

McGILL UNIVERSITY HEALTH CENTRE
DEPARTMENT OF MEDICINE

DEPARTMENTAL REGULATIONS

The mission of the McGill University Health Centre (MUHC) Department of Medicine is to provide excellent patient care, teaching and research. The Department is organized along the lines of a matrix system. The Physician-in-Chief is the head of the MUHC Department of Medicine. The Executive Associate Physician-in-Chief has responsibilities to assist the Physician-in-Chief or substitute for him/her in his/her absence regarding matters in the Department of Medicine. There are two Associate Physician-in-Chiefs, one for the Royal Victoria Hospital site and one for the Montreal General Hospital site, dealing with site specific matters.

The matrix design in the Department of Medicine may be conceptualized as a series of inpatient medical services (“wards”) across the top axis with a Chief of Service for each one of these 11 services, enumerated in Appendix 1. These form the vertical structures of the Department. The horizontal axes of the matrix are the subspecialty divisions each headed by a Director which, in addition to research, also have responsibility for providing subspecialty clinical care, consultation services and teaching in the area of their subspecialty. .

The Department of Medicine is subject to and fully endorses all the general policies of the Council of Physicians, Dentists and Pharmacists (CPDP) of the hospital. Similarly its members are subject to and must abide by the same regulations.

I. Departmental Officers

A. Definitions

1. Physician-in-Chief

The Physician-in-Chief is appointed by the Board of Governors of the MUHC. as outlined in the procedures and guidelines of the Council of Physicians, Dentists and Pharmacists (CPDP) and the Board of Governors of the MUHC. It is usual for the Chair of the McGill University Department of Medicine to also be the Physician-in-Chief for the MUHC. The Physician-in-Chief co-chairs the MUHC Medical Mission

Executive Committee with the Associate Director of Nursing, Medical Mission and the Administrative Director, Medical Mission. He/she is also a member of the McGill Faculty of Medicine, Department of Medicine Executive Committee.

2. Executive Associate Physician in Chief

The Executive Associate Physician-in-Chief is appointed by the Physician-in-Chief and reports to him/her.

3. Associate Physician-in-Chief.

There are two Associate Physician-in-Chiefs, (one for the Royal Victoria site and one for the Montreal General site), appointed by the Physician-in-Chief. They report to the Physician-in-Chief.

4. Chiefs of Service or Directors of Clinical Teaching Units

Each in-patient Medical Service or Clinical Teaching Unit (CTU) shall be headed by a Service Chief or CTU Director. Each CTU Director is appointed by the Physician-in-Chief. A selection committee is appointed by the Physician-in-Chief with the Physician-in-Chief or his/her delegate as Chairperson, to make recommendations for the appointment of a new CTU Director.

The selection committee for the CTU director shall include at least 2 physicians from the Department, a representative from nursing and/or other allied health services, and a resident representative.

A Service Chief for a subspecialty inpatient service shall be appointed by the hospital Division Director for that division.

5. Division Directors

Each Subspecialty Division shall be headed by a Division Director. Each Division Director is appointed by the Board of Governors of the MUHC on the recommendation of the Executive Director of the MUHC, and with the approval of the Director of Professional Services and the Central Executive Committee of the CPDP. The selection committee is struck by the Physician-in-Chief in accordance with the bylaws of the CPDP.

6. Directors of Undergraduate Teaching

The University Director of Undergraduate Teaching and the site directors of undergraduate teaching for the Department of Medicine at each site of the MUHC are appointed by the Chair of the McGill University Department of Medicine, in consultation with the Physician-in-Chief and the Associate Dean, Undergraduate Medical Education, McGill University.

7. Directors of Residency Training

The University Director of Core Internal Medicine Residency Training and the site directors of residency training for the core three years of internal medicine in the Department of Medicine at each site of the MUHC are appointed by the Chair of the McGill University Department of Medicine, in consultation with the Physician-in-Chief and the Associate Dean, Postgraduate Medical Education, McGill University.

B. Responsibilities of Departmental Officers, Service Chiefs, CTU Directors and Directors of Divisions

1. Physician-in-Chief

The responsibilities of the Physician-in-Chief are outlined in the Hospital by-laws and the by-laws of the CPDP.

2. Executive Associate Physician-in-Chief

The Executive Associate Physician-in-Chief assists the Physician-in-Chief at his/her direction. In the Chief's absence he/she will substitute for him in all departmental matters unless otherwise delegated.

3. Associate Physician-in-Chiefs

The Associate Physician-in-Chiefs at each site assist the Physician-in-Chief for site specific matters, or at his/her request.

4. Chiefs of Service or Directors of Clinical Teaching Units

A Chief of Service or CTU Director is accountable to the Physician-in-Chief for all matters of patient care and teaching on his/her service. The Chief of Service of a subspecialty based service (such as the Coronary Care Unit) reports jointly to the Physician in Chief and the hospital division director for that subspecialty. . The job

description of the Service Chief and CTU Director is seen in Appendix 2, Job Descriptions.

5. Division Directors

The Director of a Division is responsible to the Physician-in-Chief for all matters of research, education, and patient care pertaining to his/her area of responsibility. The job description of the Director of a Division is seen in Appendix 2.

6. Director of Undergraduate Teaching

The Director of Undergraduate Education is responsible to the Chair of the McGill University Department of Medicine for the overall execution of University and Departmental policy in undergraduate teaching. He/she also has responsibility for the organization of teaching, identification and supervision of clinical tutors and the evaluation of students for purposes of interim and final evaluations for submission to the Faculty of Medicine.

Site directors are responsible for the execution of university and departmental policy at their respective site.

The Director of Undergraduate Education will chair a Committee of Undergraduate Medical Education who will advise him/her on policy in undergraduate education and on the appointment of clinical tutors and other staff to special teaching assignments as the need arises. Site directors of undergraduate education will be members of this committee.

The job description of the Director of Undergraduate Teaching is seen in Appendix 2.

7. Director of Internal Medicine Residency Program

The Director of the core Internal Medicine Residency Program is responsible for ensuring the overall quality of the Residency Training Program for the core three years of internal medicine. This involves selection of candidates, managing the training program and ensuring appropriate evaluations as required by certifying bodies and licensing authorities. In addition, the director has the responsibility to give the CTU Directors, Chiefs of Service and the Divisional Directors feedback on the quality and nature of the educational programs they provide for the students and

house staff. The Director of the Internal Medicine Residency Program reports to the Chair of the McGill University Department of Medicine.

Site program directors are responsible for ensuring the successful functioning of the residency training program at their site.

The Director of the Internal Medicine Residency Program will chair the Residency Training Committee, who will advise him/her on residency training matters. Site program directors of the internal medicine residency program will be members of this committee.

The job description of the Director of the Internal Medicine Residency Program is seen in Appendix 2.

II STANDING COMMITTEES OF THE DEPARTMENT OF MEDICINE

The Standing Committees of the Department of Medicine are the Committee on Undergraduate Education and the Residency Training Committee.

A. The Committee on Undergraduate Education

The Committee on Undergraduate Education shall be appointed by the Physician-in-Chief in consultation with Director of Undergraduate Teaching. The Committee will be broadly representative of the Department and include members from all teaching sites. The Committee is chaired by the Director of Undergraduate Teaching.

The Committee's principal function will be to advise and assist the Director of Undergraduate Medical Education in developing and implementing educational policies that meet the standards of the Faculty of Medicine.

B. Residency Training Committee

The Residency Training Committee shall be appointed by the McGill University Department of Medicine Chair in consultation with the Director of the Internal Medicine Residency Training Program. The Committee will be broadly representative of the Department and will include representation from all major McGill residency teaching hospitals (MUHC, Jewish General Hospital). The Committee will have the responsibility to advise the Director of the Residency Training Program on all matters of educational and evaluation policy regarding the

Residency Program. The Committee members will share the task of interviewing potential candidates for residency positions in general medicine at McGill. The Committee will also function as the advisory committee to the Director of the Residency Program in the final selection of residents including submissions to the matching plans.

III. MORTALITY AND MORBIDITY REVIEW

The Mortality and Morbidity Review procedures are attached in Appendix 3, Clinical Policies.

IV. MEDICAL ACTS ASSESSMENT

The assessment of medical acts is the responsibility of each Division Director. Division Directors are to initiate data collection and studies in conjunction with the Quality Department from which they may make conclusions and recommendations regarding the quality of care in the Department of Medicine.

They are expected to follow the guidelines of the Canadian Council on Hospital Accreditation and the Collège des Médecins du Québec for hospital accreditation.

They are expected to forward copies of their studies to the Medical, Dental and Pharmaceutical Evaluation Committee (MDPEC) of the Council of Physicians, Dentists and Pharmacists (CPDP) of the MUHC.

V. FREQUENCY AND ATTENDANCE AT THE GENERAL DEPARTMENTAL MEETINGS

The Department of Medicine shall hold monthly meetings between September and June.

The purpose of the general meetings of the Department of Medicine is to inform the membership on current status of patient care, educational and research programs. The meetings of the Department of Medicine shall also serve as an opportunity to present major departmental policy changes for comment and feedback in order to better assist the Physician-in-Chief and other policy groups on the development of the departmental policies.

All members of the department are invited to attend these meetings.

VI. CLINICAL PRACTICE PRIVILEGES WITHIN THE DEPARTMENT OF MEDICINE

Only members of the Department of Medicine with appropriate licenses shall be permitted clinical privileges within the Department of Medicine of the MUHC.

All patients admitted to the Department of Medicine will be assigned to the Attending Physician on the admitting service or CTU and this Attending Physician shall then act as the patient's personal physician during their period in hospital. In all cases the attending physician will have the obligation to review the patient to ensure that the clinical history, physical examination, recording of progress notes and prescribing of treatment are carried out in a manner acceptable to the criteria of the Council of Physicians, Dentists and Pharmacists and the Collège des Médecins du Québec.

The attending physician shall have the responsibility to see to the completion and signing of the medical record in a timely manner and in compliance with the regulations of the hospital.

The attending physician shall have the responsibility to supervise and teach all resident physicians and clinical clerks assigned to his admitting service or CTU.

VII. MEDICAL RECORDS

The Department of Medicine fully endorses the policies of the MUHC and the Council of Physicians, Dentists and Pharmacists on Medical Records. All staff members are expected to comply with those regulations.

VIII. APPOINTMENTS IN THE DEPARTMENT OF MEDICINE

Appointments in the Department of Medicine may be as one of:

- A.** Active – holds a *Plan régional des effectifs médicaux* (PREM) position at the MUHC and spends the majority of their hospital time at the MUHC.
- B.** Associate – holds a PREM at another institute, and spends less than 50% of their hospital time at the MUHC

- C. Honorary – does not hold a PREM at the MUHC, but is awarded this status in recognition of their contribution to the MUHC.
- D. Consultant member – does not hold a PREM at the MUHC, but granted in recognition of skill and professional influence to a physician who participates in the activities of the MUHC upon request as a consultant. The consultant member does not have admitting, operating room, day surgery or special privileges.
- E. Medical Scientist – does not have clinical privileges at the MUHC, but is active in scientific research at the MUHC/MUHC Research Institute.

IX. GRANTING OF CLINICAL PRIVILEGES AND HOLDING OFFICE IN THE DEPARTMENT OF MEDICINE

The criteria for holding the office of either Division Director or Chief of Service/CTU Director are outlined in the job descriptions in Appendix 2.

For appointment to the active or associate staff of the MUHC, the Department of Medicine requires that a physician must be certified as a medical specialist in Internal Medicine or one of the medical subspecialties in Quebec or must carry a license in Quebec with evidence of certification by either the American Board of Internal Medicine or one of its subspecialties or certification by the Royal College of Physicians of Canada in Internal Medicine or one of its subspecialties. Family practitioners holding a license in Quebec are also eligible.

All physicians appointed to the MUHC Department of Medicine, must be willing to comply with the requirements and regulations of the CPDP of the MUHC.

Leaves of Absences (LOAs), including leaves for maternity or paternity leave, will be granted for a maximum of 12 months, as per the by-laws of the CPDP.

All physicians appointed to the active, associate and medical scientist staff of the MUHC Department of Medicine must be appointed within the McGill University Faculty of Medicine, and are subject to the relevant university regulations including the Code of Conduct for the Faculty of Medicine and the Guidelines for Avoiding Conflicts of Interest in Relations between Faculty Members and Industry. As faculty members, all physicians are expected to be active in teaching and other scholarly

work, and to contribute to administrative tasks as required. All physicians are expected to participate in the annual performance review as mandated by the Faculty.

Specific responsibilities and expectations regarding patient care, teaching, research and other contributions will be outlined to members by their division director.

All candidates for the role of Active or Associate Members in the Department of Medicine of the MUHC may be asked by a Service Chief or CTU Director to take on the responsibility for attending (“rounding”) on the in-patient medical services. This privilege will be determined at the time of the original appointment to the hospital and will be reviewed on a regular basis by the Chief of Service or CTU Director in conjunction with the Physician-in-Chief or Associate Physician-in-Chief, and/or the Director of the Residency Program and/or the Director of Undergraduate Education, and/or the Division Director. Should the attending physician, in the opinion of these evaluators fail to carry out the educational duties at the level required he/she may lose the privilege of rounding on either the general medical or subspecialty in-patient service. The duties of the attending physician on the in-patient medical services are reviewed in the Appendix 4 “Guidelines for the Attending Physician on the Medical Service” or “Clinical Teaching Unit”.

X. PARTICIPATION IN THE ASSOCIATION OF PHYSICIANS

All Active and Associate members must participate in the Department’s practice plan, the Association of Physicians of the MUHC Department of Medicine. Earnings from all clinical work performed at the MUHC and other Régie de l’assurance maladie du Québec (RAMQ) earnings for work related to the MUHC must be processed through this Association in accordance with their regulations.

XI. RE-APPOINTMENTS OF THE MEMBERS OF THE DEPARTMENT OF MEDICINE OF THE MUHC

Re-appointments within the Department of Medicine of the MUHC will be reviewed on a regular basis by the Physician-in-Chief in conjunction with the Service Chief or CTU Director (where appropriate), and the Divisional Director (where appropriate). The re-appointment of a staff member shall be based on the quality of his/her performance in clinical care and teaching, his/her professional behaviour, his/her

overall contributions to and participation in the teaching and research programs of the Department of Medicine, and evidence of continuing professional development.

XII. MINUTES OF STANDING COMMITTEES OF THE DEPARTMENT OF MEDICINE

The minutes of the Committee on Undergraduate Medical Education and the Residency Training Program Committee shall be submitted to the Chair of the McGill Department of Medicine and members of the Committee. They are available to the Chiefs of Service/CTU Directors and Directors of Divisions.

The minutes of the General Departmental meetings shall be circulated to all members of the Department.

XIII. CENTRAL DOCUMENTATION OF DEPARTMENTAL POLICIES

All policies of the Department of Medicine shall be posted on the Departmental website and identified as MUHC Department of Medicine Departmental Regulations.

Addendum: At the time of updating of these regulations, all issues regarding the integration of the Lachine Hospital Département de médecine spécialisée are under review. At this time (June 2013), clinical work performed at Lachine is not part of the practice plan.

(updated June, 2013)

Appendix 1 – Inpatient Medical Services

MGH – 15W

MGH – 15E

MGH – 18 (hematology/oncology)

MGH – Coronary Care Unit

RVH – 10 Medical

RVH – 6 Medical

RVH – 8 Medical (Geriatrics)

RVH – 7 Medical (hematology/oncology)

RVH – Coronary Care Unit

Montreal Chest Institute

Lachine Hospital (policies relating to this inpatient unit currently under review)

Appendix 2 – Job Descriptions

Job Description: Service Chief and CTU Director

For the purposes of this document, a CTU director refers to the director of a general medicine inpatient unit with assigned residents. A service chief refers to the director of a subspecialty inpatient service with or without assigned residents.

A Service Chief or CTU director's responsibility is to ensure the overall quality of their inpatient unit with respect to patient care and medical education. They should also actively promote research projects on the unit that are directly relevant to the functioning of the unit. They will need to work closely with nursing and other allied health leadership, and undergraduate and residency training programs to fulfill these responsibilities.

1. In collaboration with the Physician-in-Chief, the Service Chief or CTU director identifies physicians suitable for attending ("rounding") on their unit, and reviews their performance on a regular basis. Physicians not performing satisfactorily in either patient care or teaching must be removed from the roster.
2. The Service Chief or CTU director organizes the schedule for attending physician coverage of his/her service for the year and ensures appropriate orientation of physicians to the service.
3. The Service Chief or CTU director organizes regular (at least twice monthly) rounds for presentation and discussion of clinical cases and issues relevant to the unit.
4. The Service Chief or CTU director is responsible for Morbidity and Mortality reporting to the Medical Dental and Pharmaceutical Evaluation Committee (MDPEC) of the Council of Physicians, Dentists and Pharmacists (CPDP) of the MUHC, as per departmental regulations (see Appendix 2).
5. The Service Chief or CTU director must initiate patient care quality control activities, and follow up on quality control problems that may be identified.
6. The Service Chief or CTU director is responsible for developing policies and procedures specific to their unit in conjunction with nursing, other allied health, and educational leaders, and ensuring the dissemination of and adherence to these policies and procedures.

7. The Service Chief or CTU director is responsible for scheduling and chairing regular meetings (at least 4 x/year) with nursing, allied health, resident and attending physician attendance to address issues relevant to the unit.

8. In collaboration with the attending physicians, the Service Chief or CTU director must ensure the appropriate teaching and evaluation of all medical trainees (students and residents) on their unit.

9. The Service Chief or CTU director must submit an annual report to the Physician-in-chief. Subspecialty inpatient Service Chiefs should also submit this to their hospital division director.

Job Description: MUHC Department of Medicine Division Director

The overall role of the Hospital Division Director is to coordinate, direct and develop the administrative, clinical, educational and research activities of the Division, in accordance with MUHC policies and procedures. S/he will report to the Hospital Chief of Department in consultation with the University Division Director.

The responsibility and authority of the Hospital Division Director shall include the following:

Strategic Planning and Management:

1. Participate in planning annual and long range Division and Department objectives
2. Advise the Hospital Department Chief on the recruitment of new staff members in conjunction with the University Division Director and in line with Divisional and Departmental objectives.
3. Assist and direct staff in achieving these objectives, including ensuring effective mentoring.
4. Participate in annual faculty performance reviews, as mandated by the University Division Director.
5. Recommend academic promotion and tenure of division members to the University Division Director (and thence to the University Chair) in consultation with the Hospital Chief.

Clinical Services

6. Administer the clinical/laboratory service, including organizing effective, responsive inpatient and outpatient medical services (where applicable), which incorporate regular review of quality of care.
7. Initiate new clinical services within the hospital and expand existing ones, including preparing funding requests as required. This is to be carried out in consultation with the University Division Director so as to avoid unnecessary duplication and competition and to encourage cooperation between sites and hospitals.
8. Participate in utilization review activities in order to ensure the efficient use of resources.
9. Ensure the preparation of staff and resident duty schedules within the division and provide these in a timely manner to hospital locating.

Administration and Finance

10. Supervise professional, clerical and technical staff within the division in accordance with MUHC management guidelines.
11. Supervise the allocation of clerical staff within the division, in accordance with MUHC guidelines.
12. Supervise the distribution of income from clinical activities, according to the Faculty, Departmental or Divisional practice plan.
13. Supervise hospital divisional budgets (where applicable) in collaboration with MUHC management guidelines.
14. Hold regular, minuted meetings of the divisional staff
15. Attend scheduled Department meetings.
16. Provide reports as requested on the activities with the Division, including annual reports for the MUHC and University and reports for the various licensing and accreditation bodies

Education

17. In collaboration with the University Division Director, supervise the delivery of high quality training to undergraduate and graduate students in conformity with McGill University standards.

Research

18. In collaboration with the University Division Director and with the MUHC Research Institute, foster and guide the development of research activities within the Division.

The hospital appointment as a Hospital Divisional Director will be for a term, in accordance with the by-laws of the CPDP of four (4) years. However, to provide concordance with the five year term of University appointments, this is typically extended to 5 years in the case of Directors who serve as both University and Hospital Directors. Appointments are renewable upon review by the Hospital Chief and Hospital Department in consultation with the University Division Director and the Chair of the Department.

Job Description: Director of the Core Internal Medicine Residency Training Program (Program Director):

The Program Director reports jointly to the Chair of the University Department of Medicine and to the Associate Dean for Postgraduate Medical Education of the Faculty of Medicine.

The Program Director:

1. Is responsible for ensuring the Training Program meets Royal College / Collège des médecins requirements
2. Is responsible for reviewing the goals and objectives of the program at least every 2 years
3. Is responsible for oversight of the program-wide teaching activities (half-day, simulation-center activities, review course for R4s), ensuring they meet the goals and objectives of the Training Program
4. Is responsible for the oversight and review of the CHIME rotations, including liaising with CHIME sites and Faculty (with the aid of McGill's rural education office)
5. Is responsible for policies and procedures designed to ensure that residents get exposure to the broad variety of patients across McGill's teaching hospital network, ensuring a McGill-wide perspective
6. Acts as chair of their McGill Residency Training Committee, which meets every month except July and August, and ensure appropriate resident and faculty representation, minutes are taken, action items are taken on by members, and allows for an open and collaborative environment

7. Ensures that program-wide teaching activities are reviewed regularly and meet resident needs according to the goals and objectives of the program
8. Represents Training Program interests at the FPGEC (McGill PGME) and nationally (CAIMPD)
9. Identifies and meets with residents as needed based on individual needs to provide guidance, mentorship, career and personal counseling, and support
10. Provides support and guidance to Site Directors on a regular and as-needed basis, and ensures each site is meeting the needs of the Training Program and its residents
11. Is knowledgeable about McGill's Evaluation and Promotions Guidelines (updated annually) and ensures these are applied affectively in the Training Program
12. Acts as an advocate for resident interests to the university and to members of the hospital administration
13. Develops and implements formal selection tools/processes for selection of PGY1 candidates according to agreed-upon guidelines
14. Organizes and ensures that all sites are equal participants in the PGY1 CaRMS selection process, including file reviews, interviews of candidates, CaRMS presentations, hospital tours, etc.
15. Organizes and ensures that all sites are equal participants in internal reviews and accreditation as per the Royal College / Collège des médecins requirements
16. Ensure ongoing communication with Site Directors, the Research Directors, Program and Site Administrators, all Chief Medical Residents, Faculty members / Service Chiefs, and hospital administration
17. Liaises with the GIM (PGY4-5) Fellowship Director in order to ensure effective communication between the "core" (PGY1-3) program the "fellowship" (PGY4-5) program
18. It is anticipated that these activities should require 1.5 days per week of time, and the Program Director should plan on ensuring this time is available to devote to

his/her tasks.

Support

The Program Director will be provided with appropriate salary and administrative support, according to agreed-upon terms

Term

The position carries a 3 year term, renewable.

Job Description: Site Director - Core Internal Medicine Training Program.

The site director:

1. Is responsible for all day-to-day activities of residents based/rotating at their site, including scheduling, evaluations, meetings, providing support
2. Develops master schedule for their site rotations annually, taking into consideration resident staffing
3. Reviews local rotations / Faculty teaching performance regularly in order to ensure they continue to meet Royal College / Collège des médecins and university standards
4. Acts as chair of their Site Residency Training Committee, which meets every month except July and August, and ensure appropriate resident and faculty representation, minutes are taken, action items are taken on by members, and allows for an open and collaborative environment
5. Ensures their site teaching activities are reviewed regularly and meet resident needs according to the goals and objectives of the program
6. Represents their site and program interests at the McGill Residency Training Committee
7. Represents their site at program-wide activities, and ensures resident involvement in program-wide activities

8. Meets with residents every 6 months to review academic dossiers and evaluations according to the 6month guidelines provided
9. Identifies and meets with residents as needed based on individual needs to provide guidance, mentorship, career and personal counseling, and support
10. Identifies residents in academic difficulty in a timely fashion and refers them on to the Director of Evaluations and Promotions
11. Is knowledgeable about McGill's Evaluation and Promotions Guidelines (updated annually) and applies them effectively at their local sites
12. Documents all meetings with residents appropriately
13. Acts as an advocate for resident interests to their local site faculty members and to members of the hospital administration
14. Ensures local social activities meet the needs of their local residents, including welcome and goodbye parties, annual retreats, etc.
15. Provides detailed "letters of standing" / letters of reference for each resident at their site in preparation for the PGY4 medicine match, accurately summarizing each resident's file and performance
16. Organizes and ensures their site is an equal participant in the PGY1 CaRMS selection process, including file reviews, interviews of candidates, CaRMS presentations, hospital tours, etc.
17. Organizes and ensures their site is an equal participant in internal reviews and accreditation as per the Royal College / Collège des médecins requirements
18. Ensures ongoing communication with the Program Director, their local Research Director, Site Administrator, their local Chief Medical Residents, Faculty members / Service Chiefs, and local hospital administration

It is anticipated that these activities should require 1.5 days per week of time, and the Site Directors should plan on ensuring this time is available to devote to his/her tasks.

Support

The Site Director will be provided with appropriate salary and administrative support, according to agreed-upon terms

Term

The position carries a 3 year term, renewable.

October, 2012

Appendix 3 - Clinical Policies

Department of Medicine Mortality and Morbidity Review Procedures

1. Within four (4) weeks of the death of any hospitalized patient, the attending physician will fill out a standard mortality form. This will be read and countersigned by the service chief (or division head if there is no service chief.) A resident may fill out the form under the supervision of the attending physician.
2. Hospitalized patients with significant morbidity due to their hospitalization must also have the same standard form filled.
3. All cases of death and significant hospital related morbidity must be presented to a group of physicians from the relevant service, usually in a “rounds” format. These rounds should occur on a monthly basis, no fewer than 10 times in a calendar year. Following each meeting, the service chief is responsible for preparing a written summary, including an attendance list of physicians present at the meeting.
4. The standard mortality form as well as the summary of the meeting and list of physicians in attendance will be forwarded to the Medical Dental and Pharmaceutical Evaluation Committee (MDPEC) of the Council of Physicians, Dentists and Pharmacists (CPDP) of the MUHC.

Appendix 4- Guidelines for the Attending Physician on the Clinical Teaching Unit

Introduction

The following document outlines the expectations of the McGill University Health Centre (MUHC) Department of Medicine for attending physicians (attendings) on MUHC Clinical Teaching Units. These are general principles common to all MUHC teaching sites. Each CTU will have its own way of applying these principles to its particular context, and attendings are expected to consult the orientation letters from each CTU director as a supplement.

1 Patient Care

1.1 Safe Clinical Supervision

- 1.1.1 Review and see in person all patients on admission and before discharge or transfer to other services. Note that unexpected bad clinical events are most likely to occur within the first 24 hours of CTU admission or first 24 hours of CTU discharge.
- 1.1.2 Personally examine and speak to patients and speak directly with other health care workers when there is a significant change in patients' conditions, or as required for safe, efficient, effective and compassionate medical care.
- 1.1.3 Review and co-sign consultation notes, admission notes, progress notes and discharge summaries. Regularly review level of care orders, patient orders and prescriptions.
- 1.1.4 Be present and ready to perform his or her functions. Ensure that residents, students, nurses and hospital locating know how to contact you at all times.
- 1.1.5 Endeavour to resolve difficult issues (disagreements with other hospital services, access to limited hospital resources, conflicts with other health care workers and difficult patients and families) as they may arise.
- 1.1.6 Judge and adjust the intensity of supervision provided to each trainee according to his/her level.

1.1.7 Briefly meet the Head Nurse and Assistant Head nurse at the beginning, middle and end of your time on service to promote teamwork and to obtain their perspective on how students and residents are performing

1.1.8 CTU attendings should dedicate:

- At least four hours of working time on the ward on most days of the week and weekends.
- Sufficient time each morning to either attend morning report/sign-in and/or to review the patient list with the senior resident.

1.2 General MUHC Internal Medicine CTU Patient Care Guidelines

1.2.1 Chemotherapy is generally not administered except under special circumstances (discuss with the ward Head Nurse)

1.2.2 Administration of biologics (such as Infliximab) for inflammatory bowel disease (IBD) patients requires one day's notice for the nurses to arrange assignments to accommodate the intensive monitoring required. The prescription should be signed by the GI staff or fellow and given to the ward pharmacist as soon as the decision is made

1.2.3 The medical gatekeeper decides which patients are admitted from the ER or transferred from ICU, CCU or non-medical wards. Neither the senior resident nor attending staff may refuse to admit a patient. However the senior resident has been instructed to receive transfer information from the internist who has been looking after the patient (gatekeeper, intensivist or cardiologist). If the senior resident feels that the admission is inappropriate s/he is encouraged to discuss with the gatekeeper or refer to his/her attending. ICU patients deemed surgical (e.g. trauma, postop, head injury, vascular) should be transferred to their respective teams and not to medicine unless deemed to be appropriate by a "medical intensivist" or by the internal medicine consult service

1.2.4 Off-service patients are discouraged because of risks for patient safety and for educational objectives. Exceptions to this rule would be when:

- beds are closed and the bed quota is not met

- there is an urgent need to remove patients from the ER, such as in a Code Orange
 - there is a need for a respiratory isolation bed (negative pressure room) for medical patients and no such beds are free.
- 1.2.5 Patients who are deemed to have completed their active medical care but will not be able to return home or successfully undergo rehabilitation should be declared long-term or referred to the Programme d'hébergement pour Évaluation (PHPE). This entails completing the required forms including the CTMSP form (ask the social worker for more information). These are the responsibility of the attending.
- 1.2.6 Discharge summaries will need to be signed before the chart is considered complete. This may be done by reviewing the summary online before discharge or by signing the summary after discharge. Unit coordinators have been instructed to keep the discharge summary and chart until the end of the day so that it can be signed before the chart goes down to Medical Records. Note that Council of Physician, Dentists and Pharmacists (CPDP) regulations require that all discharge summaries must be signed off within 30 days of discharge, and that failure to comply will result in a note in the physician's file.

1.3 CTU Specific Guidelines

- 1.3.1 Each CTU Director is responsible for communicating the specifics of working (schedules, rounds, computer passwords, etc.) on that CTU by email, letter or direct conversation to physicians who are scheduled to attend there.

1.4 Billing Guidelines for CTU Attendings

- 1.4.1 These vary by subspecialty. Consult the appropriate sections of the RAMQ website or billing guides.
- 1.4.2 Billing is the responsibility of the attending.

2 Education

- 2.1 It is the responsibility of the attending physician to familiarize themselves with the objectives, regulations and evaluation structure of the resident and student training

programs. These can be obtained from the CTU Director or from the Postgraduate or Undergraduate Teaching Office. Of particular note:

- All trainees must be given individual feedback from the attending, on at least two occasions – at midway in the rotation and at the end.
- Trainees in difficulty should be given feedback more frequently. The site teaching director (undergrad or postgrad) should be advised.
- All feedback should be documented.

2.2 The attending must ensure that all trainees are learning effectively during the month. Bedside teaching, discussions during rounds, didactic conference room teaching, and one on one review of cases should all be utilized as teaching methods.

2.3 Final evaluations must be submitted on the one45 program within 4 weeks of the completion of the rotation.

2.4 Clinical Clerks

2.4.1 Clinical clerks cannot prescribe medications nor order tests without a countersignature by an Attending or a Resident.

2.4.2 Clinical clerks cannot obtain consent, establish advance directives, give bad news, deal with an angry family, patient, or consultant nor perform procedures without the supervision of a resident or attending.

2.4.3 A clinical clerk may not discharge a patient from a ward, ER or outpatient clinic setting without that patient having been seen and the discharge summary countersigned by a resident or an attending.

2.4.4 Clinical clerks are expected to care for an average of 4 patients at any one time.

2.4.5 Clinical clerks are assigned to outpatient clinics for ½ day weekly. They must be released from any ward responsibilities in order to attend their clinic.

2.5 Residents

2.5.1 The usual day resident team consists of an R3, R2, and 2-3 R1s.

- 2.5.2 As per FMRQ contract regulations, residents work a maximum of 16 hours. Thus the CTUs have a day team and night team system.
- 2.5.3 The average Internal Medicine R1 should be allotted a maximum of 8 patients of average complexity and illness, and the average off-service R1 should be allotted a maximum of 6 patients of average complexity and illness.
- 2.5.4 Core Internal Medicine residents are booked in their longitudinal clinic for one half-day per week and must be released from the CTU accordingly.
- 2.5.5 There is a junior (R1) and senior (R2 or R3) night float team. The time is 8:00 pm to 8:00 am for the RVH night float team and 8:30 PM to 8:30 AM for the MHG night float team. Transfers of care occur at each of these transition points. Note that the morning transfer of care occurs at 7:30AM each day.
- 2.5.6 Each team has a junior or student who will stay late and handover to the night float team. There is also a late senior who hands over to the senior night float. The “late junior” and “late senior” are listed on the call schedule.
- 2.5.7 Core curriculum:
- All core residents (including neurology residents) are required to be at core curriculum sessions each Thursday afternoon from 1 to 4 pm.
 - During this time the CTU Attending staff, students and any non-core residents who do not go to the half-day cover the ward. The residents have been asked to hand their Spectralink phones to the attending staff or other resident who may be covering.
- 2.5.8 Residents are instructed to call the attending staff if contemplating transfer to a critical care unit, regardless of the time of day or night.

2.6 Co-Attending (CAP) Guidelines

The co-attending physician (CAP) assists the primary attending physician in the responsibilities of teaching and patient care on some medical CTU's. The CAP might be called upon to undertake some or all of the associated obligations of the primary attending subject to arrangement with that attending and with the Service Chief. There are additional duties that define the special position of the CAP:

- 2.6.1 Consultation: The CAP will formally consult on and follow as many of the ward patients as requested by the primary attending physician.

- 2.6.2 Education: The CAP will be available to provide regular teaching to the house staff, will participate in all regular teaching rounds, will attend sign-in / sign-out rounds as appropriate and will submit student and resident evaluations on one 45.
- 2.6.3 Coverage: The CAP may, by prior agreement with the attending physician, cover the ward at certain times.
- 2.6.4 Time commitment: To function as an effective CAP requires 3 to 4 hours of working time on the ward on most days of the week.
- 2.6.5 Billing:
- a. The CAP must write a progress note in the medical record in order to bill for that patient.
 - b. If the CAP covers the service for a day or more under arrangement with the primary attending physician, the CAP will bill for patient visits on those days.
 - c. The CAP shares the CTU Teaching stipend.

Updated June 17, 2013