## **Residents' Roles and Responsibilities**





R1 and R2 Resi	idents	R3 and R4 Residents	R5	Attending
Weekdays  • See patients d • Expected to refile (previous ECG). • Expected to tate for the assigned to review curreconsultations night's issues orders. • Expected to rethe assigned pathe file (all medurations, AB prophylaxis, File Write your impliest) and postudiscuss it with each After/during recommendate ECG, images) the same day. • Communicate Prepare questions of the supervising state of the properties of the supervising state of the supervision st	laily (up to 6 pts/resident)  eview patients old file and e- admissions, labs, imaging,  ake a new history/examination ed newly admitted patient. And rent labs, imaging, ECG, recommendation, previous and to review previous day  eview the management plan for patient daily and document in edications with doses and a starting date, IVF, PPI, DVT F. Cath. Oxygen etc). Inpression (DD and problems allate a management plan — In a senior resident. Fround-follow the results (labs, and document it in the file on the with senior residents. It in the file on The with senior residents. It is with senior residents.	• Lead the round (on specific day) • Review and know about all the patients. • Write for all the critical-ill patients (decided by R5). • Cover R1/R2 during their sick leaves. • Review and oversee R1/R2 (following round orders) • Communicate with R5. • Closing round daily at 1:00pm. • Educational – expected to present two topics during the rotation	Should know about all the cases     Supervise, help and lead R1, R2, R3,R4 during the round     Educational – expected to present one topic during the rotation	Clinical Tutor  • Ensure wellbeing of the patients and standard of care is followed.  • Emphasize that MTU is a TEACHING SERVICE.  • Foster a teaching environment in a non-threatening manner and allow the senior resident opportunity to lead the team and promote their independence.  • Mentor and develop junior physician to become compassion and competent physician.  • Evaluate the residents twice during their two months rotation (mid rotation verbally, end of rotation written).  • EPA- fill up the EPA form twice weekly for each resident.  • Address any issues or conflicts within the team. If the conflict cannot be resolved, the issue can be taken up with the site coordinator.

On-calls	<ul> <li>Ward: follow-up all orders, labs, ECG, imaging etc for all the newly admitted patients and document all follow-up in the file.</li> <li>Causality- Observation room: Evaluate and admit with supervision by a senior resident (R3/R4)</li> <li>Supervise: student/trainees.</li> <li>Duration: Total of 12 hours (at least 6 to 8 hours in ER)</li> </ul>	<ul> <li>Ward: evaluate critical patients along with R1/R2.</li> <li>Causality- Observation: supervise and approve admission plans.</li> <li>Causality- Resus: evaluate and admit.</li> <li>Consults- Urgent: with supervision by R5 residents</li> <li>Code blue- team leader.</li> <li>Supervise: R1 and R2 Residents.</li> <li>Duration: Total of 12 hours (at least 6 to 8 hours in ER).</li> </ul>	<ul> <li>Causality (Observation, Resus): if needed by R3/R4, approve plan.</li> <li>Evaluate- all admitted patients.</li> <li>Consults: all non-urgent consults during workdays (after 1:00pm) and weekend.</li> <li>Supervise: All residents, students, and trainees.</li> <li>Duration: Total of 12 hours (at least 6 to 8 hours in ER)</li> </ul>	<ul> <li>Available for consultation by phone at any time.</li> <li>Doing evening round and lost oncall weekend round.</li> </ul>
Day Oncall	All should attend including who is doing subspec	Specialist or an above should lead the round.		
Evening				- Carlos Company
Round				
Weekend	All residents and fixed staff should attend	Specialist or an above rank should lead		
Post-call round		the round.		
Weekend round	Just for MTU: Schedule by unit. Round consist     Assistant + one or two Trainees, all cases should			