Policy for Supervision of Residents and Graduated Responsibility

The resident physician’s experiences are governed by graduated, progressive responsibilities, dictated by both their level of training as well as their individual competence and comfort levels. Throughout training, their role involves progressively more complex acuity, autonomy and ED flow responsibilities. Attendings are to assess every patient during their ED stay.

Supervision

PGY 1

PGY 1 residents are primarily responsible for the provision of patient care. They are supervised at all times by the emergency medicine attending physician, or by the upper level (PGY 2 or 3) resident in conjunction with the attending physician. Patients may be assigned to the PGY 1 by either the PGY 3 resident or the attending physician. All patients may be initially screened by the PGY 3 or attending physician prior to being assigned to the PGY 1. PGY 1 residents never manage critical patients without close supervision and involvement by the attending physician, or by the upper level resident in conjunction with the attending physician. After completing the initial history, physical, and differential diagnosis, he/she presents the patients to the PGY 3 or attending physician prior to ordering any further tests or interventions (except for obtaining EKGs, starting oxygen, IVFs, and aspirin). The supervising physician verifies all significant findings and helps guide the PGY 1 in further decision making and management of the patients. All procedures performed by the PGY 1 are closely supervised by either the attending physician, or by the PGY 3 in conjunction with the attending physician, until the individual resident has demonstrated sufficient proficiency to perform the procedure on his/her own with attending supervision immediately available and present for the key portions of the procedure. (Note that PGY 2’s can assist the PGY 1 resident with minor procedures only, such as arterial blood gas punctures, laceration repairs, incision and drainage, splinting, lumbar puncture and arthrocentesis.) Airway management, as well as *major procedures are always closely supervised by the attending physician. Patient disposition is always approved and signed-off by the attending physician, who is responsible for confirming the key findings in the patient’s history, physical, lab interpretation, management plan, and disposition.

The resident is required to inform an attending physician of all potentially critical patients, as well as when they are preparing to perform any procedure.

PGY 2

The PGY 2 resident is responsible for patient care and limited supervision of PGY 1 residents. His/her focus is to develop expertise in managing critically ill and injured patients. He/she has priority in participating in medical resuscitations under the supervision of the attending, or by the PGY 3 in conjunction with the attending physician. PGY 2 residents are supervised at all times by the emergency medicine attending physician, or by the upper level resident in conjunction with the attending physician. The resident may order tests and initiate interventions on routine patients, but must discuss these steps with the attending or PGY 3 prior to initiating them on critically ill or injured patients (with the exception of obtaining EKGs, starting oxygen, IVFs, and aspirin). All cases are reviewed by and signed off by the attending prior to the patient’s disposition. PGY 2 residents are expected to care for the most seriously ill and injured patients when working in a high acuity areas of the ED. While many routine procedures are performed by the PGY 2 without close supervision (attending is immediately available for the entire procedure and present for the key portions of the procedure), the attending physician is always present to supervise airway management.
The performance of advanced procedures is emphasized and supervised. These include airway management, central lines, and critical care resuscitations. Airway management, as well as *major procedures* are always closely supervised by the attending physician. The PGY 2 may assist the PGY 1 with minor procedures as described above under the supervision of the attending physician.

The resident is required to inform an attending physician of all potentially critical patients, as well as when they are preparing to perform any procedure.

**PGY 3**

The PGY 3 resident is responsible for patient care and ED flow. The PGY 3 resident assumes responsibility for the operation of the team and education of the junior residents and assigned medical students. The PGY 3 resident’s responsibilities include performing the initial screen exam on all patients as they enter their area and assignment of all patients to either him/herself or other providers in the area. The PGY 3 resident is to ensure that all patients are expeditiously managed and appropriately dispositioned. The PGY 3 resident also ensures that signed-out patients are appropriately managed. In addition, the PGY 3 resident needs to be mindful of resident physician wellness, ensuring that each resident has the opportunity to eat, take a break, and is not overwhelmed. The attending physician is always present to assist the PGY 3 whenever needed. Nevertheless, the PGY 3 is expected to be able to function independently and autonomously in the management of patients in the ED. They may also supervise the junior residents when performing procedures but only with the attending immediately available for the entire procedure and present for the key portions of the procedure. Airway management, as well as *major procedures* are always closely supervised by the attending physician. Although the PGY 3 is expected to practice with autonomy, all patients are seen by, reviewed and signed by the attending physician prior to disposition.

The resident is required to inform an attending physician of all potentially critical patients, as well as when they are preparing to perform any procedure.

*Major Procedures:* Faculty must be present for any life-critical or rare procedure. These include, but are not limited to:
- Intubations, advanced airways and all RSI’s
- Conscious sedation
- Thoracotomies
- Thoracostomies (chest tubes)
- Pericardiocentesis
- Vaginal deliveries
- Cardiopulmonary Resuscitation
- Cardioversion
- Dislocation/Reduction
- Major Trauma Resuscitations

**Clinical Responsibilities**

**PGY 1**

PGY 1 residents are primarily responsible for the provision of patient care. The PGY 1 residents are expected to perform an appropriate history and physical and subsequently develop a differential diagnosis and treatment plan with the guidance of the attending physician, or by the upper level resident in conjunction with the attending physician. Orders should be placed only after this presentation to the senior level resident or attending is complete. The PGY 1 resident is expected to demonstrate appropriate ordering when utilizing laboratory, radiological, and adjunctive testing. The importance of excellent documentation is stressed at this level, as it is for all residents. PGY 1 residents are expected to learn to make appropriate disposition decisions. Nevertheless, consults may be obtained only after the patient is...
presented to the PGY 3 or attending physician. Management of multiple patients simultaneously is not stressed until the later part of the academic year. The PGY 1 resident works 50-60 hours a week in the ED, and is expected to see approximately 0.8-1 patient per hour. The PGY 1 resident should be able to evaluate and manage up to three patients concurrently.

**PGY 2**

In addition to all the clinical responsibilities of the PGY 1 residents, the PGY 2 has a major clinical responsibility to develop expertise in caring for critically ill and injured patients. As they begin second year, the PGY 2 resident will have more shifts proportionately distributed in the critical care area of the ED. Although speed and efficiency are not the major focus of the PGY 2 resident, rapid development of an appropriate diagnostic and therapeutic plan to put it into action is expected. The PGY 2 resident is expected to participate in the management of resuscitation patients under the supervision of the emergency medicine attending physician, or by the PGY 3 resident in conjunction with the attending physician. The performance of advanced procedures is emphasized and supervised. The PGY 2 is responsible for the airway management of every critically ill trauma patient, and generally has the first opportunity to manage all emergent airways. The PGY 2 resident is expected to demonstrate appropriate test ordering and an understanding of the predictive value of those tests. By the end of the academic year, the PGY 2 should have a solid knowledge base and exhibit a strong clinical performance in managing multiple patients in the ED. The PGY 2 works 48-60 hours a week in the ED, and is expected to see approximately 1.5-2.0 patients per hour. The PGY 2 resident is expected to be able to evaluate and manage up to 5-9 patients concurrently depending on their level of acuity.

**PGY 3**

The PGY 3 resident is responsible for patient care and ED flow. His/her focus is to develop expertise in running all codes, and effectively and efficiently running the ED by functioning at the level of the attending. He/she will utilize the tracking system to manage ED flow. In addition to the clinical responsibilities of the PGY 1 and 2 residents, the PGY 3 is expected to demonstrate skill in supervising junior housestaff and students while performing all the duties of the PGY 3 resident as described. The PGY 3 should have a working knowledge of the condition, complaint, management plan and disposition plan of all patients in their area. Furthermore, PGY 3 residents are expected to manage multiple patients in addition to their other duties. These patients should be a representative mix of the patients in the ED, and neither just easy work-ups for efficiency’s sake, nor a heavy mix of critically ill patients. The PGY 3 is responsible for all the pre-hospital orders requested by Emergency Medical Services. PGY 3 residents and Emergency Medicine attending physicians carry portable ED cell phones in order to communicate with the triage and charge nurses in the ED. PGY 3 residents are also responsible for directing resuscitations (they will be notified of an incoming resuscitation via their cell phone). He/she is expected to be cognizant of the patients he/she is supervising in the emergency department as well as keeping a watchful eye on the waiting room and insuring that surges are dealt with so as to insure patient safety and timely care is maximized (e.g. appropriately reorganize patients in the acute care area of the ED to free up space for waiting room and/or ambulance patients). The PGY 3 is expected to demonstrate appropriate early decision making in the disposition of all patients in the zone. The upper level resident will respond to in house codes with the ED attending. Finally, the PGY 3 resident is responsible for leading rounds at shift change.

**Teaching**

**PGY 1**

The PGY 1 residents have no defined teaching responsibilities while in the ED. They will have an opportunity to present an example of what they learned that day to the team at change of shift rounds. They do present formal case conferences during the resident didactic lecture series, and discuss articles in journal club.

**PGY 2**
The PGY 2 resident is also expected to assist in supervising and teaching interns, medical students, and rotating residents in performing minor-complexity procedures (e.g. such as arterial blood gas punctures, laceration repairs, incision and drainage, splinting, lumbar puncture and arthrocentesis). These procedures are to be done either with direct attending supervision or with the attending immediately available for the entire procedure and present for the key portions. They will have an opportunity to present an example of what they learned that day to the team at change of shift rounds. They do present formal case conferences during the resident didactic lecture series, and discuss articles in journal club.

PGY 3

In accordance with their supervisory role (see above), PGY 3 residents have a lead role in helping other residents and medical students in developing their histories and physicals. They should ensure that the residents and medical students have developed a focused differential diagnosis and an efficient management plan. They should be considered a primary teaching source in the ED, and are expected to develop skills as an effective clinical instructor. They will have an opportunity to lead change of shift teaching rounds, where they will have an opportunity to present an example of what they learned that day to the team. All PGY 3 residents present a formal Grand Rounds lecture during the academic year. They will present their QI/QA case (see Administration Rotation Curriculum) during the resident didactic lecture series, and discuss articles in journal club. They may also participate in ACLS and ATLS courses taught to the new EM residents during their orientation.

Administration

PGY 1

The PGY 1 resident has no designated administrative responsibilities during their emergency department rotations.

PGY 2

The PGY 2 resident will carry a portable ED cell phone so that they may be in contact with triage, the PGY 3 and the attending physician. They will be notified of all incoming resuscitations, and they will participate in those resuscitations under the supervision of the PGY 3 and attending physician.

PGY 3

The PGY 3 resident has the responsibility of the team leader for most of the ED. This includes organization of the team for effective code response, triage, and distribution of the patient load, including those who may be seriously ill, to themselves and the other housestaff on the team. The PGY 3 will carry a portable ED cell phone so that they may be in contact with triage, the PGY 2 and the attending physician. The charge nurse will notify the PGY 3 of all administrative and operational issues and the PGY 3 will discuss his/her proposed solution with the attending before responding to the charge nurse. PGY 3 residents, in addition to being responsible for the operation of the Emergency Medicine resident teams, share responsibility for quality assurance activities for emergency medicine. The residents also have defined CQI activities assigned by the University Hospital ED Medical Director during their Administrative rotation.