

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

Last Reviewed: January 2016

**SUBJECT** Department of Neurology 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 Neurology. 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 Neurology resident, pertaining year, as follows:

**PGY-2**

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

**PGY-3**

- Responsible to be familiar with patients and serve as the attendings' principal resource for day-by-day patient data.
- Responsible for supervising both interns and students.
- Emphasis on gaining experience with full spectrum of patient procedures, honing proficiency, and balancing quality of patient evaluation and care with improved overall efficiency.
- May initiate common diagnostic studies and therapeutic interventions in straight forward patients, prior to attending presentation.
- Decisions regarding invasive procedures, change in plans, discharge or problems are discussed in-depth with the attending and/or senior resident. Specialized diagnostic studies, uncommon therapeutic interventions, and use of consultants, must be discussed with the attending prior to initiation.
- All procedures must be done with complete attending supervision and approval.
- May take selected presentations from interns or medical students with attending approval.
- Responsible for maintaining medical records.

#### PGY-4

- Play supervisory role with increased teaching, consultative and research activities.
- Continue to see broad spectrum of patients, but with emphasis on those with highest acuity or greatest critical illness.
- 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.
- "Polish" proficiency with full range of medical procedures.
- Must discuss 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.
- May take presentations from interns, medical students, and junior residents and assist in their patient care management, with attending approval.
- May attempt or initiate procedures, with attending approval.
- 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.)
- Responsible for maintaining medical records.
- Required to give a research presentation.