

Junior Resident Guidelines for Obtaining Upper-Level Assistance with Clinical Questions

As a junior resident, you will be faced with questions regarding patient care during the course of your clinical, surgical, and on-call activities. It is important to arm yourself early with the tools that will allow you to rapidly assimilate and relay this information such that patient care is not disrupted or delayed. While you are on the Otolaryngology service, you should adhere to the following guidelines at all times:

- 1. *Know the members of your team.*** This group includes your upper level residents, rotating residents, medical students, floor and clinic personnel, and on call faculty. You should have **on your person** during all clinical activities the beeper and home phone numbers of all of your fellow residents and all clinical faculty members, as well as office, clinic and OR numbers.
- 2. *Know the call schedule and surgery schedule.*** Questions should be directed to your upper level resident first. That resident will then contact the responsible faculty member. In any emergency, contact both your upper level resident and faculty member as quickly as possible.
- 3. *Be persistent.*** Beepers may sometimes be accidentally misplaced, break, or run out of power. If paging fails contact the appropriate secretary, or if it's after hours, call a home phone number. If a faculty member can not be reached, contact the on-call faculty member using the same pattern. In the spirit of teamwork, the faculty leave their beepers on even when not on call. This same spirit of mutual support is encouraged for all residents, especially the upper level residents.
- 4. *Know your patient.*** It's always best to evaluate the patient yourself, gather information, complete the consult or clinic note, and then call your upper level resident to confirm your findings. Circumstances permitting, reading up on your patient in a basic text or journal article will greatly enhance both your own and your fellow residents' learning experience. A basic knowledge of the disease process in question is expected prior to faculty presentation, with the exception of emergencies.
- 5. *There are no inappropriate consults.*** Other services will ask you to see patients on call with questions that you may feel are not necessarily within the realm of otolaryngology. Remember that you are a physician first. You are obliged to provide compassionate care to that patient to the best of your ability, which does not include an obstructive attitude or over-the-phone management. These are opportunities to educate other services and improve the quality of future consults.
- 6. *If you have a question, ask it.*** This is an educational program for you. If you are uncertain about how to manage a patient, by all means, discuss the situation with a senior resident or faculty member. Regard them as resources and use them liberally.