

R 2-5 RESIDENT RESPONSIBILITIES

The upper level resident serving on an inpatient unit must wear many hats - physician, team leader, teacher, and liaison with attending. Learning to perform these jobs successfully is one of the greatest challenges facing a new upper level resident. In order to assist in developing the skills necessary to become a good resident, the following guidelines are presented. This policy applies to the University of Maryland Medical Center, the VA Medical Center and Mercy Medical Center.

Areas to be addressed:

1. General responsibilities
2. Work rounds
3. Attending rounds
4. Between attending and sign-out rounds
5. Sign-out rounds
6. Cross-cover responsibilities
7. Working with the attending
8. Student teaching
9. Evaluating and giving feedback to team members

The resident in charge of a medical team is responsible for the following activities, making sure that they are conducted regularly, on time, and constructively.

1. General responsibilities:

The R2-5 resident is responsible for setting the general tone for the medical team by maintaining high ethical and professional standards, promoting a humanistic approach to all patients, and maintaining a collegial atmosphere. The team resident will:

- a. Ensure that the following documentation is performed by the R-1 residents and sub-interns:
 - ii. Progress note written on each patient each day they are present
 - iii. On-service and off-service notes
 - iv. Transfer notes
 - v. Discharge summaries
- b. Ensure equitable distribution of workload among the R-1 residents. The team resident may redistribute the patients assigned to each R-1 resident if, in their judgment, an R-1 resident has an excessive number of patients or is unable to provide optimal care for these patients.
- c. Provide supervision for the senior sub-intern assigned to the team. The team resident(s) is required to ensure that the sub-intern is performing his/her patient care and team duties on a daily basis and should be co-signing all notes and orders written by the sub-intern. All admissions done by the sub-intern are to be supervised by the team resident. An admission note should be done by the resident in addition to the note done by the sub-intern. It is not acceptable to have the sub-intern's admission note only co-signed by the resident.
- d. Identify problems with performance in team members and provide guidance and supervision in resolving these problems. If the team resident is unable to resolve these problems, they should be discussed with the chief resident or program director in a timely manner.
- e. Ensure that the R-1 residents are aware of their daily responsibilities.
- f. Write restraint and seclusion orders for patients as necessary on a daily basis.
- g. Maintain adequate coverage while other residents are attending their continuity clinic.
 - i. R-1 residents - will provide a brief sign-out of their patients prior to leaving for clinic. Included in this sign-out will be tasks that should be taken care of by other members of the team while the R-1 resident is in clinic. This responsibility will fall mainly on the R2-5 resident with assistance by any medical students following those patients.
 - ii. R2-5 residents - the team residents on the other medical teams will cross-cover any problems when the team resident leaves for clinic.

2. Work Rounds

- a. Conducted 7 days/week with the R2-5 resident rounding with the team 6 days/week from 7 to 8 a.m. Since the ward resident will have one day off each week, the attending will assume the resident's supervisory activities on the resident's day off. All patients on the team should be seen on work rounds every day. Walk rounds are an expectation.

- b. The resident will:
 - i. See each patient
 - ii. Discuss problems from overnight
 - iii. Review vital signs, input and output
 - iv. Perform directed history and physical
 - v. Discuss plan for the day, specifically diagnostic tests to be performed, and therapeutic measures to be taken
 - c. With work rounds at 7 am, the team resident will determine whether the R-1 residents will pre-round or not. If the team resident decides that pre-rounding will work best for the team, then the R-1 resident's responsibilities will include:
 - i. Brief assessment of each patient
 - ii. Identification of any problems which must be addressed immediately
 - iii. Assessment of any problems which arose overnight
 - d. Teaching - "teachable moments" - utilize abnormal physical findings, labs or tests to lead a 2-5 minute practical discussion on this abnormality (e.g., differential diagnosis or appropriate management).
3. Attending Rounds
- a. The R2-5 resident is responsible for setting the pace of attending rounds, making sure they start and end on time.
 - b. All new admissions will be presented (both service and private).
 - c. All team patients should not be discussed at attending rounds. "Running the board" will be done by the attending and the team resident at another time during the day. Problematic patients should be discussed at attending rounds as needed.
 - d. Teaching is done at all attending rounds. Various styles can be used - discussing the literature, reviewing studies performed (e.g. EKGs, X-rays), presentations by students or residents, quizzing the team members or bedside discussions. Bedside teaching should always be done.
4. Between attending and sign-out rounds, the R2-5 resident will:
- a. Perform a directed H & P on all patients admitted to the service and review labs. For the first 3 blocks an intern is on medicine the ward resident will write a note summarizing pertinent points from the history, physical exam and lab findings, detailed assessment including differential diagnosis, and plan. Please note that a combined resident who has yet to do medicine until the 4th block will need a supervisory note for blocks 4-6. CCU residents must write an admitting note throughout the year.
 - b. Review medical chart of each patient on the service at least twice a week.
 - c. Review notes written by 3rd and 4th year medical students and co-sign notes by the 4th year student (sub-intern).
 - d. Conduct teaching sessions with medical students at least twice weekly; possibilities include physical finding rounds, review of individual patients - medical management or differential diagnosis.
 - e. Lead rounds to radiology, pathology or cardiology to review recent studies performed on team patients.
 - f. Give constructive feedback to medical students and R-1 residents on their performance, including presentations at rounds and progress notes.
5. Sign-out rounds
- a. Conducted daily
 - b. Attendings are not present generally
 - c. Review plans for the day - were tests completed and results checked, therapeutic maneuvers accomplished?
 - d. Discuss potential problems that could occur overnight.
 - e. Review sign-out sheets given to the Night Float. These should include a brief problem list, DNR status, access, appropriate location and med list, allergies, anticipated problems and suggestions on actions to be taken, and a "To Do" list. If specific labs or studies are to be checked, instructions should be included on how to respond to abnormal findings.

6. Student teaching
 - a. Teaching of medical students must be done on a regular basis (at least twice weekly) in scheduled sessions. These sessions can include discussion of particular patient, review of general medical topics, physical finding rounds, etc.
 - b. Residents will complete a competency based evaluation of each student's progress notes.
 - c. Residents will contribute to giving individual feedback to the students along with the attending.

7. Evaluation and giving feedback to team members
 - a. Residents will complete a peer evaluation of all R-1 residents on the team and assist the attending in evaluating the medical students.
 - b. Residents will participate in giving individual feedback to the medical students atn R-1 residents along with the attending.

8. Marlene and Stewart Greenebaum Cancer Center
 - a. Residents are assigned to rotations in the cancer center during the second and third years of training. The solid tumor and leukemia services are staffed with two (2) residents.
 - b. The resident will be the primary care giver to his/her patients. These responsibilities will include:
 - ii. Performing the initial history and physical examination.
 - iii. Completing the assessment on admission and implementing the management plan.
 - iv. Writing daily progress notes on each patient and co-signing progress notes written by the sub-intern.
 - v. Presenting all pertinent clinical data on his/her patient at morning rounds and sign-out rounds, and ensuring that the sub-intern is able to present this material.
 - vi. Ensuring that the patient has appropriate follow up and medications upon discharge.
 - vii. Discharge summaries must be completed within 24 hours of discharge
 - viii. Residents are not responsible for the ordering or administration of chemotherapeutic agents.
 - ix. The call schedule is q4 with weekend days off if not on call. The resident will have 4 days off per month.
 - x. Weekly conferences given by Heme-Onc faculty are to be attended by the residents

Sign-out Rounds and Cross-cover Responsibilities discussed at Town Meeting: 12/14/94
Update on Cross-cover Responsibilities discussed at Town Meeting: 4/96
Overall revision: 8/2005, 7/2006, 7/2007