

**Medicine Support Physician, 6-month Locum
Department of Medicine
Dalhousie University / Nova Scotia Health**

The Department of Medicine (DoM) has an opportunity for a 6-month locum Medicine Support Physician. The DoM is comprised of 15 medical divisions, and strives for excellence in clinical care, research, and teaching.

This position will support access and flow through our emergency services. Depending on needs, this work will occur in the Emergency Department and in the inpatient setting. This is a great opportunity for an individual with either internal medicine or hospitalist experience. Candidates must hold a CCFP, FRCPC or equivalent in Medicine.

The remuneration will be \$1600 per day/shift. There is opportunity for those with internal medicine training to also participate in a paid on-call rota. The DoM ideally is looking for one full-time locum to cover this work, but is flexible for more than one individual to cover these shifts. Additional information is included in the attached job description.

All qualified candidates are encouraged to apply. To apply for this position, please submit your expression of interest and a copy of your CV to:

Dr. Christine Short, Department Head, c/o Mariana Zhekova via email at mariana.zhekova@nshealth.ca.

The Department of Medicine is committed to fostering a collegial culture grounded in diversity and inclusiveness.

Job Description – Department of Medicine Support Physician

Roles and Responsibilities of the DoM Supporting Physician in ED

Monday to Friday daytime hours

This is a weekday shift depending on pressures of the day. Average day: 9 hours.

Day Rate is \$1600.00

Regular Expected Activity:

- 1) Review the whiteboard in the write up room each morning to note which patients are consulted to or admitted under the DoM Support Physician from the night before and are awaiting bed availability. A handover note and holding orders from the night team will be available in the chart unless the patient was admitted the preceding day.
- 2) Receive and complete consults appropriate for hospitalist level care from the ED physician, or the Triage Internist when patients do not meet MTU/IMCU criteria.
- 3) Admit patients in the ED who are suitable for the Hospitalist Medical Service (HMS) while awaiting assignment to an HMS line. Admit under MED
- 4) If a patient is identified to be better suited under another service (i.e., medically complex for MTU, non-op fractures for ortho, lower GI bleeds or obstructive pancreatitis/jaundice for general surgery etc.) consult that service to request taking over care. If the patient is accepted for admission under another service they can be removed from the DoM supporting physician roster.
- 5) Round on and actively manage ED admitted (in person or by phone as required 0800-1700hrs weekdays) HMS appropriate patients and determine what investigations, treatments, consultations may need to be started while awaiting admission to the floor.
- 6) Discharge patients who no longer require admission. Liaise with other specialties when follow up is required beyond primary care provider. Ensure a discharge summary is dictated or filled out on eSummary via clinical portal for each discharge.
- 7) Request transfer of care under the HMS as HMS beds become available by speaking to the accepting physician who has room on their census (this information will be provided by patient flow manager (cell 902 483 2750).
- 8) Hand-over to overnight, IM ED team 1800hrs (can be done in person or by phoning the write up room 902-473-3556).

Activity in times of low regular expected activity:

- 1) When less than 5 consults/admissions by noon, assist the MTU-ED team in rounding on patients admitted to the MTU who remain in the ED.
- 2) When MTU-ED team has reached census cap (15 ward patients beyond the 42 patient census of the MTU), participate in the DoM surge protocol for DoM appropriate patients in collaboration with the triage internist and DoM consult services.

Documentation/Team Communication

- To ensure the responsibility of each team member is clear, the **whiteboard** in the write up room should be used as a tool to clearly designate the MRP for each patient.
- Contact information for the DoM Internist/Hospitalist in ED should be updated and clearly indicated on the **whiteboard**
- Admitted patients' facesheets should be under appropriate MRPs and cut codes to allow nursing to know who to call during the day.
- Inpatient charts will be color identifiable depending on service (DoM SP, MTUA/B, IMCU)

Payment:

Individuals can invoice the DoM monthly for the shifts they have participated in.