

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

Last Reviewed: January 2016

- SUBJECT** Department of Internal 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 Internal 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. The American Board of Internal Medicine P&P prerequisites for certification include the following: "Of the total 36 months of training, at least 24 must include meaningful patient responsibility. In each year of training, responsibility for patient care must increase." This increased responsibility is drawn from many different facets in the residency training process and includes clinical training and teaching responsibilities to the less experienced members of the team. The resident, in addition to regular physician duties and a responsibility to continuing education, manages the team and reports to the attending faculty physician.
- POLICY** In general, the roles, responsibilities and functions of a Department of Internal Medicine resident, per training year, are as follows:
- PGY-I**
- Interns in medicine do the initial assessment of the patient and actively participate in all aspects of patient care, including initial history and physical, diagnostic and therapeutic planning, procedures, and interaction with family. This is reviewed with the responsible PGY-II or III and the faculty attending. Orders are written by the PGY-I. The PGY-I's role in student teaching is primarily that of ensuring active student involvement in the care of the patients the student is following.
- PGY-II**
- The PGY-II or III is responsible for supervising both interns and students, to be familiar with patients, and to be the principal resource for the attending for day-by-day patient data. Decisions regarding invasive procedures, change in plans, discharge or problems are discussed with the attending physician of record. PGY-II's are responsible for maintaining hospital Medical Records and meeting credentialing requirements appropriate to their post graduate level.
- PGY-III**
- The PGY-III resident continues the supervisory role under attending guidance practiced in the PGY-II year with increased teaching, consultative, and research activities. PGY-III's are responsible for maintaining hospital Medical Records and meeting credentialing requirements appropriate to their post graduate level. In addition to responsibilities as the senior resident in-house.

## Fellows

Fellows generally are trainees beyond their initial residency period. They are expected to continue to gain knowledge, procedural skills, and judgment in their chosen field of specialty study, building on their initial residency base and working both with inpatients and outpatients. Fellows will learn indications and complications of specialty procedures, appropriate use of diagnostic studies in their area, and proper use of medications. Progressive development of solid clinical judgment will be expected. They are supervised by attending physicians and may supervise residents.

## Attending Physician

Attending physicians are required to provide teaching rounds to the team of residents and students a minimum of one to two hours, three times a week. Attendings are to meet separately with the students and give critique on write-ups. Attendings provide teaching rounds, including bedside teaching, which includes physical examination and patient interaction skills. Attendings are responsible for the care on a continuous basis when they are on the teaching service.

They write their own daily notes in the patient record. In addition, they concur in writing on discharges, deaths, transfers, and major procedures, and act as the primary consulting physician for the team.

In terms of practical application the intern is responsible for a full history and physical, complete with an assessment and plan. The resident is responsible for review of the intern's history and physical, and making any additions or corrections to it. One history and physical will be on the chart before the team leaves the hospital following admitting the patient. Daily progress notes are primarily the responsibility of the intern. When a patient is cared for by a MS-III or MS-IV, the daily progress note written by the student must be countersigned by the intern or resident. The student note does not substitute for the intern note in the chart. Each patient shall have at least one progress note daily. The discharge summary can count as the progress note on the final day of admission.

Evaluation of House Staff is accomplished by written and verbal evaluations from the attending physician for students, interns and residents on the service at the end of the learners' rotation. The supervising resident is responsible for written and verbal evaluation of the respective intern(s) and students at the end of their rotations. Students and interns evaluate their other team members as well. Residents, interns and students all evaluate the rotation and the attending physician's performance at the end of the rotation. Evaluations are reviewed with the house officers on a semiannual basis at a minimum. If there is any serious concern about any house officer or faculty member's performance, it should be immediately reported to the Chief Resident or Training Program Director.

The house officer's abilities in history-taking and physical diagnosis are also evaluated by direct observation. All of the evaluations are kept in the house officer's file and are accessible for review by the house officer and the Clinical Competence Committee as charged by the American Board of Internal Medicine.