

ROLES AND RESPONSIBILITIES OF INFECTIOUS DISEASE CLINICAL ATTENDING STAFF AND TRAINEES ASSIGNED TO INFECTIOUS DISEASES CLINICAL ROTATIONS AT THE UNIVERSITY OF TORONTO'S FULLY AFFILIATED TEACHING HOSPITALS

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PURPOSE OF ESTABLISHING FORMAL CLINICAL ATTENDING ROLES AND RESPONSIBILITIES

The purpose of establishing these formal roles and responsibilities is to ensure that the Infectious Disease (ID) clinical services at the University of Toronto's Fully Affiliated Teaching Hospitals (e.g. Sunnybrook, UHN, Sinai Health, St. Michael's Hospital and Women's College) provide excellent patient care in an environment that meets the educational needs of our core and subspecialty trainees. All learners rotating through ID at a University of Toronto Fully Affiliated Teaching Hospital site will receive a copy of this policy at the beginning of their ID rotation, in addition to other site-specific rotation materials. This policy will also be available for review on the University of Toronto ID Divisional website.

1) DEFINITION OF AN INFECTIOUS DISEASE CLINICAL ATTENDING STAFF

All ID Clinical Attending staff must meet one of the following criteria:

- a) Be a full time faculty member of the Division of ID (or cross-appointed member with a full time faculty appointment) at the University of Toronto with a valid clinical appointment at a University of Toronto Fully Affiliated Teaching Hospital, or
- b) Be a Clinical Associate who has been appointed to that role by the ID Division Head at the specified University of Toronto Fully Affiliated Teaching Hospital.

2) ROLES AND RESPONSIBILITIES OF INPATIENT ID CLINICAL ATTENDING

The main responsibilities of an ID Clinical Attending towards learners on an inpatient service are as follows:

- a) To provide timely same-day review of patients assessed by learners, with meaningful feedback to the learners regarding:
 - The direct verbal presentation of their assessment, including content and organization
 - Clinical notes generated as part of the clinical encounter

The amount of time required for this review will vary from day to day and from site to site; it is the ID Clinical Attending's responsibility to ensure that adequate time is set aside from other responsibilities to meet these requirements in a fulsome way. The review process should take place such that learners are provided with at least one hour to complete their clinical documentation and administrative responsibilities; **this means that on most days review should be completed by 5pm at the latest, to allow learners to complete their tasks prior to 6pm.** This includes ID residents. Any additional administrative/patient-care work remaining by 6pm will either be done by the staff or held to the next day, as appropriate. ID residents may occasionally wish to stay late for their own educational objectives (i.e. to see a consult or patient, to review a literature topic they are interested in, etc.). ID residents will be supported in making informed decisions to meet their own educational

needs. On days where learners will be attending an afternoon Academic Half Day, review should be completed by 11:30am to allow learners to be released by 12:30pm. Workload should be adjusted on days where learners have Academic Half Day accordingly (i.e. learners should not be expected to see the same number of patients in a half-day as they would typically be expected to see during a full day of work). Trainee consult notes should be co-signed/attested within 24 hours of the patient review by the ID Clinical Attending.

- b) To be available for communication with learners in real time regarding the urgent review of patients with uncertain clinical presentations who require rapid ID input on clinical decision making, and to ensure appropriate escalation of important clinical issues as needed.
- c) At times when the burden of clinical consults outstrips the capacity for timely assessment by trainees and/or their learning needs on the inpatient service, the ID Clinical Attending should be prepared and available to share the responsibility for ID service work, including patient follow-ups, initial assessments and associated documentation and administrative tasks.
- d) To provide assessments of Entrustable Professional Activities (EPAs) provided by learners within 48 hours of receipt, assuming they are received from learners in a timely fashion (see #7).

Note: Provision of clinical or formal teaching to MD students, residents or fellows does not require a clinical faculty appointment at the university. However, to be eligible to formally assess a trainee, e.g., completing an EPA as part of Competency-Based Education, a faculty appointment is required.

- e) To provide timely verbal feedback to trainees and contribute written feedback facilitating completion of In-Training Assessment/Evaluation Reports (ITARs/ITERs).
- f) To be respectful of learner responsibilities to attend Supplementary Educational Sessions and other clinical responsibilities, such as:
 - Academic Half Days
 - Scheduled Formal Teaching Sessions at each site (e.g.: clinical case rounds, microbiology plate rounds, city-wide ID/micro rounds, etc.)
 - Educational days as per PARO guidelines
 - Longitudinal Clinic
- g) To recognize that learners are not expected to be available for clinical responsibilities:
 - Following 6pm (unless assigned to be providing overnight call after 6pm)
 - Prior to 8am (unless assigned to be providing overnight call prior to 8am)
 - Between 8am and 6pm following an in-house overnight call
 - Weekends (unless assigned to be providing weekend call)
- h) To ensure that all interactions of the ID Clinical Attending with learners (as well as with all other health and allied professionals) are professional, collegial, respectful, inclusive and supportive. The ID Clinical Attending should also be able and available to provide support to learners when issues arise around professionalism, collegiality and respectful conduct with other health care providers.

- i) External physicians may page the ID physician on call at a Fully Affiliated Teaching Hospital seeking ID specialist advice. Such calls should generally be fielded directly by the ID Clinical Attending, and not by non-ID subspecialty learners or medical students. An ID subspecialty trainee may field such calls upon mutual agreement with the ID Clinical Attending, but only if their schedule and the current volume of consults allows them sufficient time to do so, and it is within their educational objectives and/or training requirements to do so.

3) ROLES AND RESPONSIBILITIES OF OUTPATIENT ID CLINICAL SUPERVISOR

The main responsibilities of an ID Clinical Attending staff towards learners in an outpatient ambulatory clinic are as follows:

- a) For all **non-ID subspecialty trainees**, such as rotating Internal Medicine trainees, elective trainees and/or medical students, all patients should be reviewed with the supervising ID Clinical Attending staff immediately after being assessed and then seen together. The number of patients seen should generally not exceed 1 new patient or 2 follow-ups per hour of clinic time.
- b) For **ID sub-specialty trainees**, patients may either be reviewed immediately after the encounter or at the end of each half day clinic based on mutual agreement between the ID Clinical Attending and the ID sub-specialty trainee. Whichever approach is taken, the supervising ID Clinical Attending should ensure that there is sufficient time to provide meaningful review of patients and edit/co-sign/attest the trainee documentation.

4) PROCEDURE WHEN THE ID CLINICAL ATTENDING WILL BE TEMPORARILY ABSENT

In the event of predictable (known 1-2 weeks ahead of time) temporary unavailability for responsibilities outlined in #2 or #3 above, the ID Clinical Attending should ensure that an alternative plan for learner support is determined and provided to the site ID Division Head. If the temporary unavailability is last minute (e.g. for medical reasons, personal/care-giver emergencies, etc.) then the site ID Division Head or their delegate should be notified immediately and becomes primarily responsible for ensuring that an alternative plan for learner support is provided, as below:

- a) To designate an alternate person to be an Acting ID Clinical Attending, to notify that person of their responsibility, and to confirm their agreement.
- b) To notify learners and ensure hospital switchboard services are notified as to who will be the Acting ID Clinical Attending, and for what period of time.
- c) To ensure that the person they appoint in the role of Acting ID Clinical Attending meets the criteria outlined in #1.

5) COMMUNICATION TO LEARNERS REGARDING ID CLINICAL ATTENDING

INPATIENT SERVICE: For learners assigned to an inpatient ID consult service, an ID Clinical Attending must be clearly identified on the call schedule for each day, and learners, preferably in writing, by the site ID Division Administrative Assistant or Education Coordinator, as to who will be the ID Clinical Attending. Most commonly, this will be performed through distribution of a call coverage schedule at the beginning of the rotation by the site ID Division Administrative Assistant or Education Coordinator.

AMBULATORY CLINICS: For learners assigned to an ambulatory clinic, the ID Clinical Attending will be designated by that ambulatory clinic, and will generally be the physician-of-record for patients scheduled in the ambulatory clinic.

6) ID PROGRAM RESPONSIBILITIES FOR PROVIDING STRUCTURED EDUCATION

- a) In addition to independently scheduled educational sessions (i.e. those arranged external to the ID rotation, such as academic half days, ID/Micro City-Wide Rounds, Medical Grand Rounds, HIV Rounds, etc.), each trainee assigned to an inpatient ID rotation should receive at least 1 hour of structured education per week. This may include Microbiology Plate Rounds, Case Rounds, Tropical Medicine Rounds, ID sub-specialty resident- or attending-led teaching sessions.
- b) The coordination of the educational session is the responsibility of the site Education Coordinator, and may be delivered by the ID Clinical Attending or their designate.
- c) The trainees should be notified regarding these educational sessions in advance, and they should be prioritized over other clinical responsibilities when possible. The timing should be established at the start of the week, so as to minimize interference with clinical duties while maximizing trainee availability.
- d) Education sessions may take various forms, including didactic lectures, case-based presentations, interactive sessions, review of guidelines or articles, or physical exam demonstrations.

7) TRAINEE RESPONSIBILITIES WHILE ASSIGNED TO ID ROTATIONS

- a) Learners assigned to inpatient ID rotations are expected to:
 - Be available to provide clinical care no later than 8am.
 - Triage consultations, and endeavor to see more urgent cases as soon as is reasonable.
 - Consult first with a more senior learner if they require assistance with clinical decision making or with performing the clinical assessment.
 - Document draft findings and draft assessment and plan in the electronic medical record prior to reviewing their assessment with the ID Clinical Attending.
 - Document final findings and assessment/plan before the end of the work day.
 - Ensure all recommendations are documented and communicated to the consulting team, as appropriate, before the end of the work day.
 - Attend scheduled ID rotation educational sessions.
 - Prioritize attendance at attending-led educational sessions.
 - Distribute EPAs to the appropriate ID attending within 24 hours of the activity to be assessed.
 - Perform any preparatory work required before an educational session, if materials are provided in advance.
 - Review the documentation provided in the site-specific ID service orientation package.
 - Ensure that all interactions of the trainee with all other health and allied professionals are professional, collegial, respectful, inclusive and supportive.
 - Provide timely notification of absences from the rotation, including personal or family emergencies or illness.
 - Ensure that consult and sign off notes are complete and reflect the current understanding of the patient's diagnosis and treatment plan based on team discussion with their attending.

- Notify the ID Resident (if available) or ID Clinical Attending urgently for patients who are acutely ill or whose clinical status is different from that understood at the time of consult receipt.
 - Ensure timely response to pages from consulting services for new consults and urgent reassessments, and notification of the ID Clinical Attending if assistance is needed to respond in a timely way.
 - Contact the ID Clinical Attending far enough in advance of 1130 to allow complete review of patient care in order for documentation to occur between 1130 and 1230 prior to any Academic Half-Day.
- b) If learners feel that staff are not adhering to any aspects of the “Roles and responsibilities of the ID Clinical Attending staff” as laid out in this document, they are asked to discuss this issue with the site Education Coordinator as a first step to resolution.

8) THE WELL BEING OF OUR ID ATTENDINGS

It is recognized that being available for ID Clinical Attending may require faculty to temporarily limit their participation in other activities; this may result in a loss of clinical income from ambulatory or other clinical activities, and/or reduce availability for research, administrative or other responsibilities that may be important career components.

Site ID Division Heads should endeavor to organize call schedules at least three months in advance, in order to allow faculty to adjust their other responsibilities and provide clinical supervision according to the guidelines above.