

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

Last Reviewed: January 2016

**SUBJECT** Department of Pediatrics Resident Clinical Responsibilities

**PURPOSE** To provide a general overview of the roles, responsibilities and functions of residents in and rotating through the UC Davis Department of Pediatrics. This document 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 Pediatrics resident, per training year, are as follows:

**SUPERVISION** All PGY-I's are directly or indirectly supervised by a senior resident (PGY-II or PGY-III), fellow, or attending that is physically present or within the confines of the site of patient care.

#### **GENERAL PEDIATRIC WARD (including NIGHT TEAM)**

- PGY-I resident initially evaluates patient and reports to the in-house PGY-II/ PGY-III
- PGY-II or PGY-III residents provides direct or indirect supervision with direct supervision immediately available.
- Faculty attending supervises PGY-II/ PGY-III resident, PGY -I resident. The attending provides immediate indirect supervision via phone consultation and is also available to provide direct supervision.

#### **HEMATOLOGY/ONCOLOGY WARD SERVICE**

- PGY-I resident initially sees all patients that are admitted and reports to the PGY-II on this service
- PGY-II resident supervises PGY-I resident. The hematology/oncology PGY-II provides direct or indirect supervision with direct supervision immediately available. If the hematology/oncology PGY-II or attending is not available, the PGY-II or PGY-III on the general pediatric ward service provides the direct or indirect supervision.
- Faculty attending supervises PGY-II, and PGY-II residents. The attending provides immediate indirect supervision via phone consultation and is also available to provide direct supervision.

#### **NEONATAL INTENSIVE CARE UNIT**

- PGY-I residents are responsible for direct patient care and report to fellow or attending.
- PGY-II residents are responsible for direct patient care and reports to fellow or attending.
- PGY-III resident helps supervise the PGY-II and PGY-I residents. PGY-III will have direct patient care and reports to neonatology fellow, neonatal nurse practitioner, or faculty attending.

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

Last Reviewed: January 2016

- Neonatology fellow supervises PGY-I, PGY-II, and PGY-III residents. Fellows report directly to the neonatology attending. The fellow provides in-house direct or indirect supervision with direct supervision immediately available.
- Faculty attending supervises the fellows and residents. The attending provides immediate indirect supervision via phone consultation and is also available to provide direct supervision.

#### PEDIATRIC INTENSIVE CARE UNIT

- PGY-II Pediatric resident is responsible for direct patient care and reports to the faculty attending.
- Emergency Medicine PGY-III resident is responsible for direct patient care and reports to the faculty attending.
- PGY-III Pediatric resident is responsible for direct patient care and has a supervisory role. PGY-III reports to faculty attending.
- Faculty attending supervises residents. The attending provides direct or indirect supervision with direct supervision immediately available in-house.

#### PEDIATRIC EMERGENCY DEPARTMENT

- PGY-I residents are responsible for direct patient care and reports to PGY-II or PGY-III resident on-call in-house or the in-house faculty attending.
- PGY-II/ PGY-III resident supervises PGY-I resident. Regularly PGY-II/ PGY-III may be involved in direct patient care and they report to the faculty attending. The PGY-II/ PGY-III provides direct or indirect supervision with direct supervision immediately available
- Faculty attending supervises PGY-II/ PGY-III and PGY-I. Depending on workload, faculty attending may be involved in direct patient care or can delegate this responsibility to the senior residents. The attending provides direct or indirect supervision with direct supervision immediately available in-house.

#### URGENT CARE/AFTER HOURS UGENT CARE CLINIC

- PGY-I residents are responsible for direct patient care and report to faculty attending.
- PGY-II/ PGY-III are responsible for direct patient care and report to the faculty attending.
- Faculty attending supervises residents. Depending on workload, faculty attending may be involved in direct patient care or can delegate this responsibility to the senior resident. The attending provides direct or indirect supervision with direct supervision immediately available.

#### NORMAL NEWBORN NURSERY (NNN)

- PGY-I residents are responsible for direct patient care and reports to the PGY-III.
- PGY-III is responsible for supervising the PGY-I and reports to the faculty attending. The PGY-III provides direct or indirect supervision with direct supervision immediately available. If the

- NNN PGY-III or NNN attending is not available, the neonatology fellow or attending provides direct or indirect supervision with direct supervision immediately available.
- Faculty attending supervises all residents. The attending provides immediate indirect supervision via phone consultation and is also available to provide direct supervision.

#### CONTINUITY CLINIC

- PGY-I/II/III residents are responsible for direct patient care and report to the faculty attending.
- Faculty attending supervises residents. The attending provides direct or indirect supervision with direct supervision immediately available.

#### All other PGY-I rotations

- Senior resident, fellow, or attending provides direct supervision or indirect supervision with direct supervision immediately available.

#### All other PGY-II/III rotations:

- The fellow or attending provides immediate indirect supervision via phone consultation and is also available to provide direct supervision.

#### PGY-I

- Sees the broad spectrum of undifferentiated patients on all rotations, in order of presentation of assignment by attending, senior resident (PGYII or above), or fellow, with an emphasis on quality of patient evaluation and care.
- Learns to distinguish seriously ill patients from those less acutely ill. Performs the initial assessment of the patient and actively participates in all aspects of patient care, including history and physical, diagnostic and therapeutic planning, procedures, writing orders, interactions with family, and maintaining medical records.
- Discusses all cases in-depth with the attending, senior resident, or fellow prior to initiation of all but the most basic diagnostic studies or therapeutic interventions.
- Does not supervise or direct decisions of other residents.
- Supervises medical students and ensures active student involvement in the care of the patients the student is following.
- Are directly supervised or indirectly supervised with direct supervision immediately available by a senior resident, fellow, or attending.
- Attempts all invasive procedures under the supervision of attending, senior resident, fellow, or other staff competent in procedure, until certified as competent in the procedure by the residency program. After certification as competent in procedure by the residency program, may attempt or initiate procedures, with attending approval.

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

Last Reviewed: January 2016

PGY-II: Roles, responsibilities and functions of PGY-I plus:

- Develops efficiency in patient care, particularly focusing on acutely ill children and care of children with complex chronic conditions.
- Develops skill as a general pediatric consultant.
- Supervises both interns and students. On supervisory rotations, is familiar with patients on entire service and may hear presentations from interns and medical students and assist in their patient care management, with attending approval.
- May initiate common diagnostic studies and therapeutic interventions in straight forward patients, prior to attending presentation.
- Discusses decisions regarding invasive procedures, change in plans, discharge or problems in-depth with the attending. Discusses the use of specialized diagnostic studies, uncommon therapeutic interventions, and consult with the attending prior to initiation.
- Improves proficiency in procedures.
- May attempt or initiate unsupervised procedures, with attending approval (and if certified by the residency training program). May supervise, or assist with the attempt or initiation of procedures by more junior level housestaff or medical students, with attending approval (and if so certified by the residency training program, as appropriate.)

PGY-III: Roles, responsibilities and functions of PGY-II plus:

- Continues to see broad spectrum of patients, but with emphasis on those with highest acuity, greatest critical illness, or more complex chronic conditions. 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 primary care of multiple patients.
- Discusses all cases with the attending prior to disposition 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.
- Plays supervisory role with increased teaching, consultative and research activities.
- Increases autonomy and leadership skills through leading rounds where appropriate.
- "Polishes" proficiency with full range of medical procedures.