

## **Proposal: DFM “Back Up Attending” Roles and Responsibilities**

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### **Purpose of “Back-up Attending”**

1. Have a proactively-designated individual who is available to take over attending responsibilities in the event of:
  - a. Attending illness
  - b. Attending family emergency
  - c. Other emergent issues requiring the designated attending to not be able to perform their duties

Note: The back-up is **NOT** intended for work-related “urgencies” such as “I accidentally scheduled myself in clinic”, or “I forgot I’m also teaching a course that day”, or “I have to coach my kid’s soccer game on Saturday morning” sort of scheduling conflicts.
2. Have a designated attending available to assist with exceedingly high patient volume or very high number of admissions during the morning.

### **Scheduling expectations of those designated as “Back up Attending”**

1. Be available to round independently (if needed) from **7am-9am** on either service, usually seeing 2-4 patients who are straightforward and most likely observation patients.
2. **Pager on 24/7** during that week.
3. Available 7am-1pm to help each day including weekends if needed.
4. If the service is busy, be willing to perform morning admissions to allow the inpatient team an opportunity to care for the patients already admitted.
5. Be willing to CANCEL, last minute, any other responsibilities you might have in order to assist on either inpatient service from 7am-1pm.
6. Have an attitude when called for help by either a UW or St. Mary’s Attending of “How may I help you?”
7. **No OB call** while on back-up
8. Preferably **no clinic staffing** the mornings of back-up attending.
9. Consider lighter patient care mornings in case back-up is needed more than one day in a row (theoretically could have to cover for a whole week if scheduled attending becomes very sick last-minute.)

### **Some General Guidelines for calling Back-up Attending to Help**

(General Guidelines, not all-inclusive or set in stone)

The intent of the back-up system is similar to that of OB call: when the attending calls the back-up, the approach should be “How may I help?” rather than trying to figure out whether the use of the back-up attending is a “legitimate one”

1. Census 14 or over with early morning admissions.
2. Census 16 or over at St. Mary’s, or 16 at UW with expected discharges, so UW attending doesn’t want to activate hospitalist admissions.
3. Census 16 or over at UW with UW hospitalist nor internal medicine teaching services accepting admissions.
4. Others?

Sent out to all faculty on “mad.doc” email list on June 1, 2009.

Reviewed at the Academic Faculty Meeting June 10, 2009.

Consensus to accept at Academic Faculty Meeting July 8, 2009