

R2 General Expectations

Schedule Overview

- Morning teaching starts promptly at 8:00 am.
- Residents should arrive early enough be ready to round with the attending by no later than 10:15 am.
- The resident teams will alternate call days, admitting patients and managing floor work until night float arrives at 7:00 pm.
- Checkout to the night float will occur at 7 pm. Residents will then have 1 hr to complete their work before leaving the hospital at 8 pm.
- R2 residents will split the month between night float and day team.
- When on night float (Sun - Thurs), the night float resident should be in the hospital, ready to get checkout at 7:00pm (M-Th) or 5:00 pm (Sunday).
- Residents are to have a minimum of 8 hours between shifts, but recommended 10 as the norm.
- Presentations of overnight admissions will begin with rounds at 8:15 am. The R2 should then leave the hospital as close to 9 am as possible, but no later than 10 am.
- Duty hours must be logged in New Innovations at a minimum of every 5 days.
- Each resident will work one weekend day (7 am - 5 pm) per weekend.

Patient Care Responsibilities

- R2's are expected to carry 6-9 patients per day.
- Any important and/or time sensitive decisions should be made prior to rounds (i.e. medication changes, imaging, consultations). The attending is available for questions regarding these decisions prior to rounds if needed.
- New admissions during the day should be staffed directly with the B Team attending (either that day, or the next morning).
- All PCP's need to be called on admission and discharge. Some PCP's (Drs. Downey and Rosenthal) appreciate daily phone calls, even weekends for Dr. Rosenthal. Texting is appropriate for many attendings.
- If the PCP is one of our residents, they are expected to "round" on the patient at least once during the admission including putting in a "social visit" note.
- All consultations should be called personally. Give a 30 sec presentation. Be sure to have an explicit clinical question.
- Family members should be called as requested by patients. For patients who are confused or unable to relay information, please call one family member daily.
- The census should be updated prior to checkout each day. You should receive feedback on your IPASS format typed and verbal signout weekly.

- It is expected that checkout will not interfere w/ planned teaching sessions (ie noon checkout should be done by 12:15) nor result in violation of duty hours (ie checkout to night float should be complete prior to 8 pm).

Night Float Responsibilities

- The R2 is expected to be able to do at least 5 new admissions in an overnight shift when solo. When with an intern on their 1st month they can admit 6 (must do senior note on intern's admissions); 7 with an intern on their 2nd month (no senior note needed but must see the patient, ask additional pertinent questions, review note and plan and orders). The interns can admit 3 their 1st month and 4 their 2nd month. As always if acuity or other issues arise these numbers may not be met – use your judgement.
- If more than 5 patients are admitted to the service overnight (or unable to see all admissions), the resident should evaluate the other patients for any acute needs and place basic admission orders.
- If there is concern for patient safety due to admission volume, the resident should contact the attending on call to discuss activating the jeopardy resident.
- The night float resident is responsible for managing questions from nurses as well as acute issues that develop on the floor.
- Residents are responsible for managing patient phone calls from outpatient offices from 11pm - 8 am during the week and 5pm to 8am on the weekend. See the website for more details on documenting and managing these.
- Outpatient phone calls should be documented and routed to the PCP by the following morning. This can be done either in Epic if TCHMA patient or on the phone call forms available in the resident conference room.

Learning Expectations

- Complete of all quizzes on the website by the end of the month.
- Attend noon conference Mon - Fri at 12:15 pm (Monday, Tuesday, and Friday: 2N Library; Tuesday and Thursday: MOB in residency office suite 340)
- Attend morning teaching Mon - Fri at 8 am.
- Identify a clinical question each day during rounds.
- Self directed studying including reading around patients on a daily basis.

Teaching Expectations

- Residents will be assigned a few short morning teaching segments on a topic pertinent to patient care by the Team Leader. This is expected to last no longer than 15 min (including discussion). Writing on the white board is encouraged, power point presentations are not.
- At least 1 of the assigned morning teaching sessions should be presented in an EBM format (see Evidence Based Presentations on the website).

- Informal teaching to the intern/Al. This will include tips to improving efficiency in the hospital, which resources to use to answer clinical questions, how to identify a clinical question, etc.

Supervision

- During weeks on day shift, R2's should be available for general questions interns/Al's may have if the TL is not available. Patient specific questions should generally be directed to the A team attending.
- On weekends, R2's are responsible for reviewing intern/Al med rec's for discharges. During the week, this responsibility falls to the A Team TL or Attending.
- On night float, the R2 will supervise an intern/Al who is scheduled with them for the week. This includes seeing all new admissions, discussing the differential and plan, reviewing orders and the intern/Al H&P, and writing either an H&P (all Al admits, psychiatry interns and first month interns) or a senior note (second month interns). They will also supervise the intern in managing floor questions/problems.
- The Attending is to be called or paged for any of the following:
 - ICU transfers
 - Deaths
 - Conflicts with consultants or ED
 - Significant conflicts with families
 - Pt's signing out AMA
 - Direct admissions or transfers from Outside hospitals
 - Consults must be staffed on date of consult

Evaluations

- Each learner will have weekly feedback with an attending as well as an end of the month evaluation with an attending.
- A written evaluation by the attending can be reviewed on New Innovations within 2 weeks of completing the rotation.
- Each resident has the opportunity to provide feedback on both the rotation itself as well as each attending through New Innovations (feedback is not provided to the attending immediately, and instead are batched and given every quarter so it is truly anonymous).
- Each resident will evaluate the other members of the team. These forms are available on the website. Deadline for completion is within 2 wks of completing the rotation.
- Resident's will receive feedback from other members of the team via the evaluation forms on the website.