Harborview Medical Center – Inpatient
The role of the CMR is made up of educational, administrative and clinical responsibilities. The CMR coordinates the majority of the housestaff teaching conferences. They schedule speakers and select and often present cases to be discussed at the weekly Chief of Medicine Rounds conference. There is a housestaff noon conference on all days of the week. Resident's report occurs 4 days of the week with Intern's report on one day per week. The CMR selects cases to be discussed at these report sessions and provides clinical teaching related to these cases. In addition to coordinating the scheduled educational activities for the residents, the CMR also provides direct teaching to MS3 students on the medicine clerkship. Medical Student teaching consists of bedside physical exam rounds each week as well as a one hour didactic session on Wednesday afternoons. A large component of the CMR's job is the administrative task of ensuring the quality educational experience of the residents and students rotating through the medicine service at Harborview. These administrative duties consist of providing orientation to the rotation and organizing feedback sessions at the end of the rotations. The CMR provides support to the residents in assistance with clinical problems, they arrange coverage for ill residents, they also provide guidance to struggling residents and act as a liaison for the relationships with the non-medicine services. The CMR helps to ensure that the Esprit de Corp of the housestaff remains high. The HMC CMR implements the admission cap system and helps distribute patients when the back up methods of covering patients admitted over the cap are exceeded (the hospitalist service).

The CMR is involved in planning for any upcoming changes to the organization of the medical service. They participate on various committees such as the education committee and act as a representative on the QI committee. Clinically, the HMC CMR accepts all transfers to the medicine service from outside of the hospital and from non-medicine services within the hospital. The CMR will assist the residents with medicine consults as needed. Most CMR will have their own continuity clinic one half day per week.

Harborview - Ambulatory Chief Resident
As the Ambulatory Care Chief Medical Resident at Harborview Medical Center, my unique teaching, clinical and administrative opportunities make for a fantastic position!

My teaching duties involve resident and medical student education. For our residents, I attend weekly in continuity clinic, conduct weekly chart reviews for teaching and quality assurance, and coordinate conferences. These conferences include weekly Pre-Clinic Conference, Psychosocial Conference, Primary Care Conference, General Medicine Conference and monthly Chief of Medicine Rounds.

For our medical students, I precept our clinical clerks in the Adult Medicine Clinic, conduct physical diagnosis rounds, lead the didactic portion for the ambulatory segment of the clerkship and precept fourth year medical students in student evening clinic each on a weekly basis.

My clinical care duties include the above and having a weekly continuity clinic.
My administrative duties include participating in a number of hospital committees including the Imaging Council and the Quality Assurance Committee and residency committees including the Clinical Competency and Housestaff Representative Committee. I am also responsible for organizing the Primary Care Quarterly Meetings.

Academic opportunities are included as well. I am currently working on a clinical study identifying the correlates of patients who do not show for their primary care appointments. I am also working as part of a team to assess our residents’ needs in order to develop a women’s health curriculum. Lastly, I am designing a care map to facilitate the ambulatory team management of common clinical problems.

The avenues for creativity, collaboration with fabulous attendings, and opportunities to work with fun, bright, and compassionate residents and students all to provide better patient care makes this position an experience of a lifetime!

RESIDENT EDUCATION
Attend in continuity clinic (weekly)
Conduct chart review (weekly)
Prepare chief of medicine rounds (monthly)
Conference scheduling/participation/feedback (psych-soc, primary care, general medicine)-4 months/year
Run primary care quarterly meetings
Boost resident morale
Coordinate pre-clinic conference

MEDICAL STUDENT EDUCATION
Precept clinical clerks in the AMC/UCC (weekly)
Conduct physical diagnosis rounds
Lead didactic curriculum for ambulatory segment of clerkship
Precept MS4s in evening clinic

CLINICAL CARE
Continuity clinic (weekly)

ADMINISTRATIVE
Hospital committees- Imaging council, QA committee
Residency committees- clinical competency, housestaff reps...

ACADEMIC
Patient show rate
Women's Health Curriculum Needs Assessment
Care Map development (can't forget this one!)
Swedish Medical Center-Providence Campus – Inpatient Residency Program:
The position has two Chief Residents sharing the role in six-month segments in a supervisory and non-supervisory capacity. Chief Residents report directly to the Director for academic issues in addition to notification of such times they may be away and the Program Coordinator for non-academic issues and time away including vacations, meetings or illness, etc. Chief Resident’s are expected to participate in meetings and other academic activities related to the program both at the UW and SMC.

Description of programs:

*Internal Medicine Residency Program*
There are 4 medical teams with one night float team. Each medical team has one UW internal medicine and 0-1 Swedish or Providence Campus family medicine senior resident, two interns (from Providence Podiatry, UW internal medicine, family medicine and psychiatry programs and from the Swedish or Providence family medicine programs), 0-1 Oralmaxillofacial resident, and 1-2 medical students from the UW. The night float team consists of one senior resident and one intern from the UW internal medicine program. UW residents rotations are monthly.

*Medical Student Program*
There are 5-8 third year medical students every three months and 0-1 fourth year student (sub-intern) per month. Students in their second year of medical school come to the Providence Campus as part of their Introduction to Clinic Medicine Course.

Primary responsibilities of the supervising chief resident with respect to the residents and students includes:

1. Arrange call schedule for all residents in the UW internal medicine department and SMC-Providence family medicine residents in conjunction with the other chief residents
2. Communicate call schedule issues to Program Coordinator.
3. Post-call morning rounds with the resident and medical student teams 3-4 mornings per week
4. Academic attending rounds for 2 months during supervisory role.
5. Provide medical back up to the residents - answer questions, teach and supervise procedures
6. Deal with problems; arrange coverage for sick leave and other emergencies
7. Available by pager 24 hours a day (1/4 weekends)
8. Provide feedback to and evaluate the residents
9. Participation in resident competency evaluation
10. Teach and participate in resident's report 4 days per week
11. Serve as an advocate for the residents and their education
12. Along with Director, actively seek teaching attendings for residents
13. Formal teaching including physical diagnosis rounds once or twice per week for the third year medical students
14. Arrange outpatient attendings for the third year medical student clinic experience. Contact them at least once during rotation to discuss student’s progress.

15. Arrange appropriate patients for history and physical examination skills for second year medical students.

16. Meet with students on a regular basis throughout their 3-month rotation to teach and provide feedback on their performance, presentations and write-ups.

17. Evaluate students and participate in the grading sessions.

18. Deal with problems and serve as an advocate for the students and their education.

19. Provide orientation for interns, residents, students and visiting students.

20. Facilitate and attend clinical Conferences as outlined below:

   1) Organize the Weekly Multidisciplinary Medicine through which CME credit is given to providers who attend. Select one to two cases to be presented at each conference. Review charts, selecting the appropriate radiology and pathology studies to be presented, perform the literature search on the most relevant topics, arranges the discussants from different specialties and subspecialties, and coordinate the conference with the moderator, residents, students and the attendings involved with the case.

   2) Run Resident’s report as listed above.

   3) Along with Program Coordinator, and other Chief Residents, arrange the Monday Noon Teaching Conferences at all 4 hospital sites within the UW internal medicine program.

   4) Organize the Medical Trivia Conference once per month.

   5) Facilitate and attend radiology conference with the residents once per week, pharmacology conference once per week, chest conference twice a month, Ethics Rounds once per month, etc.

   6) Send thank you letters to all physicians who participate in the Medicine M&M Conferences as well as all speakers for the Monday Noon Conferences.

21. Participate in SMC meetings as appropriate for the program.

**Non-supervisory Chief Resident role**

1. Three to four academic attending teaching months.

2. Provide backup for supervisory Chief Resident as needed.

3. During this six month block the Chief Resident will be involved in academic activities such as performing clinical research, medical writing, writing clinical cases or other medical subjects, organizing with fellow Chief Resident medical conferences and attending medical clinics.

4. Attend a minimum of one Resident Report per week.

**“Inactive” Time**

There are two chief residents who each do 6 months of active and 6 months of inactive time.

1. Two of the three Academic attending teaching months are done during this time.

2. The inactive chief resident assists the active chief as needed.

3. The bulk of this time is used for academic endeavors including research, publications, medical conferences, clinical work, etc.
**Roosevelt – Ambulatory Chief Resident**

The position has been designed to enhance independent teaching and patient care opportunities and protected time for scholarship. It is a year of excellent preparation for a clinician-teacher position as well as general internal medicine practice.

The position includes:

- Precepting residents in clinic, supervised the first six months and independent precepting the second six months
- One month of UWMC ward attending
- Continuity clinic for your own panel of patients
- Precepting students in clinic and teaching physical diagnosis to students on ward med
- Participating in the UWMC Roosevelt teaching program, including chart review and conducting pre-clinic conference
- Chief resident activities:
  - serve on housestaff reps and clinical competency committee, and developing the residency program
  - conducting UWMC Chairman's Rounds one session per month
  - coordinate the primary care activities and teaching conferences 4m/year (along with the other primary care CRs)
  - Protected time for scholarship each week
VA Puget Sound Health Care System – Inpatient
VA Chief Medical Resident Job Description

The VA chief job is divided into two six-month blocks: an administrative/leadership block of six months devoted to inpatient administration, teaching and patient care and an academic six months with a focus on scholarly work plus some teaching and patient care.

During the administrative block, the chief’s duties include arranging and attending teaching conferences on Monday and Wednesday for the housestaff and the weekly chief of medicine conference on Tuesdays. The administrative chief resident organizes morning report (where patient care is discussed) and the weekly interns’ report. Additional administrative duties include reviewing and modifying policies governing student and resident activities. Teaching activities include medical student teaching rounds 2-3 times per week, teaching at morning report and periodically giving the didactic session for intern’s report. In addition, the administrative chief resident will often be the speaker at one of the Chief’s rounds. Clinically, the administrative chief is responsible for the completion of inpatient medical consultations during weekdays and assisting the house staff with clinical care. In addition, the administrative chief attends his or her own primary care continuity clinic weekly.

During the scholarly block, the chief resident completes scholarly projects designed by each individual chief with the assistance of the chief of medicine. Scholarly activities might include graduate courses on statistics or research methods, doing basic science or clinical research, and writing review or original research articles. Clinically, the chief resident on the scholarly block one month as a ward attending and attends a primary care continuity clinic weekly. The chief resident on the scholarly block provides back up to the administrative chief for vacations, illness or emergency leave.

VA Puget Sound Health Care System - Clinician Teacher Fellow

The clinician-teacher position includes extensive teaching and clinical activities and is an opportunity to expand skills in these areas. The clinician-teacher has his/her own patient panel and clinic sessions, and attends in the PEC. Teaching includes one month of inpatient attending, precepting for medical students and residents in the GIM clinic and PEC, and conducting resident pre-clinic conference. Scholarship is an important component of the position and one day per week is set aside for development of a scholarly project, in addition to one month during the year.
VA Boise – Inpatient
There are typically two chief residents at BVAMC. In any month, one chief covers inpatient medicine and the other ambulatory care and student teaching. The schedule is somewhat flexible, with some past chiefs rotating every three months and some rotating monthly.

Inpatient responsibilities include:
Organizing morning report four times per week
Organizing interns report once weekly
Recruiting and coordinating speakers for Grand Rounds once weekly
Arranging and cleaning lecture rooms and ordering breakfast for Grand Rounds
Coordinating inpatient team assignments and patient redistribution

Ambulatory responsibilities include:
Recruiting and coordinating speakers for noon conference three times per week
Arranging and cleaning lecture rooms and arranging lunch sponsors
Organizing and leading Ambulatory residents conference once weekly
Medical student physical diagnosis rounds once weekly
Medical student EKG conference once weekly

In addition, each chief has the following duties:
Ward attendance for 2 months of the year
Two-three medical student teaching lectures per quarter
Clinic supervisor for an R2 clinic panel
One half day in clinic per week managing a personal clinic panel of ~100 patients
Read hospital EKGs once per week (typically ~15-20)
Assist with procedures including bone marrow biopsies, exercise treadmills, etc.
Serve as medical back-up for two weeks out of the year
Serve in the faculty at-risk rotation for admissions over the cap
Serve on the hospital Medical Records and P&T committees

The chief residents also perform the essential function of maintaining the morale of the residents and interns, accomplished by being everything from sounding board to social host. Each day brings a variety of stimulating and challenging activities. The faculty and staff at BVAMC have been teaching residents and students for over 20 years, and the learning environment is terrific.