SUBJECT
Department of Family and Community Medicine Resident Clinical Responsibilities

PURPOSE
To provide a general overview of the resident roles, responsibilities and functions while on rotation in the UC Davis Medical Center Department of Family and Community Medicine. This is meant to address issues relating to degrees of independent clinical practice, interactions with and supervision by faculty, performance of procedures and interactions with or supervision of other housestaff or medical students. It is expected that residents will demonstrate ongoing maturity during each training year and will progressively transition into the next level by the end of prior academic year.

POLICY
In general, the roles, responsibilities and functions of a Department of Family and Community Medicine resident, per training year, are as follows:

PGY-I
- See broad spectrum of undifferentiated patients on all shifts, in order of presentation of assignment by attending or senior resident with an emphasis on quality of patient evaluation and care.
- Perform the initial assessment of the patient and actively participate in all aspects of patient care, including history and physical, diagnostic and therapeutic planning, procedures, writing orders, and interactions with family.
- In-depth discussion of all cases with the attending prior to initiation of all but the most basic diagnostic studies or therapeutic interventions.
- No supervision or direction of decisions of other residents or medical students, but ensure active student involvement in the care of the patients the student is following.
- All procedures must be done under direct approval and supervision of attending.

PGY-II
- Responsible to be familiar with patients and serve as the attendings’ principal resource for day-by-day patient data.
- Responsible for supervising both interns and students.
- Emphasis on gaining experience with full spectrum of procedures, honing proficiency, and balancing quality of patient evaluation and care with improved overall efficiency.
- May initiate common diagnostic studies and therapeutic interventions in straight forward patients, prior to attending presentation.
- Decisions regarding invasive procedures, change in plans, discharge or problems are discussed in-depth with the attending. Specialized diagnostic studies, uncommon therapeutic interventions, and use of consultants, must be discussed with the attending prior to initiation.
- All procedures must be done with complete attending supervision and approval.
- May take selected presentations from interns or medical students with attending approval.
- Responsible for maintaining medical records.
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PGY-III

- Play supervisory role with increased teaching, consultative and research activities.
- Continue to see broad spectrum of patients, but with emphasis on those with highest acuity or greatest critical illness.
- Emphasis on time, resource and efficiency management. Goal is to gain competence in managing administrative, patient flow and team coordination activities, as well as continuing direct primary care of multiple patients.
- “Polish” proficiency with full range of medical procedures.
- Must discuss all cases with the attending prior to disposition decisions. May initiate common diagnostic studies and therapeutic interventions prior to attending discussion. May also initiate more sophisticated diagnostic studies and therapeutic interventions, with attending approval.
- May take presentations from interns and medical students and assist in their patient care management, with attending approval.
- May attempt or initiate procedures, with attending approval.
- May assist with the attempt, or initiation of, procedures by more junior level housestaff, with attending approval (and if so certified by the residency training program, as appropriate.)
- Responsible for running “board rounds” at change of shift.
- Responsible for maintaining medical records.