

UC Davis Medical Center
Office of Graduate Medical Education
Resident Roles and Responsibilities ~ Physical Medicine & Rehabilitation

Last Reviewed: January 2016

SUBJECT Department of PM&R 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 Physical Medicine and Rehabilitation (PM&R). 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 PM&R resident, pertaining year, as follows:

PGY-I

1. See broad spectrum of patients on all rotations, in order of presentation or assignment by attending or senior resident with an emphasis on quality of patient evaluation and care
2. 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.
3. In-depth discussion of all cases with the resident or attending physician prior to initiation of all but the most basic diagnostic studies or therapeutic interventions.
4. All procedures must be done with complete approval and supervision of resident or attending.
5. Responsible for maintaining medical records

PGY-II

1. See broad spectrum of patients on all rotations, in order of presentation or assignment by attending or senior resident with an emphasis on quality of patient evaluation and care.
2. 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.
3. In-depth discussion of all cases with the attending prior to initiation of all but the most basic diagnostic studies or therapeutic interventions.
4. All procedures must be done with complete approval and supervision of attending immediately available.
5. Responsible for supervising both interns and students.
6. Responsible for maintaining medical records.

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PGY-III

1. Responsible to be familiar with patients and serve as the attendings' principal resource for day-by-day patient data on the inpatient service.
2. Responsible for supervising interns, junior residents and students.
3. Emphasis on gaining experience with full spectrum of patient procedures, honing proficiency, and balancing quality of patient evaluation and care with improved overall efficiency.
4. May initiate common diagnostic studies and therapeutic interventions in straight forward patients, prior to attending presentation.
5. Decisions regarding invasive procedures, change in plans, discharge or problems are discussed in-depth with the attending.
6. All procedures must be done with attending supervision and approval.
7. Responsible for maintaining medical records.

PGY-IV

1. Supervisory role with increased teaching, consultative and research activities.
2. Continue to see broad spectrum of patients, but with emphasis on those with highest acuity or greatest critical illness.
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 care of multiple patients.
4. "Polish" proficiency with full range of medical procedures.
5. May attempt or initiate procedures, with attending approval.
6. 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.)
7. Responsible for maintaining medical records.