

## **Resident Training/Education – Levels of responsibility by PGY Year**

### **Levels of Training**

The following is a representation of the progression of clinical and educational responsibility by PGY level:

#### **PGY 1:**

First year residents spend five [5] months in inpatient general medicine ward experiences; one month in the medical intensive care unit [MICU] rotation; one month in the Emergency Department [ED]; and five months in various subspecialty consult months and electives\*.

Primary responsibilities include:

•Direct care for 5-9 patients [on average, not to exceed 10] on the general medicine wards and 2-3 in the medical ICU. This includes:

- ⇒ All order writing, test ordering, and performance of relevant procedures and documentation;
- ⇒ Functioning as an integral team member;
- ⇒ Providing continuous primary care to their panel of outpatients through their continuity practices = from 3-5 patients per ½ day;
- ⇒ Attending a minimum number of the required departmental conferences, including the daily noon conference;
- ⇒ Compliance with department work hour policies;
- ⇒ Evaluating their supervising faculty at the end of each rotation.

#### **PGY 2:**

Second year residents are required to do three [3] months on the inpatient general medicine wards; 1 ½ months [6 weeks] in the MICU, one month in the Coronary Care Unit [CCU], and six and one-half [6 ½] months in various subspecialty consult months and electives\*.

Primary responsibilities include:

- ⇒ Supervision for 2 interns and thus indirect care for 8-18 patients [on average, not to exceed 20] on the general wards and 3-5 patients in the ICU's;
- ⇒ Supervision of 1-2 medical students each month, including modeling and teaching oral presentation and documentation skills as well as history taking and physical exam skills;
- ⇒ Providing objectives for the educational content of resident teaching and attending rounds, including the liberal use of literature for the practice of evidence based medicine and preparation of short talks for interns and students apart from attending rounds;

## **Resident Training/Education – Levels of responsibility by PGY Year**

### **PGY 2 [continued]:**

- ⇒ Mastery of the organizational skills necessary to manage an inpatient team or a consult service;
- ⇒ Providing continuous primary care to their panel of outpatients through their continuity practices = from 4-6 patients per ½ day;
- ⇒ Compliance with department work hour policies;
- ⇒ Functioning as an integral team member;
- ⇒ Attending a minimum percentage of the required departmental conferences, including Grand Rounds, and Noon Conferences;
- ⇒ Evaluating supervising faculty and students they supervised at the conclusion of each rotation;
- ⇒ Presentation of a Journal Club to the entire department with an appropriate review of the medical literature
- ⇒ Respond to and supervise CODE BLUE calls.

### **PGY 3**

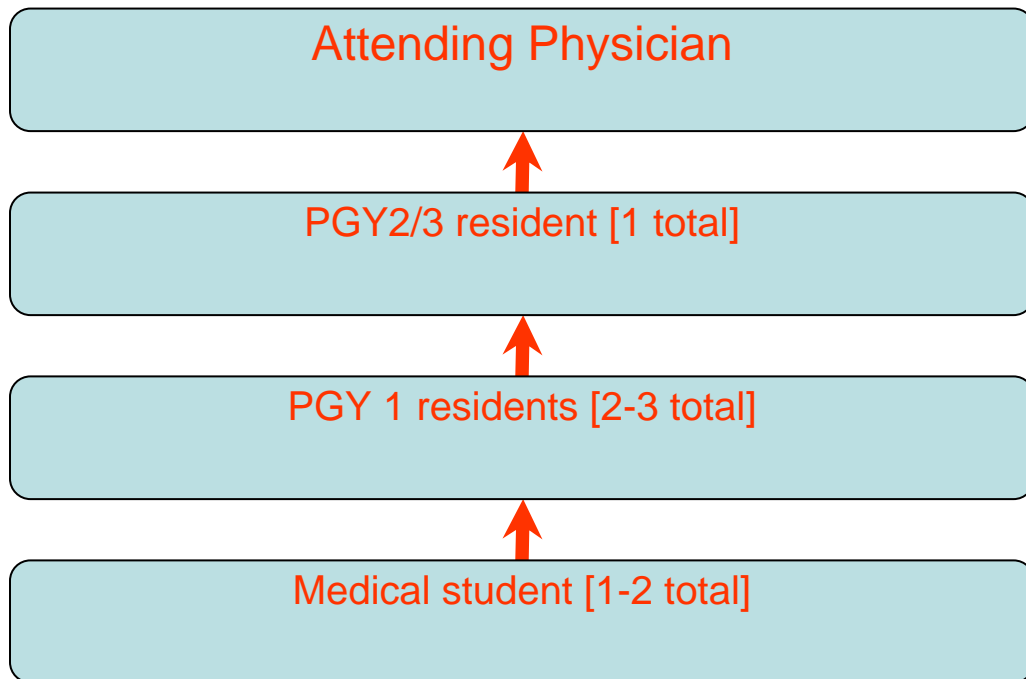
Third year residents are also required to do three [3] months on the inpatient general medicine wards; one month in the MICU, one month in the Coronary Care Unit [CCU], and seven [7] months in various subspecialty consult months and electives\*.

Primary responsibilities in addition to those listed for the PGY 2 year include:

- ⇒ Develop a comprehensive approach to learning/teaching
- ⇒ Providing continuous primary care their panel of outpatients through their continuity practices = from 6-8 patients per ½ day;
- ⇒ Enhance evaluation, teaching and feedback skills
- ⇒ Serve as a role model and mentor for students, interns, and PGY2 residents
- ⇒ Presentation of a Grand Rounds to the entire department with a thorough review of the medical literature [an independent research project or a regional/national presentation or publication {first authorship required} to a peer reviewed journal will suffice for the 3<sup>rd</sup> year scholarly activity]

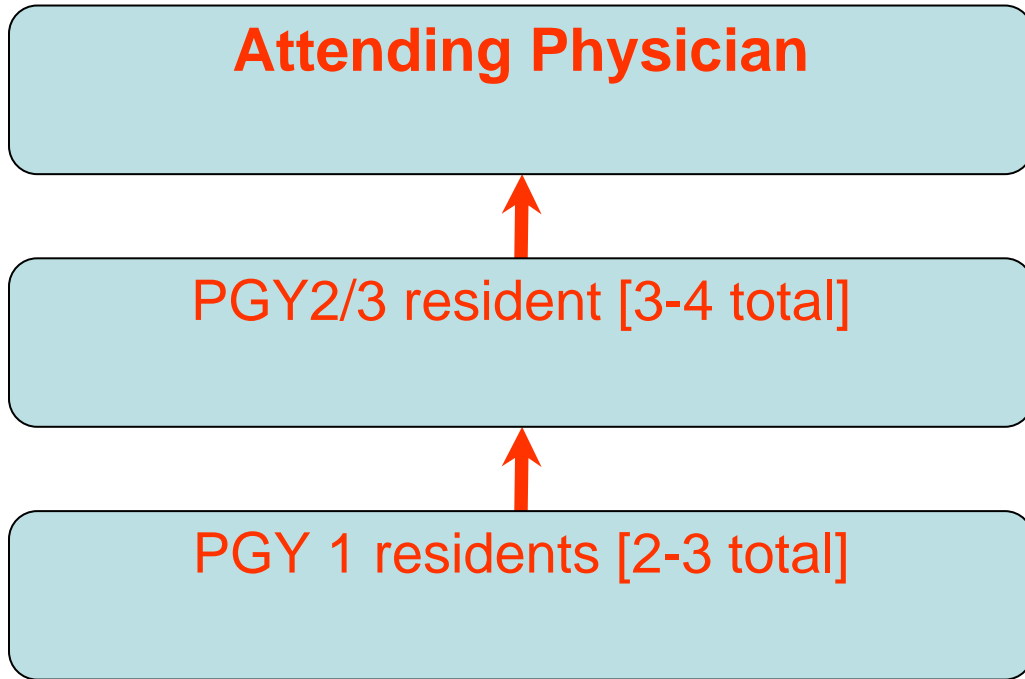
PGY3 residents will not directly supervise a PGY2 resident at any time during the PGY3 year; they are however available for personal and professional advising and guidance.

## Lines of Responsibility - Ward Medicine [Staff Medicine]



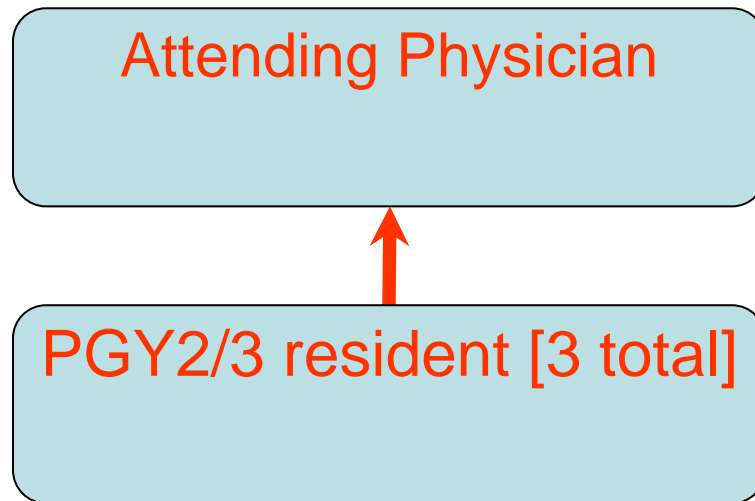
↑ = direction of which reporting occurs  
**Nowhere in this construct do PGY2's report to PGY3's**

## Lines of Responsibility - Medical Intensive Care Unit



 = direction of which reporting occurs  
**Nowhere in this construct do PGY2's report to PGY3's**  
**No fellows are in the MICU**

## Lines of Responsibility - Coronary Care Unit [also known as Dickson Heart Unit]



 = direction of which reporting occurs  
**Nowhere in this construct do PGY2's report to PGY3's**  
No Fellows, PGY1's or medical students are in the CCU