

UC Davis Medical Center  
Office of Graduate Medical Education  
Resident Roles and Responsibilities ~ Otolaryngology

Last Reviewed: January 2016

**SUBJECT** Department of Otolaryngology – Head and Neck Surgery resident clinical responsibilities

**PURPOSE** To provide a general overview of the resident roles, responsibilities, and functions while on service in the UC Davis Medical Center Department of Otolaryngology – Head and Neck Surgery. 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 Otolaryngology – Head and Neck Surgery resident, per training year, are as follows:

**PGY-I**

1. Responsible for the evaluation, diagnostic studies, and therapeutic plan of the patients on their service under supervision of senior residents or attending staff.
2. Emphasis on quality of initial patient evaluation and development of care plan.
3. Will have experience with basic surgical instruments and familiarity with specialty-specific surgical instruments.
4. Introduction to the full spectrum of specialty specific surgical procedures, honing proficiency, and balancing quality of patient evaluation and care with improving overall efficiency. Allowed to suture the subcutaneous tissue after demonstrating adequate technical ability. All surgical procedures deep to the subcutaneous tissue require supervision by senior residents or attending staff.
5. Responsible for supervision, direction, and education of medical students.
6. No responsibility for supervision or direction of decisions of other residents.
7. Responsible for being familiar with all inpatients and consults and serving as a resource for day-by-day patient data.
8. Responsible for maintaining medical records.

**PGY-II**

In addition to the roles and responsibilities of PGY-I:

1. Responsible for the evaluation, diagnostic studies, and therapeutic plan of the patients on their service under supervision of senior residents or attending staff.
2. Emphasis on quality of initial and ongoing patient evaluation and development of a detailed and comprehensive care plan.
3. Will have good facility with basic surgical instruments and increasing experience with specialty-specific surgical instruments.

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4. Emphasis on gaining experience with full spectrum of procedures, honing proficiency, and balancing quality of patient evaluation and care with improved overall efficiency. Demonstrate ability to suture and operate on cutaneous and subcutaneous tissues independently. All surgical procedures deep to the subcutaneous tissue require supervision by senior residents or attending staff.
5. May start IVs, and draw arterial and venous blood gases independently. Placement of central lines, arterial catheters, and chest tubes are to be done under direct supervision until expertise has been demonstrated.
6. No responsibility for supervision or direction of decisions of other residents.
7. Responsible for day-to-day care of assigned inpatients and consults and serving as a resource for day-by-day patient data to upper level residents and attending staff.
8. 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.
9. Responsible for maintaining medical records.

### PGY-III

In addition to the roles and responsibilities of PGY-I through PGY-II:

1. Increased teaching, consultative and research activities.
2. In addition to the technical procedures for PGY-II, may insert chest tubes when necessary without direct supervision. May perform bedside surgical and diagnostic procedures without supervision as approved by attending staff.
3. May attempt or initiate all bedside procedures, with attending approval.
4. 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.)
5. Responsible for day-to-day care of assigned inpatients and consults and serving as the principal resource for day-by-day patient data to upper level residents and attending staff.
6. Responsible for running evening rounds at evening change of shift and for providing a teaching discussion presentation at morning board rounds.
7. Responsible for maintaining medical records.

### PGY-IV

In addition to the roles and responsibilities of PGY-I through PGY-III:

1. Supervisory role over junior level residents, with increased teaching and consultative responsibilities as second call.
2. May carry out and supervise bedside surgical and diagnostic procedures without supervision as approved by attending staff.
3. May initiate all operative procedures, with attending approval.

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4. May assist with supervision of junior level operative procedures by the junior level residents, with attending approval (and if so certified by the residency training program, as appropriate.)
5. Responsible for day-to-day care of assigned inpatients and consults and serving as the principal resource for day-by-day patient data to upper level residents and attending staff.
6. Responsible for running evening rounds at evening change of shift and for providing a teaching discussion presentation at morning board rounds.
7. Responsible for maintaining medical records.

#### PGY-V

In addition to the roles and responsibilities of PGY-I through PGY-IV:

1. Build on initial residency knowledge base to be able to work with and treat both inpatients and outpatients in an independent manner.
2. Learn indications, complications, alternatives, and expected outcomes of all sub-specialty procedures
3. Learn appropriate use of diagnostic studies in all sub-specialty areas, so as to be able to order and interpret them in an independent manner.
4. Consolidate understanding of proper use of all medications pertinent to this field, to be able to prescribe in an independent manner.
5. May carry out major nonlife-threatening surgical procedures and may carry out all diagnostic procedures without direct supervision.
6. Responsible for running morning rounds and supervising all residents in the day-to-day care of all inpatients on service and organizing all off-service consultations.
7. Responsible for supervising junior residents.
8. Responsible for maintaining medical records.
9. Progressive development of sound clinical judgment and solid operative skills in all facets of otolaryngology will be expected.