Department of Psychiatry and Behavioral Sciences 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 Psychiatry and Behavioral Sciences. 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 the prior academic year.

POLICY
In general, the roles, responsibilities and functions of a Department of Psychiatry and Behavioral Sciences resident, per training year, are as follows:

PGY-I
1. 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.
2. Emphasis on adult with occasional pediatric psychiatric evaluation and consultation as well as psychiatric medication management.
3. 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.
4. In-depth discussion of all cases with the attending prior to initiation of all but the most basic diagnostic studies or therapeutic interventions.
5. Limited supervision and direction of decisions of other residents or medical students; ensure active student involvement in the care of the patients the student is following.
6. All procedures must be done under direct approval and supervision of attending.

PGY-II
1. Responsible to be familiar with patients and serve as the attendings’ principal resource for day-by-day patient data.
2. Emphasis on gaining experience with full spectrum of procedures, honing proficiency, and balancing quality of patient evaluation and care with improved overall efficiency.
3. May initiate common diagnostic studies and therapeutic interventions in straightforward patients, prior to attending presentation.
4. Decisions regarding psychopharmacology, 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.
5. All procedures must be done with complete attending supervision and approval.
6. May take selected presentations from interns or medical students with attending approval.
7. Responsible for maintaining medical records.

PGY-III
1. Play supervisory role with increased teaching, consultative and research activities with interns and students.
2. Continue to see broad spectrum of patients, but with emphasis on adult and pediatric outpatient psychiatry, including cognitive-behavioral psychotherapy and psychodynamic psychotherapy.
3. Must discuss cases at initial evaluation with the attending prior to making treatment planning 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.
4. Responsible for maintaining medical records.

PGY-IV
1. Take presentations from junior residents and medical students and assist in their patient care management, with attending approval.
2. Experience in administrative psychiatry to lead a team of junior residents and medical students.
3. 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 care of multiple patients.
4. “Polish” proficiency with full range of psychotherapies.