SUBJECT

Department of Orthopaedic Surgery Resident Clinical Roles and Responsibilities

PURPOSE

To provide a general overview of the resident roles, responsibilities and function while on rotation in the UCD Davis Medical Center Department of Orthopaedic 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 house staff 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 Orthopaedic Surgery resident, per training year, are as follows:

PGY 1 (Internship)

1. All PG 1 positions in Orthopaedic Surgery are allocated to General Surgery for six months of preliminary General Surgery internship training.
2. Director of Orthopaedic Surgery Residency Training Program is responsible for the design, implementation, and oversight of the education of Orthopaedic PG 1 positions.
3. Approved rotations are in accordance with the ACGME Rules and Procedures for Orthopaedic Surgery and the American Board of Orthopaedic Surgery requirements for a trainee to be admissible to Part I of the ABOS certification process. There are thirteen – 4 week rotations per year with one rotation assigned to vacation. Of the remaining twelve rotations, the PG 1 will be assigned as follows:
   a. A minimum of six months of structured education in surgery to include multisystem trauma, plastic surgery/burn care, intensive care, and vascular surgery.
   b. A minimum of one month (rotation) of structured education in at least three of the following: emergency medicine, medical/cardiac intensive care, internal medicine, neurology, neurological surgery, rheumatology, anesthesiology, musculoskeletal imaging, and rehabilitation.
   c. A maximum of six months (rotations) of orthopaedic surgery.
4. PGY 1s on Orthopaedic Surgery rotations are assigned to a specific service with the following expectations:
   a. Participate as an unlicensed member of assigned patient care team.
   b. Obtain direction/consultation with licensed orthopaedic resident or faculty member prior to implementing any treatment plan or documentation.
   c. Obtain legal signature of licensed orthopaedic resident or faculty member on any orders or written documentation.
   d. Take emergency room call as scheduled; examine patients and discuss all findings/treatment plans with Orthopaedic resident on-call.
e. Obtain history and physical examination.
  f. Obtain consent form in accordance with policy.
  g. Write progress notes.
  h. Dictate discharge summary as requested.
  i. Perform invasive procedures under the direct supervision of licensed orthopaedic resident or faculty member.

5. Appointments are made for a period of one year at a time and are subject to annual renewal based upon satisfactory performance and funding availability. An appointment is contingent upon meeting the residency training program requirements as specified by the Department of Orthopaedics, the Accreditation Council for Graduate Medical Education, and the relevant specialty board.

6. The Department of Orthopaedic Surgery requires that all PG 2s apply for licensure immediately following completion of internship. A formalized application for licensure must have been completed and submitted to the Medical Board by July 30th following completion of the PG 1 year.

7. All orthopaedic PG 1 positions upon successful completion of internship training will progress automatically to a PG 2 orthopaedic residency position.

General Responsibilities of Orthopaedic Surgery Residents

1. Assist in all aspects of orthopaedic surgery as relates to Departmental Medical Staff Privilege form including Category I, Category II, and Category III Microsurgery.

2. Recognize level of competency and seek help from senior residents and/or faculty member to maintain quality care. Department is organized into specialty services each with faculty supervision, chief resident, and junior resident(s). Level of responsibility is assigned in accordance to demonstrated skill level of individual resident.

3. Obtain faculty consultation in the following cases:
   a. New patient visits in clinic
   b. Discharged patients
   c. All patients going to surgery including emergency room patients
   d. All off-service consultations

4. Attend all departmental educational conferences.

5. Maintain a scheduled reading program.

6. Maintain an up-to-date log of surgical cases in CPT format for in ACGME case log database.

7. Complete medical records in an accurate, timely manner.


9. Meet UCDMC requirements for employment including Personnel and Medical Staff.

10. Complete rotation evaluations four to five times annually on faculty and evaluation.

11. Take the Orthopaedic In-Training Examination on a yearly basis.
12. Communicate with faculty mentor who is assigned to resident for the duration of their training to facilitate successful completion of training program.

13. Cooperate with peers in providing quality patient care, maximizing educational opportunities, and respecting research commitments, which requires positive communications and proactive planning.

PGY II - PGY III (Junior Resident)
1. Perform assigned duties, including emergency call, clinic assignments, surgery, inpatient coverage, administrative, and educational duties in a willing, pleasant, and complete manner to the best of capability.
2. Complete history and physical examination, consent forms, progress notes, discharge summaries for service in absence of PG 1 coverage.
3. Provide in-house emergency room coverage as assigned.
4. Be available for back-up call coverage as scheduled.
5. Prepare all surgical cases including scheduling as assigned.
6. Under the overall supervision of chief resident or faculty member, provide indirect supervision to interns and students including teaching, consultation, and case management.
7. Countersign student orders and progress notes in accordance with level of competency.
8. Organize x-rays for conferences including Quality Improvement, Triage, Grand Rounds, and all others applicable.
9. Present cases for conferences as assigned by Chief Resident or Faculty.
10. Accompany patients to X-ray or other special study areas in hospital when physician presence is required.

PGY IV - PGY V (Service Chiefs)
1. Monitor accuracy of surgery planning for service insuring schedule, junior resident assignments, faculty coordination, equipment needs, etc.
2. Provide direct supervision of junior residents on service regarding responsibilities; consult as appropriate with junior residents; obtain faculty direction as needed.
3. Provide primary consultation to junior residents on service.
4. Perform operative procedures that, in the opinion of faculty attending, is within capability; when appropriate, assign operative procedure to junior resident providing direct supervision.
5. Be available for call consultation as scheduled; discuss all cases with faculty member on-call prior to implementing plan.
6. See all in-house consultation; consult with faculty as requested or needed. This responsibility cannot be delegated to junior resident.
7. Assume responsibility for conduct of all service oriented scheduled.
PGY V (Administrative Chief)

8. Assume responsibility as assigned (usually three months) during last year of training; position considered honorary as additional stipend accompanies appointment and is not automatic.
9. Establish, in cooperation with Housestaff Administrator, On-Call schedule for department maintaining proper coverage at all times.
10. Approve all resident leave requests that do not meet departmental policy.
11. Monitor resident attendance at conferences.
12. Assume overall responsibility for resident performance serving as a consultant for service chiefs as necessary.
13. Coordinate and provide to faculty peer-review of residents on a quarterly basis.
14. Coordinate constructive resident review of faculty members.
15. Serve as a resident mentor to peer residents if requested.
16. Establish policies with Program Director approval to improve resident systems.
17. Communicate with Program Director in a timely manner any problem areas.