

UCLA Department of Neurology

Resident Responsibilities

Introduction:

This introduction precedes a list of basic resident responsibilities. The list is not exhaustive but designed to provide you with a reference guide to issues and questions that may arise during the day-to-day business of your residency.

As residents in training, you will be expected to become proficient in the independent practice of clinical neurology. Your curriculum, your clinical activities, and your evaluation will be organized keeping the following competency areas as primary focus: **Patient Care, Medical Knowledge, Practice Based Learning, Interpersonal Communication, Professionalism, and Systems Based Practice**. These **ACGME Core Competencies** are defined in detail below and in your Residency and Rotation Goals and Objectives.

Each of you is capable of great success. There is a simplistic way to begin and the following six elements (as outlined by Dr. Franklin Medico at the Medical University of South Carolina) are helpful as a guide: be **present**, be **punctual**, be **presentable**, be **prepared**, be **positive**, and be **proficient**.

Specific Areas of Responsibility:

1) **Your Education:**

- Wednesday's scheduled lectures are part of a carefully designed core curriculum.
- These lectures and other rotation-specific conferences are considered mandatory.
- Make every effort to attend (on time) despite service needs (that will often attempt to conflict).
- Plan elective time carefully in your PGY3 and 4 years.
- Self-motivated reading is essential and study groups are encouraged.

2) **Vacation:**

- There are 4 weeks of vacation per year.
- This time is taken in two-week blocks.
- Vacation is coordinated with all residents and scheduled at the time of the overall block scheduling of resident rotations.
- Any vacation changes require approval of residency director and chief residents.
- Always confirm vacation schedule with clinic 8 weeks in advance.

3) **Unscheduled absences:**

- Emergencies (illness, family emergency, etc.)
 - a) Call Alon Avidan and Amy Castillo (x56681)
 - b) Notify your chief on service.
 - c) If unable to contact Dr. Avidan, Amy, or your chief resident on service, page the chief residents.
- Academic absences (meetings, poster presentations, etc.)
 - a) Notify Amy Castillo and Residency Director ASAP
 - b) Two mos. advance notice is preferred.
 - c) These absences are subject to approval by residency director

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4) Clinic:

- Automatic Continuity Clinic Exceptions:
 - PGY II: Olive View Rotation, West LA VA Rotation
 - PGY III: Authorized Away Elective, West LA VA Rotation
 - PGY IV: Olive View Chief, West LA VA Rotation
Authorized Away Elective

**Clinic schedules during rigorous chief rotations (UCLA Consult and Stroke) will be attenuated to include urgent new and follow-up patients scheduled by the clinic nurse.

- Verify vacation 2 mos. in advance via email with the Resident Continuity Clinic Coordinator
- Any unscheduled absences (conferences, away electives) need approval through channels noted above.

5) Rotation Swapping:

- Can't be done.
- Residency Director will consider urgent/special circumstances individually.

6) Call:

- **Post-call:**
 - a) Being able to leave post-call (when loose ends are tied up) is expected.
 - b) Senior residents need to use judgment about service needs and should clearly communicate expectations to the post-call resident.
 - c) Clinic attendance is not expected post-call. The call schedule is arranged in such a way that you will not be post-call on clinic days.
- **Call Swapping:**
 - a) Not encouraged
 - b) Any changes need clear communication to:
 - Other residents involved and chief on service
 - Chief Residents and Program Director
 - Education office staff, the page operator, and the ER
- **Call Schedule:**
 - a) CHS: 1st call scheduled monthly the Administrative Chief Residents
Back up call scheduled by CHS Chief (PGY IV)
 - b) Olive View: scheduled monthly by Olive View Chief (PGY IV)
 - c) West LA VA: scheduled monthly by West LA Chief (PGY IV) with assistance from the West LA VA Chief resident.

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7) Jeopardy:

- Two residents are on jeopardy at all times: 1st call PGY IV and 2nd call PGY III.
- Jeopardy residents are expected to be available by pager and in town at all times.
- If for some urgent reason, the jeopardy resident cannot be available, that resident must provide coverage and notify the Administrative Chief Residents and the program director of that change (we have a form for this purpose).
- Jeopardy system can be activated when an urgent situation (illness/family emergency) occurs for a resident who is on primary service (stroke or consult).
- The residency director, chief residents or administrator will activate the jeopardy system.
- Activating the jeopardy system means that the assigned 1st call PGY IV will take the role of the absent resident.
- The 2nd call PGY III jeopardy resident is activated only when the primary jeopardy is unavailable because of illness or because they have already been jeopardized.
- The 1st call PGY IV jeopardy resident has the additional responsibility of sharing UCLA weekday back-up calls per week, but not weekend call.

8) Teaching:

- One of the primary goals of residency is the development of skills in leadership and education.
- Teaching responsibilities become more primary as residents advance, culminating in the PGY IV year.
- Chief residents (or the senior resident on service) are expected to welcome the following additional responsibilities:
 - a) Coordination of the service
 - b) Delegation of duties among juniors/students
 - c) Coordination of education including:
 - Face to face teaching of students and other rotators
 - Providing pertinent educational materials, papers, references
 - Setting a standard by attending all scheduled didactic conferences
 - Insuring that other team members are present at conferences as well
 - Encourage attendance at other educational events such as special lectures, conferences, etc.

9) Resident Performance/Evaluation:

- A number of tools will be used to assess your progress including:
 - Evaluation forms completed by faculty, students, resident peers, RCC coordinators and Nursing Staff.
 - Bi-annual meetings with the residency director and the chair
 - A yearly Residency In-service Training Examination
 - Mock board examinations
- Performance assessment is a collaborative process meant for your growth and should not be considered single sided or judgmental.
- The residency-certifying agency (ACGME) asks that residents be evaluated in six areas of competency. Descriptions of these competency areas follow as a guide for your own assessment:

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ACGME Core Competencies

Patient Care:

Resident provides patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Residents are expected to:

- Communicate effectively and compassionately with patients and families
- Gather essential and accurate information about their patients
- Make informed evidence based diagnostic decisions and management plans
- Consider patient preferences, counsel and educate patient and families
- Competently perform exam and procedures essential to Neurological practice

Medical Knowledge:

Resident demonstrates knowledge about established and evolving biomedical, clinical, behavioral, social and epidemiological sciences while applying this knowledge to patient care. Residents are expected to:

- Use analytic thinking in the approach to clinical situations
- Investigate and incorporate attained knowledge in patient care situations
- Integrate multiple scientific disciplines as a way to better understand and treat disease
- Easily obtain additional medical knowledge from on-line sources, journals, texts, etc.

Practice-Based Learning and Improvement:

Residents must be able to evaluate and improve their patient care practices while they appraise and assimilate scientific evidence. Residents are expected to:

- Analyze practice experience and modify practice using systematic methods
- Locate, appraise, and assimilate evidence from scientific studies related to their patient's
- Obtain and utilize population-based data in the care of specific patients and patient groups
- Apply knowledge of study design and statistical methods to the appraisal of clinical studies, diagnostic testing, and therapeutic interventions
- Use information technology to manage information and support education
- Facilitate the learning of students and other health care professionals

Interpersonal And Communication Skills:

Residents must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their families, and professional associates. Residents are expected to:

- Create and sustain a therapeutic and ethically sound relationship with patients and families
- Use effective communications of all types: verbal, non-verbal, writing, explanatory
- Work effectively with other as a member or leader of the health care team

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Professionalism:

Residents must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population. Residents are expected to:

- Be responsive, respectful, and compassionate with patients, society, and colleagues
- Strive for excellence in patient care and professional development
- Demonstrate ethical principles and respect for patient autonomy while providing care with special attention to the complexities of confidentiality, informed consent, withdrawal of care
- Demonstrate sensitivity to patient differences: culture, religion, age, gender, disability

Systems-Based Practice:

Residents must demonstrate an awareness of, and responsiveness to, the larger context and system of health care, and then use those system resources to optimize patient care. Residents are expected to:

- Understand how the larger medical system affects their practice options and patterns
- Understand how patient care affects the larger organization
- Practice cost-effective health care that does not compromise patient care
- Advocate for quality patient care and assist patients with these systems issues
- Understand and evaluate differing health delivery systems and allocations