



## RESIDENT JOB DESCRIPTION

### Summary:

All residents in the UMKC Family Medicine Residency Program are employees of UMKC and must abide by their policies.

At a minimum, resident must hold a temporary license to practice medicine in the State of Missouri, a BNDD certificate and malpractice insurance.

All residents will be certified in and perform ACLS, BLS, PALS, NRP, and ALSO protocol where required during patient care. Interns must have updated ACLS, BLS and PALS prior to matriculation.

Residents are expected to have an adult learner mentality. They should have a willingness to embrace knowledge in a motivated fashion. They should avidly review new information and assimilate it into their knowledge base.

Residents are taught and evaluated according to the six (6) core competencies established by the Accreditation Council of Graduate Medical Education (ACGME): Medical Knowledge, Patient Care, Professionalism, Practice Based Learning, Systems-Based Practice, and Interpersonal Communication. Osteopathic focus residents will be evaluated on a 7<sup>th</sup> core competency – Osteopathic Principles and Practice. Resident progress is evaluated by the Clinical Competency Committee in accordance with the Family Medicine Milestones. Residents are expected to complete evaluations for each rotation for which they participate.

All interns will take the previous year's In-Training Exam during orientation to assess their knowledge prior to residency. The ABFM scored In-Training Exam will be given to all residents yearly in the fall.

Essential Functions:

- Provide responsible, safe, efficient, and compassionate physician practice activities and progressive acquisition of clinical skills consistent with the practice of Family Medicine.
- Participate fully in assigned educational activities, including conferences, rotations, periodic testing, and advisor meetings.
- Provide patient care under the supervision of a member of the Family Medicine faculty or other supervising licensed independent practitioner, as assigned by the Resident Director.
- Treat each patient encountered and other personnel involved in care with respect, dignity and compassion.
- Recognize his or her role as a learner and participate in available opportunities to become a more accomplished physician.
- Exhibit timely attendance and deadline management.
- Perform procedures and patient care activities that supervising licensed independent practitioners allow. Must not exceed current capabilities and must seek supervision when care demands exceed allowed practice.
- Follow the content set forth by the faculty for each learning opportunity. Seek to enhance and take responsibility for their personal training opportunities.
- Effectively function as a member of various teams during all patient care and educational activities assigned.
- Use good judgment and seek supervision when ordering tests and treatment for patients. The resident is to be cognizant of cost and appropriately limit expenses to patients and the organization.
- Exhibit good behaviors and attitudes that reveal he or she is taking responsibility for actions. However, must recognize that the assigned faculty member, a licensed independent practitioner, is ultimately responsible for all patient care decisions and act accordingly.
- Engage in activities that allow a healthy examination of and joyful engagement in the physician's role. Take full advantage of resources provided by the program that support a positive attitude.
- Log required procedures, complete monthly evaluations as outlined in the policy on Procedural Competency.
- Log duty hours as required.
- Type a minimum of 20 words per minute.
- Wear white lab coat while on duty when appropriate as well as the hospital-issued identification badge.
- Be proficient in locating information within the electronic medical record. Document details of all patient encounters within the electronic medical record accurately and in a timely fashion.

Longitudinal Curriculum (see Longitudinal Curriculum):

**Supervision:**

Residents are supervised (either directly or indirectly) by attending physicians. Ultimately the residents report to the Program Director, however, each resident is assigned a faculty advisor/mentor (See Appendix G). Residents, in turn, supervise the activities of medical students. As the resident progresses through the training program, the level of supervision provided to them diminishes.

**PGY1 Residents**

Additional Level of Supervision Required: In addition to faculty, PGY1 residents are supervised by the PGY2 and PGY3 residents. During the first six months of training, all patient encounters in the Family Medicine Clinic must be supervised and seen by a member of the faculty. The PGY1 resident may perform any procedure requiring informed consent that the program faculty have determined the resident is competent to perform and have notified the resident in writing of this determination. However, it remains preferable to have a supervising faculty member present and the faculty must always be informed and given the opportunity be present where feasible.

Level of Supervision Exercised: Resident will supervise the activities of medical students.

Residents should be aware of the Family Medicine Milestones. Residents will be evaluated and assessed according to the ACGME milestones on a regular basis.

Knowledge:

1. Knowledge of common medical problems of adults and the treatment of these problems.
2. Knowledge of common medical problems of children and the treatment of these problems.
3. Knowledge of common surgical problems. Basic understanding of sterile procedure and surgical techniques.
4. Knowledge of common gynecologic and obstetrical problems and their treatment. Basic knowledge of the conduct of normal labor and delivery.
5. Knowledge of common psychiatric and psychological problems and their treatment.
6. Knowledge of common testing, including radiographic testing, and its application to the above clinical areas.

Skills:

1. Perform a complete history and physical. Must be able to succinctly and properly present these findings in a logical order to supervising faculty and during dictation of common reports in the hospital and clinic.
2. Perform a focused history and physical. The resident must be able to succinctly and properly present these findings in a logical order to supervising faculty and during dictation of common reports in the hospital and clinic.
3. Perform CPR and common emergency treatment.
4. Accurately prescribe treatment, including proper calculation of pharmaceutical dosage and timing.
5. Perform literature searches and otherwise access information necessary to obtain needed knowledge about patients and advance own knowledge.
6. Read and reasonably understand medical literature as presented in abridged index medicus listed journals.
7. Organize time and effort in a manner that maximizes effective patient care and learning.
8. Possess basic skills in public speaking as required for presentation of conferences to fellow residents.

Abilities:

1. Integrate findings from history and physical examinations into a reasonably ordered differential diagnosis.
2. Develop a plan for patients that provides for orderly and thoughtful further investigation and treatment, keeping the safety and comfort of the patient foremost in mind.
3. In both verbal and written form, effectively and fully communicate findings, any further testing planned, and treatment plans to the patient and history or her family, as well as to fellow residents, faculty, and nursing staff.
4. Provide patients with an overall impression of competence and skill, compassion, and satisfaction
5. Perform in a calm and rational manner during stressful conditions and with modest sleep deprivation.
6. Interact in a collegial manner with other physician, nursing, support, and administrative staff.
7. Rapidly acquire and integrate new medical knowledge, including that gained during consultation and focused reading about patient problems.

**PGY2 Residents**

Additional Level of Supervision Required: The PGY2 resident may perform any procedure requiring informed consent that the program faculty have determined the resident is competent to perform and have notified the resident in writing of this determination. However, it remains preferable to have a supervising faculty member present and the faculty must always be informed and given the opportunity to be present where feasible.

Level of Supervision Exercised: Resident will supervise the activities of medical students and PGY1 residents.

Knowledge: Same as for the PGY1 residents.

Skills: In addition to those set forth for the PGY1 residents,

1. The resident is expected to be able to see new outpatients requiring a history and physical at an average pace of 40 minutes per patient.
2. The resident is expected to be able to see outpatients at an average pace of 20 minutes per patient.

Abilities: In addition to those set forth for PGY1 residents,

1. Be able to lead a team of PGY1 residents and medical students in effectively caring for inpatients.
2. With consultation with faculty, develop research questions of importance to Family Medicine.

### **PGY3 Residents**

Additional Level of Supervision Required: The PGY3 resident may perform any procedure requiring informed consent that the program faculty have determined the resident is competent to perform and have notified the resident in writing of this determination. However, it remains preferable to have a supervising faculty member present and the faculty must always be informed and given the opportunity to be present where feasible.

Level of Supervision Exercised: Resident will supervise the activities of medical students as well as PGY1 and PGY2 residents.

Knowledge: In addition to those set forth for PGY1 residents,

1. Knowledge of those problems that require intensive care admission.
2. Knowledge of patterns indicating abnormal labor.

Skills: In addition to those set forth for the PGY1 residents,

1. The resident is expected to be able to see new outpatients requiring a history and physical at an average pace of 30 minutes per patient.
2. The resident is expected to be able to see outpatients at an average pace of 15 minutes per patient.
3. The resident is expected to be able to prepare presentations to other residents and faculty from the medical literature. Present Morbidity and Mortality Conference to all residents and faculty.

Abilities: In addition to those set forth for the PGY1 residents,

1. Be able to lead a team of PGY1 and PGY2 residents and medical students in effectively caring for inpatients, including those admitted to the intensive care units.
2. Independently develop and examine research and quality improvement questions of importance to Family Medicine.

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Name (please print)

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Signature

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Date