Role of the R2 on the 15 and 17 CTU Rotations

Schedule:
7h30: Morning handover
7h45: Sign-in with the ward team
9h30: Board rounds with the multidisciplinary team

The R2 takes late senior call every four days and shares weekend call with the three other seniors. As late senior, the R2 is expected to obtain handover from the three teams, and to supervise admissions and medical call until 8:00 pm. As late senior, the R2 hands over urgent cases to the night float senior. The R2 will share weekend call with the other seniors—weekend call is from 8:00 am until 8:00 pm.

Role and Responsibilities:

The R2 acts as the team manager responsible for patient care on the floor. His/her responsibilities include:

• Making sure all the patients and juniors have a “plan for the day” (including tests that need to be done, consultants that need to be called, family meeting to be attended, etc). The R2 should be able to highlight priorities for the day.
• Delegation of tasks and delegation of admission. The R2 should attempt to delegate admissions in the morning so that the juniors can organize their day according to those expectations (task shared with the R3).
• Supervise the work of the juniors. Review their orders and ensure that all team members know their roles and duties and perform to the best of their ability. Make sure that they keep the patient lists up to date.
• Supervise procedures when necessary (shared role with R3)
• Review the labs and imaging on a daily basis for all the patients
• Leading sign-out
• Review the admissions during the day and provide appropriate teaching (shared role with R3)
• Communicate with consultants when necessary
• Communicate with families. The R2 should have a clear understanding of the social dynamic on the floor and should attend every family meeting.
• Communicate with nursing staff, discharge coordinator and unit coordinator on a daily basis to keep them up to date with the medical team plans.
• Attend social rounds on Tuesday mornings
• Keep track of the admission statistics and mortality/morbidities on an Excel document (will be provided) (see morbidity and mortality rounds below)
• Supervise discharge of the patients; ensure that discharge documents are ready and reviewed in time and that patient are able to leave before 11AM
Handovers
It is extremely important that we pass crucial information on to the night floats and others covering the service. The information necessary for adequate patient management should be on the daily patient list and items of particular importance for the night float team should be listed in the far right column. Team members must keep the list up to date and should be evaluated on this activity. It is recommended that the senior who is not present give a direct handover to the night senior by telephone to give details where deemed necessary.

Other events on the timetable
There is a briefing of the roles and responsibilities on the first day of every period. There is a meeting with the nursing administration on the second Tuesday of each period at 1:15 pm to review the function of the team. A similar review will occur immediately after M&M rounds at which time the team discusses an action plan based on the events reported at the M&M round.

Multidisciplinary rounds take place each Tuesday. The R2 is expected to represent the team to discuss the medical and social aspects for each patient.

Morbidity and Mortality Rounds:
The R2 is responsible for M&M rounds which are presented on the last Thursday of each rotation in the D14 conference room. The presentation should be no longer than 20 minutes and will concentrate on avoidable events. Autopsies will also be presented at this time. There is a PowerPoint available to guide the presentation.

Expected mortalities should be condensed and details should be kept to a minimum unless there are issues to be discussed.

All morbidities, including those where no adverse events occurred (near misses), should be documented at the time they occur. All events that involve the nursing staff should have been discussed with nursing management at the time of their occurrence.

Items deemed to be important to quality improvement can be presented with a brief literature review.

Evaluations
The R2 will be evaluated by the attending staff using the traditional CANMEDS roles.