

**Dear Colleague,**

**WELCOME to the MGH/C wards as the visit attending physician!** Thank you very much for taking the time out of your busy schedule to undertake this important task – the attendings are an essential and valued part of our ward teams. You may be new at this, or you may have been doing this for years. Because the role of the visit attending physician has changed and evolved over the years, **please read the following which outlines the expectations and responsibilities of the attending physician.**

Most attendings find that the most rewarding parts of the experience are the many opportunities for teaching and the direct contact with housestaff and medical students. As an institution which places great value in our faculty and the teaching they have to offer, we encourage you to take advantage of the many opportunities for teaching that exist on the wards. These include daily work rounds, bedside teaching, morning report, and much more. It is expected that you will be available for rounding and teaching from 9am-12:30 every day during the two week rotation.

### **YOUR TEACHING ACTIVITIES:**

As you know, the 80-hour workweek for residents has necessitated dramatic changes in our system. We now have two resident teams, **the Blue team and the Brown team**. Each team consists of two senior residents and two interns who take call together as pairs. The teams admit patients on alternating days to both Ellison 17 and Ellison 18. Of note, residents are now required to leave the hospital by 1pm on their post-call day.

A new addition for the 2004-2005 year is the **hospitalist service**. All direct patient care and on-call responsibilities for “house” patients will be taken by the service hospitalist. This will allow the visit attending to focus on teaching throughout the morning. Although “house” patients may be cared for by either resident team, the attending of record will be the hospitalist. The hospitalist will serve as the teaching attending for one of the teams as well.

Below, you find the general daily schedule, along with your role in each part of the day. In order to help the first day of the rotation run as smoothly as possible, **we ask that you touch base with the senior residents on your team prior to the first day of the rotation** to discuss each person’s goals for the rotation and come up with a plan for rounds. Please contact the chief residents at 4-5991 to get the names of the senior residents ahead of time.

### **8am-9am – Resident Lecture**

(**Morning report** will be held at 8 on Tuesdays with Grand Rounds at noon)

### **9am-10:30 am - Morning Rounds:**

(9:00-9:45 – the Brown team starts on Ellison 17 and the Blue team is on 18. The teams switch to the other floor for 9:45-10:30).

**The expectation is that you will attend and participate in these rounds on a daily basis.** (Some attending physicians can't make it on one particular day of the week. If that is the case, please notify the senior resident.) Your primary role on rounds is to support the housestaff with your experience and expertise, with the goal of complementing the senior residents’ efforts while allowing them to lead rounds.

**The attending should contribute to the intellectual content of rounds.** Doing this can be a challenge in the busy daily schedule but it should still be a priority. The most effective means of teaching on rounds is generally the use of the brief teachable moment or clinical pearl. In general, the busy pace of the morning prohibits more formal or lengthy presentations or discussions. Although we place immense value on teaching, it is imperative that rounds end at 10:30 am, so that

the residents and interns have adequate time to see patients and take care of urgent tasks before morning report. This is especially true in the setting of the new work-hour limits.

During rounds, **the attending physician helps to facilitate all aspects of patient care** including, but not limited to, the integration of the history, physical exam, and other data to create a plan for patient evaluation, treatment, and discharge. Preferably, this is done in conjunction with the senior resident. If the senior resident does not do so, the attending physician should help guide the team properly so that it is clear that a daily plan on each patient is formulated and that the team effectively communicates with patients and families. **It is also important that the attending helps the team anticipate discharge planning in a timely manner.** Each of these components is consistent with the role as mentor to the housestaff, to ensure that they formulate plans effectively, as well as communicate clearly and unambiguously to patients and families.

### **10:30am-11:30 am – Examination of patients**

After morning rounds, but prior to Morning Report, each new or actively evolving patient should be seen by the entire team. The attending is expected to join the team in seeing any new patients together as a group. This will give the attending physician the opportunity to observe the resident in their contact with the patient, thereby providing an opportunity for feedback and teaching. Although time is often tight, it can sometimes present an opportunity for very brief bedside teaching.

This time is also the perfect time to spend extra time with the medical students. Attendings can have the students do more formal presentations, examine patients together or answer questions that were not covered during rounds at this time.

### **11:30 am – 12:30 pm – Morning Report:**

(Morning report will be held at 8 on Tuesdays with grand rounds at noon)

It is expected that you attend these rounds daily, but at least **3/5 days**. These rounds are primarily teaching rounds which are orchestrated by the teaching resident of the month. Again, your experience as a pediatrician is most welcome and anticipated in these rounds.

**Resident Feedback** - By the end of your tenure as attending physician it is expected that you meet with the interns and residents on the unit to review your impressions of their performance. Ideally, mid-rotation feedback can be used to spur improvement which can be reviewed at the end of the rotation.

**Resident Evaluation:** In addition to one-on-one verbal feedback, a formal evaluation of each resident must be completed at the end of the rotation through the **MyResidency website**. At the conclusion of the rotation, you will receive an email from MyResidency prompting you to complete the evaluation. You can link directly to the evaluation through the email. To accurately and fairly make this assessment, it will be important for the attending physician to observe patient/resident interactions, **including at least one physical examination.**

**Didactic sessions** - At the beginning of the rotation, it would be great to confer with the senior residents on your team and with the teaching resident regarding any specific topics in your expertise on which you could speak during your tenure on the wards. Morning report or some other decided-upon time in the afternoon can be used for these quick didactic sessions.

Thank you, again, for agreeing to serve as attending on the Pediatrics Service. We hope you continue to find it a rewarding and worthwhile experience for yourself as well as for the housestaff and patients. Please give us a call with any questions or comments.

Howard Weinstein

Marjorie Curran

Esther J. Israel