Roles, Responsibility and Patient Care Activities for Trainees

Orthopaedic and Sports Medicine

University of Washington Medical Center
Seattle Children’s Hospital
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Roles
Residents are physicians in training. They learn the skills necessary for their chosen specialty through didactic sessions, reading and providing patient care under the supervision of the Medical Staff (the attendings) and senior trainees. As part of their training program, residents are given progressively greater responsibility according to their level of education, ability and experience.

Responsibilities and Patient Care Activities
Residents are part of a team of providers caring for patients. The team includes an attending and may include other licensed independent practitioners, other trainees and medical students. Residents provide care in both the inpatient and outpatient settings. They may serve on a team providing direct patient care, or may be part of a team providing consultative or diagnostic services. Each member of the team is dedicated to providing excellent patient care.

Residents evaluate patients, obtain the medical history and perform physical examinations. They develop a differential diagnosis and problem list. Using this information, they develop a plan of care in conjunction with other trainees and the attending. They document the provision of patient care as required by hospital/clinic policy. Residents write orders for diagnostic studies and therapeutic interventions as specified in the medical center bylaws and rules/regulations. They interpret the results of laboratory and other diagnostic testing. They request consultation for diagnostic studies, the evaluation by other physicians, physical/rehabilitation therapy, specialized nursing care, and social services. They participate in procedures performed in the operating room or procedure suite under appropriate supervision. Residents initiate and coordinate hospital admission and discharge planning. Residents discuss the patient's status and plan of care with the attending and the team regularly. All residents are under the direct supervision of an attending physician and each resident provides the educational needs and supervision of any junior residents and medical students.
The specific role of each resident varies with their clinical rotation, experience, year of clinical training, the patient's illness and the clinical demands placed on the team. The following is a guide to the specific patient care responsibilities by year of clinical training. Please note residents engage in one or more years of research training during their residency. Only years of clinical training are considered below.

PGY 1
Meeting the Orthopaedic Residency Review (RRC) requirements, a resident in the first year of orthopaedic surgery training spends nine months of structured education in surgery. This includes, Multi-system Trauma/Intensive Surgical care/Plastic surgery, Pediatric Surgery and Orthopaedic Surgery. A minimum of one month of structured education is spent in one of three areas: Emergency Care Neurological Surgery, Rheumatology, Musculoskeletal Imaging Radiology, and Rehabilitation Medicine. During the first year of training residents are primarily responsible for the care of patients under the guidance and supervision of the attending and senior trainees. They should be the point of first contact when questions or concerns arise about the care of their patients. However, when questions or concerns persist, supervising trainees and/or the attending should be contacted. They participate in procedures performed in the clinic, procedure suite or operating room under the supervision of a qualified member of the medical staff or senior trainee. They provide all services under the supervision of an attending physician.

PGY 2-5
They provide care for patients on the orthopaedic service. They work with, or lead, the orthopaedic team providing care for the patient. They provide care for patients in the inpatient setting (including ICU), outpatient settings and the emergency department. They provide consultative services. They participate in procedures performed in the clinic, procedure suite or operating room under the supervision of a qualified member of the medical staff or senior trainee. They provide all services under the supervision of an attending physician.

Supervision of invasive procedures
In a training program, as in any clinical practice, it is incumbent upon the physician to be aware of his/her own limitations in managing a given patient, and to consult a physician with more expertise when necessary. When a resident requires supervision, this is provided by a qualified member of the medical staff or by a trainee who is authorized to perform the procedure independently. In all cases, the attending physician is ultimately responsible for the provision of care by trainees. When there is any doubt about the need for supervision, contact the attending.
During the first year of training, the residents are considered participants in the General Surgery training program. The details of the supervision required for them to perform procedures during the PGY 1 year can be found under the guidelines for General Surgery.

Visiting residents must receive specific approval from the training program to perform any of the procedures below without supervision.

The following supervision requirements relate to Orthopaedic Residents (PGY 2+).

No supervision required for the following procedures:
Phlebotomy, placement of peripheral intravenous catheters, dressing changes, suture placement and removal, central venous catheter removal, cryotherapy, anoscopy, nasogastric intubation, abdominal paracentesis, arterial puncture/catheterization, removing chest tube, thoracentesis, placement/removal of casts/splints, application of traction devices, reduction of fractures or dislocations.

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Training level required for independent performance</th>
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<tbody>
<tr>
<td>Removal of percutaneous hardware in clinic</td>
<td>PGY2 (first 1 month)</td>
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<td>Arthrocentesis and joint injection</td>
<td>PGY2 (first 3 months)</td>
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<td>Casting</td>
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<td>I &amp; D of complex wounds</td>
<td>PGY2 (first 6 months)</td>
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<tr>
<td>Relocation of spinal dislocation or fracture</td>
<td>PGY2 (first 6 months)</td>
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Direct supervision by an attending
Surgical procedures performed in the operating room
Sedation for procedures (AKA conscious sedation)*
All other invasive procedures not listed.

*Unless the resident has taken an approved course in sedation, in which case they may provide sedation independently.

**Emergency Procedures**
It is recognized that in the provision of medical care unanticipated and life-threatening events may occur. The fellow may attempt any of the procedures normally requiring supervision in a case where the death or irreversible loss of function in a patient is imminent, and an appropriate supervisory physician is not immediately available.

**Resident review and promotion process**
The residency program uses a multifaceted assessment process to determine a resident’s progressive involvement and independence in providing patient
Residents are observed directly by the attending staff and their performance discussed regularly. Formal assessments are generally obtained on a monthly basis from supervising physicians, students and colleagues. These assessments include evaluation of the resident's medical knowledge, patient care (including interviewing, physical examination, and procedures), professionalism, communication and interpersonal skills, practice based learning and improvement, and systems based practice. Annually, the program director and residency review committee determine if the trainee possesses sufficient training and the qualifications necessary to be promoted to the next level.

Trainees are evaluated continuously by the attending staff. If, at any time, their performance is judged to be below expectations, the program director (or designee) will meet with the trainee to develop a remediation plan. If the trainee fails to follow that plan, or the intervention is not successful, the trainee may be dismissed from the program. If a trainee's clinical activities are restricted (e.g., they require a supervisor's presence during a procedure, when one would not normally be required for that level of training) that information will be made available to the Medical Director, appropriate medical and hospital staff.

Date: 11/04/11