

**Title:** Resident Responsibilities Policy**References:** ACGME Common Program Requirements–Residency (CPR-R, focused revision effective July 1, 2020); ACGME Common Program Requirements–Fellowship (CPR-F, new requirements effective July 1, 2019); ACGME Institutional Requirements (IR, focused revision effective July 1, 2021)

## I. Purpose

This policy defines the responsibilities of Residents attending Accreditation Council for Graduate Medical Education (ACGME)-accredited graduate medical education (GME) programs at The University of Texas Rio Grande Valley (UTRGV) School of Medicine (SOM). Further, the policy defines Program Leadership responsibilities to maintain specific descriptions for progressively increasing levels of patient care responsibility for Residents, under the supervision of qualified faculty.

## II. Scope

This policy applies to Residents and Program Leadership in ACGME-accredited residency and fellowship programs at UTRGV.

## III. Definitions

- **Competencies:** Specific knowledge, skills, behaviors, and attitudes and the appropriate educational experiences required of Residents to complete GME programs. These include patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
- **Post Graduate Year (PGY):** Refers to a Resident’s current year of accredited GME. This designation may or may not correspond to the Resident’s particular year in a program. For example, a Resident in cardiovascular disease could be in the first program year of the cardiovascular disease fellowship but in the fourth graduate year of GME (including the 3 prior years of internal medicine).
- **Resident:** Any physician in an ACGME-accredited graduate medical education program, including residents and fellows.

## IV. Policy

### Clinical Care

#### ○ Resident Responsibilities

- Residents are expected to provide competent and compassionate patient care and to work effectively as a member of the health care team. The highest level of professional demeanor and conduct, both in direct patient care and in communication with family members, other health care professionals, and support staff is expected at all times.
- Residents are directly responsible to the faculty attending to whom they have been assigned for all matters related to the professional care of patients. Under the supervision of attending physicians, general responsibilities of the Resident may include:
  - Initial and ongoing assessment of patient’s medical, physical, and psychosocial status
  - Performing history and physicals

- Developing assessment and treatment plans
- Performing rounds
- Recording progress notes
- Ordering tests, examinations, medications, and therapies
- Interpreting results of tests
- Arranging for discharge and after care
- Writing or dictating admission notes, progress notes, procedure notes, and discharge summaries
- Providing patient education and counseling regarding health status, test results, disease processes, and discharge planning
- Performing procedures
- Assisting in surgery
- Residents must recognize that under certain circumstances, the best interests of the patient may be served by transitioning that patient's care to another qualified and rested provider.
- Residents must be competent in communicating with team members in the hand-over process.

## **Learning and Education**

- **Education Conferences:**
  - UTRGV SOM and its ACGME-accredited programs will provide an ample selection of educational offerings to Residents.
  - GME programs will be designed to provide a didactic forum to augment the Resident's reading and clinical experience.
  - Residents will make every effort to benefit from the education offered by attending educational conferences as required or recommended by each program.
- **Reading:**
  - The Resident is expected to develop a personal program of reading. In addition to general specialty reading, the Resident will complete directed daily reading relating to problems encountered in the care of patients.
  - Residents are responsible for reading in advance of performing or assisting in a procedure for the first time.
- **General Competencies:**
  - Residents must develop the following Competencies to the level of a new practitioner by the completion of training:
    - Patient care
    - Medical knowledge
    - Practice-based learning and improvement
    - Interpersonal and communication skills
    - Professionalism
    - Systems-based practice

The full listing of the six general Competencies and their respective sub-competencies are available through the ACGME.

- **Discipline-Specific Education**

- Residents are responsible for meeting the educational goals of their GME program.
- The Resident is expected to manifest active involvement in learning and has responsibility for the following:
  - Familiarity with the program's educational objectives and residency curriculum
  - Development of competencies
  - Development of a personal program of learning to foster continued professional growth
  - Experience with quality assurance/performance improvement
- Residents must provide evaluative feedback of the faculty, program, and overall curriculum experience via confidential electronic evaluation on their educational experience to their Program Director and GME office as requested.
- Residents are encouraged to actively participate in sponsoring institution and hospital committees to become familiar with the administrative aspects of health care.

- **Teaching Others**

- Residents are expected to teach and mentor more junior Residents, medical students, and other learners with whom they interact.

- **Graduated Levels of Responsibility**

- During their education, Residents will receive progressively increasing levels of responsibility in caring for patients under faculty supervision. Providing safe and effective patient care is of the utmost importance.
- The faculty attending is responsible for evaluating the progress of each Resident in acquiring the skills necessary for the Resident to progress to the next level of training.
  - Factors considered in this evaluation include the Resident's clinical experience, judgment, professionalism, cognitive knowledge, and technical skills.
  - At each level of education, there is a set of competencies that the Resident is expected to master.
- Examples of expected competencies and responsibilities for each level of GME:
  - **Post Graduate Year 1 (PGY-1)**
    - Supervision will be provided by senior level Residents or faculty either directly or indirectly with direct supervision immediately available. If indirect supervision is provided, supervision must be consistent with Review Committee (RC) policies and with the specific criteria established by the program that delineate the criteria the PGY-1 Resident must meet in order to be eligible for indirect supervision.
    - Residents will be able to perform a history and physical, start intravenous lines, draw blood, order medications and diagnostic tests, collect and analyze test results and communicate those to the other members of the team and faculty, obtain informed consent, place urinary catheters and nasogastric tubes, assist in the

operating room, and perform other invasive procedures such as arterial line or central line insertion under direct supervision.

- The Resident is expected to exhibit a dedication to the principles of professional preparation that emphasizes primacy of the patient as the focus of care.
  - With the assistance of a program mentor or program leadership (PD/APD/faculty), the first year Resident must develop and implement an individualized learning plan for study, reading, and research of selected topics that promotes personal and professional growth, and be able to demonstrate successful use of the literature in dealing with patients.
  - The Resident should be able to communicate with patients and families about the disease process and the plan of care as outlined by the attending.
  - Residents are expected to demonstrate an understanding of the socioeconomic, cultural, and managerial factors inherent in providing cost-effective care.
- **Post Graduate Year 2 (PGY-2)**
    - PGY-2 Residents are expected to perform independently the duties learned in the first year and may supervise the routine activities of the first year Residents.
    - The PGY-2 Resident may perform some procedures with indirect supervision (such as insertion of central lines, arterial lines) once competency has been documented according to established criteria.
    - Specific procedures allowed with indirect supervision at the PGY-2 level will vary with training program and must be guided according to published criteria established by the faculty and Program Director.
    - The PGY-2 Resident must be able to demonstrate continued sophistication in the acquisition of knowledge and skills in the selected specialty and further ability to function independently in evaluating patient problems and developing a plan for patient care.
    - The Resident at the second-year level may respond to consults and learn the elements of an appropriate response to consultation in conjunction with the faculty member.
    - The Resident should take a leadership role in teaching PGY-1 residents and medical students the practical aspects of patient care and be able to explain more complex diagnostic and therapeutic procedures to the patient and family.
    - The Resident should be adept at the interpersonal skills needed to handle difficult situations.
    - The PGY-2 should be able to incorporate ethical concepts into patient care and discuss these with the patient, family, and other members of the health care team.
  - **Post Graduate Year 3 (PGY-3)**
    - PGY-3 Residents should be capable of managing patients with virtually any routine or complicated condition and of supervising the PGY-1 and PGY-2 in their daily activities.
    - The Resident is responsible for coordinating the care of multiple patients on the team assigned.

- PGY-3 Residents may perform additional diagnostic and therapeutic procedures with indirect supervision once competency has been documented according to established criteria.
- Specific procedures allowed with indirect supervision at the PGY-3 level will vary with training program and must be guided according to published criteria established by the faculty and program director.
- The PGY-3 Resident can perform progressively more complex procedures under the direct supervision of the faculty.
- It is expected that the PGY-3 Resident be adept in the use of the literature and routinely demonstrate the ability to research selected topics and present these to the team.
- At the completion of the third year, the Resident should be ready to assume independent practice responsibilities in those specialties requiring three years of training.
- In those specialties requiring longer training, the Resident should demonstrate skills needed to manage a clinical service or be a chief-level Resident.
  
- **Post Graduate Year 4 (PGY-4)**
  - PGY-4 Residents will assume an increased level of responsibility as the chief or senior Resident on selected services and can perform the full range of complex procedures expected of the chosen specialty under the direct or indirect supervision of the faculty.
  - The fourth year is one of senior leadership and the Resident should be able to assume responsibility organizing the service and supervising junior Residents and students.
  - The Resident should have mastery of the information contained in standard tests and be facile in using the literature to solve specific problems.
  - The Resident will be responsible for presentations at conferences and for teaching junior Residents and students on a routine basis.
  - The PGY-4 Resident should begin to understand the role of practitioner in an integrated health care delivery system and be aware of the issues in health care management facing patients and physicians.
  
- **Post Graduate Year 5 or Higher (PGY-5)**
  - The fifth year Resident (generally surgical residents) takes responsibility for the management of the major surgical teaching services, under the supervision of the faculty.
  - The PGY-5 Resident can perform most complex and high-risk procedures expected of a physician with the supervision of the attending physician.
  - The attending physician should be comfortable allowing the PGY-5 resident to manage all common problems expected to be encountered during independent practice.
  - During the final year of training, the Resident should have the opportunity to demonstrate the mature ethical, judgmental, and clinical skills needed for independent practice.

- The PGY-5 Resident gives formal presentations at scientific assemblies and assumes a leadership role in teaching on the service.
- The morals and values of the profession should be highly developed, including the expected selfless dedication to patient care, a habit of lifelong study, and commitment to continuous improvement of self and the practice of medicine.
- **Fellowship Training**
  - Subspecialty fellowship programs range from one to three years in duration.
  - Fellow responsibilities include considerable autonomy, especially in the tasks already mastered in the core program.
  - Fellows will be focused on becoming proficient in the skills defined by the subspecialty they are pursuing.
  - As the Fellow progresses through the GME program, progressive responsibility is given in the skills that make up the information content of the specialty at the discretion of the faculty.