Emergency Medicine

Resident Progressive Responsibilities and Faculty Supervision Guidelines

All cases must be presented to an Emergency Department attending during the time the patient is present in the Emergency Department. Emergency Department attendings will supervise all resuscitations.

Progressive professional responsibility is the cornerstone of Emergency Medicine residency training. Residents will be expected to increase their level of responsibility throughout the course of training commensurate with skill and experience. Progressive responsibility involves both clinical and administrative work. We expect that residents, upon graduation, will be able to assume leadership roles in Emergency Medicine. This skill will be accomplished as a result of a combination of increasing levels of responsibility with well-defined criteria and constant faculty presence and feedback. Our approach will be individualized to the degree of autonomy that each resident will be capable of handling. It is expected that all resident cases will be presented to and supervised by an EM attending or fellow in real-time.

The PGY-1 and PGY-2 residents will be the primary caregivers for the non-critically ill or injured patient. The PGY-1 residents will be introduced to the multifaceted specialty of emergency medicine and the diversely complex patients that utilize the Emergency Department at UCSF’s Moffitt-Long Hospital and San Francisco General Hospital Emergency Department. The PGY-2 residents will be expected to evaluate and manage, with supervision, the higher acuity patients, usually with single-system illness or injury. They will be expected to develop critical emergency procedure skills and the ability to function in a self-directed fashion and broaden their knowledge base. The major distinction between the PGY-1 and PGY-2 resident is that the PGY-1 resident's clinical functioning will be under direct attending or senior resident supervision for all aspects of patient management. In particular, they will be expected to present all patients early in their course to the EM attending or PGY-3 or PGY-4 resident before any therapeutic or diagnostic interventions. Overall, the major emphasis of the PGY-1 and PGY-2 year will be to acquire an organized, practical and appropriate approach to the care of the emergency patient. PGY-1 and PGY-2 residents will also begin to familiarize themselves with the functioning of the department so they will be ready to assume clinical and administrative leadership in their senior years.

The PGY-3 residents are the most senior direct patient care providers. They will directly care for the most seriously ill in the department. They will be expected to develop their skills for managing multiple patients, assuring patient flow and stabilizing the most seriously ill. They will assume responsibility for patient evaluation and resuscitation, as a team leader, under the direct supervision of the PGY-4 resident and faculty member. The PGY-3 resident will also, as flow
permits, begin to assist the junior residents in their evaluations and treatments. It is expected that they teach junior residents and medical students. They will also be responsible for assisting the PGY-4, when requested, with administrative and patient flow issues within the department. All of these responsibilities will be assumed under the direct supervision of the PGY-4 resident and a faculty member.

The goal of the PGY-4 year is to continue to refine their skills in managing multiple patients simultaneously, including critically ill patients. During this year, they will be expected to teach and supervise in a controlled setting. The PGY-4 resident, under the supervision of the faculty member, will be expected to assume responsibility for the department. During this year, they will be expected to manage the whole department, direct patient flow and facilitate decision-making, similar to an attending faculty member. It will be their responsibility to coordinate all clinical decisions in the department. As such, they will be actively involved in the supervision and bedside teaching of the junior EM residents, rotating residents, and medical students. They will lead physician work rounds as well as be the interface with the nursing personnel for clinical and administrative problems. All of these functions will be accomplished under the direct supervision of the ED attending.

The interface between junior (PGY-1/2) and senior (PGY-3/4) EM residents will be significant. This Emergency Medicine work structure provides a superb controlled environment for graded responsibility and experience with clinical and administrative supervision.