II. Clinical Responsibilities

In an effort to provide a general overview of the resident roles, responsibilities and functions while on rotation in the UNMC Department of Obstetrics and Gynecology, the following policy guidelines are in place. This section 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 residents medical students. It is expected that residents will demonstrate ongoing maturity during each training year and will progressively transition into the next level of training for the next academic year. See Policies for Evaluation and Promotion.

In general, the roles, responsibilities and functions of a Department of Obstetrics and Gynecology resident, per training year, are as follows:

A. PG-1

1. Responsible for the evaluation, diagnostic studies, and therapeutic plan of the patients on their service under supervision of senior residents or attending staff.

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. No supervision or direction of decisions of other residents or medical students, but ensure active student involvement in the care of the patients the student is following.

5. All procedures must be done under direct approval and supervision of attending.

6. Emphasis is on quality of patient evaluation and care.

7. Will have experience with basic surgical instruments.

8. Allowed to suture the subcutaneous tissue independently after demonstrating adequate technical ability. All surgical procedures to the deep subcutaneous tissue require supervision by senior residents or attending staff.

9. May start IVs, and draw arterial and venous blood gases independently. Placement of central lines, arterial catheters, and chest tubes are to be done under direct supervision until expertise has been demonstrated.

10. Responsible for maintaining medical records.

11. All operative reports, discharge summaries and delivery records require countersignature by the supervising attending.

B. PG-II

1. Continue with responsibility for the evaluation, diagnostic studies, and therapeutic plan of the patients on their service under supervision of senior residents or attending staff.

2. Continue to 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. Responsible for being familiar with patients and serving as a resource for day-by-day patient data.

4. Emphasis on gaining experience with full spectrum of procedures, honing proficiency, and balancing quality of patient evaluation and care with improved overall efficiency.

5. Decisions regarding invasive procedures, change in plans, discharge or problems are discussed in-depth with the attending. Specialized diagnostic studies, uncommon therapeutic interventions, and use of consultants, must be discussed with the attending prior to initiation.

6. All procedures must be done with complete attending supervision and approval.

7. Responsible for maintaining medical records.

8. All operative reports, discharge summaries and delivery records require countersignature by the supervising attending.

C. PG-III and PG-IV

1. Practice supervisory role with increased teaching, consultative and research activities.

2. In addition to the technical procedures for PG-2, may carry out surgical and diagnostic procedures without supervision as approved by attending staff.

3. May attempt or initiate procedures, with attending approval.

4. May assist with the attempt, or initiation of, procedures by more junior level housestaff, with attending approval.

5. Responsible for being familiar with patients and serve as the attendings' principal resource for day-by-day patient data.

6. Responsible for running check-out rounds at change of shift and assuring complete exchange of information to allow for continued patient care. Serve as the source of information regarding patient data to residents and faculty assuming the care of patients.

7. Responsible for maintaining medical records.

8. All operative reports, discharge summaries and delivery records require countersignature by the supervising attending.