over that day. They will also help with taking care of any patients from previous days who are remaining under MAT. They can also help out with admissions.

Any medical student will usually work directly with the senior residents seeing new consults and reviewing with the senior and / or attending.

The attending will see all the patients above. They will also take care of any handover to the ward teams and outside calls directly.

The MAT team does **not** do the following:

- Consults for transfer of patients from ICU at any time (this goes to the GIM doctor on call overnight)
- Consults for transfer of patients from other services
- Ward consults

What is your role as a junior attending?

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.

In an ideal scenario, you would do all of the roles of the attending outlined above. This would include handing over patients to the ward team, reviewing new consults with the senior (including any teaching to the senior pertinent to the case), and taking outside calls. However,

the MAT service can be extremely busy at times and so it may not possible for you to handle all of these responsibilities every day. At the start of each week you are expected to meet with your attending to discuss how you want to work together and how you want to handle things if the service becomes very busy. Your attending may step in to save you time by performing some of these responsibilities if necessary.

Daily Schedule:

730 am: Handover from overnight senior to MAT

Held in a conference room on unit 6W. For patients that the senior resident saw overnight who remain in ER, they will handover directly to MAT staff / junior attending. For patients that the senior resident admitted who have already gone up to the wards, the senior resident should be very clearly instructed on which staff and team to give handover to. It is critically important that you verify for each patient the senior resident saw that they have either given handover directly to you or know who to handover to. Please note that sometimes patients who are already admitted but physically still in the hallway in ER do not always show up on connect care MAT list so make sure these are not being missed.

800 am (800-830 start on weekends/holidays, 900 on Thursdays if there are grand rounds):

Handover from MAT to ward teams

All ward team attendings are expected to be on 6 west (behind front desk). All patients that are on the MAT list who have moved up to a ward bed can be handed over to the appropriate ward staff. This can be done by the MAT staff or junior attending. An exception would be patients who will definitely be going home that day, in which case they can be discharged directly by the MAT team without handing over.

Daytime until 4 pm: See all patients admitted under MAT team who are not handed over to ward teams. Review / see new consults with senior residents, medical students, and NP's. Take outside calls (until 1400, see below).

4 pm: Handover rounds from MAT attending / junior attending / NP's to junior resident covering MAT patients overnight. Also held in 6W conference room though if very busy in ER, can page the junior resident to do handover in ER instead.

On busy days it would not be unusual to be in the hospital past 4: 30 pm seeing the patients that have been admitted by the senior residents.

Weekly Schedule, Call, and Leave:

You will be expected to work every weekday excluding statutory holidays **0800 - 1600 MAT 1st call as Junior Attending. You will also be expected to work on ONE weekend day (either Saturday OR Sunday) for every two weeks you are on rotation (so for a standard four week rotation you would work on two weekend days).** These will be **HOME CALLS**. You will be expected to pick your weekend dates **AHEAD** of your rotation. Once you have

selected your dates it is critically important that you inform Lori (rahgimed@ualberta.ca) and the staff you will be joining.

You are expected to attend your regular academic half day.

As the MAT service can sometimes be very busy there will be days that you finish later than 1630. As such, **we have decided with your program to NOT schedule you for extra evening call shifts on top of the rest of your MAT responsibilities (though you have the weekend requirements outlined above).**

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 with myself (Dr. Senez) directly.

Outside Calls

You will take **RAAPID north calls (ER/Outside on ROCA - 1st call as Junior Attending) from 0700 to 1400 each day you work on MAT.** 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 (rahgimed@ualberta.ca) know ahead of time when you are doing your weekend dates.
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. RAAPID's 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.