

House Officer Roles and Responsibilities
Department of Family Medicine
University of Nebraska Medical Center

The Department of Family Medicine has developed the following policy regarding the supervision and roles of its house officers. This policy is within the guidelines provided by the Accreditation Council on Graduate Medical Education and the University of Nebraska Graduate Medical Education Committee.

Residency training is an educational experience designed to offer residents the opportunity to participate in the clinical evaluation and care of patients in a variety of patient care settings. All aspects of patient care rendered by residents must receive close faculty supervision.

All aspects of patient care are ultimately the responsibility of the attending physician. Attending physicians have the right to prohibit resident participation in the care of their patients. Attending physicians also have the right to determine the roles and responsibilities that are granted to a given resident under their supervision. Residency is a process of increasing responsibility; residents will be granted those responsibilities based on demonstrated competence as determined by the attending faculty supervisor. Those roles and responsibilities cannot exceed those privileges that have been granted to the attending physician by the governing hospital.

When a resident is involved in the care of a patient, it is the residents responsibility to communicate effectively with their supervising physician regarding the findings of their evaluation, examination, interpretation of diagnostic testing and intended implementation of a treatment plan. It is the attending physicians responsibility to personally examine all patients on a daily basis, review all entries in the medical record by the house staff, make necessary corrections in the treatment plan and document their involvement in the care of the patient.

In the Department of Family Medicine, all residents are allowed to perform the following activities without the physical presence of an attending physician:

1. Inpatient wards and outpatient clinics

Admission History and Physicals

Daily Progress Notes

Daily Orders

Interpretation of laboratory, x-ray and EKG findings

Start Intravenous lines

Obtain venous blood samples

Obtain arterial blood gases

Place naso-gastric tubes

Place indwelling urinary catheters

Basic Cardiac Life Support

Advanced Cardiac Life Support

2. Labor and delivery wards

All of the above plus

Evaluation for rupture of membranes and labor status

Evaluation of fetal monitoring strips

Evaluation of non-stress tests

Artificial rupture of membranes

Evaluation of cervical dilatation

Placement of fetal scalp electrodes

Placement of intrauterine pressure catheter