

LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES HARBOR-UCLA MEDICAL CENTER

SUBJECT: HOUSEOFFICER (RESIDENT PHYSICIAN) JOB DESCRIPTION POLICY NO. 622B

CATEGORY: Medical Staff	EFFECTIVE DATE: 4/96
POLICY CONTACT: Darrell Harrington, MD	UPDATE/REVISION DATE:
REVIEWED BY COMMITTEE(S): Graduate Medical Education	

PURPOSE:

To establish expectations related to employment eligibility, professional behavior and patient care for resident physicians working at Harbor-UCLA Medical Center.

POLICY:

Harbor-UCLA Medical Center shall ensure that each resident physician meets the standards and expectations of employment, professional behavior and patient care. Resident physicians not meeting these standards and expectations may not be eligible for employment or if already employed, subject to disciplinary actions.

DEFINITION:

Resident Physician: Renders professional medical services to patients as part of a postgraduate educational program. The term "resident physician" encompasses all categories of postgraduate trainees with MD or DO degrees participating in programs approved by the Accreditation Council for Graduate Medical Education (ACGME). "Resident physician" includes those referred to as interns, residents, fellows, houseofficers or physicians, postgraduate. Resident physicians also may be referred to collectively as housestaff.

PROCEDURE:

- A. Each resident must meet the requirements of the Medical Board of California and possess a Postgraduate Training License, California Physician's and Surgeon's license, or have specific approval of the Board to begin postgraduate training in California.
- B. Resident supervision will be coordinated among the attending physicians, consulting physicians and responsible faculty physicians. In evaluating the care provided by residents, attention will be paid both to the quality of patient care and the learning experience provided for the resident.
- C. Each postgraduate training program is responsible for the assessment of proficiency of the residents in the performance of procedures applicable to that specialty. Only residents who have been determined to be

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REVIEWED:	9/98, 2/02, 2/05, 1/06, 2/09, 11/16, 10/2	.2
APPROVED	BY:	
	Anish Mahajan, MD	Griselda Gutierrez, MD
	Chief Executive Officer	Associate Chief Medical Officer
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proficient in performing a procedure will be permitted to perform the procedure with minimal supervision or will be allowed to instruct other residents in the performance of the procedure.

- D. Residents will not be assigned to provide unsupervised patient care or have primary responsibility for consultations.
- E. Both residents and attending physicians may write/enter orders. It is the responsibility of the attending physician to determine the appropriateness of orders written/entered by residents.
- F. Faculty members supervising the patient care provided by residents shall be medical staff members in good standing, with relevant clinical privileges.
- G. This job description policy may be supplemented by specific resident protocols developed by the clinical department chair and representatives of the graduate teaching program, and is subject to approval of the Medical Executive Committee and the Graduate Medical Education Committee.

H. Resident Responsibilities:

- 1. The resident must take advantage of all aspects of the educational opportunities offered by the institution and by the training program.
- 2. The resident should develop an understanding of ethical, socioeconomic, and medical/legal issues that affect graduate medical education, and of how to apply cost-containment measures in the provision of patient care.
- 3. The resident must understand the evaluation process used by his/her program to determine the resident's progress in training.
- 4. The resident should be familiar with the Program Requirements of the ACGME Essentials of Accredited Residency Programs for their individual training program.
- 5. The resident must obtain adhere to the following requirement regarding licensure: The Medical Board of California requires that residents enrolled in a California ACGME-accredited residency program, and have not received either 12-months credit (U.S. or Canadian medical school graduates) or 24-months credit (international medical school graduates) of Board-approved postgraduate training have 180 days from the start of their training to obtain a Program Training License (PTL). Residents who have received 12-months credit (U.S. or Canadian medical school graduates) or 24-months credit (international medical school graduates) of Board-approved postgraduate training are eligible to apply for a Physicians & Surgeon's (P&S) license and must obtain one by the expiration of their PTL. Once received, the resident is responsible for maintaining a current valid license for the duration of postgraduate training. Failure to be licensed as described above may cause an interruption in the continuation of training and suspension of employment without pay until a valid license has been obtained or the resident's employment is terminated at the discretion of the program director.
- 6. Each resident must meet the requirements of the Medical Board of California or have specific approval of the Board to begin postgraduate training in California.
- 7. All licensed residents must obtain DEA registration to prescribe controlled substances. Exemptions from this requirement require the written approval of the Medical Director or Chief of Staff of the Medical Center.
- 8. The resident must complete the form "Report of Outside Employment" if he/she participates in employment activities outside the residency program. Outside employment must not detract, in anyway, from the resident's performance or provision of patient care in the residency program.



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- 9. The resident must complete all medical records within 14 days. This includes, but is not limited to, admission history, physician examination, progress notes, orders, operative reports, radiological reports, and written and dictated discharge summaries. Failure to comply with this requirement may result in disciplinary action with documentation that becomes a part of the resident's permanent record and may be conveyed to future employers, medical staff offices, or hospital privileges committees. See hospital policy 615 for details.
- 10. The resident must protect patient information in accordance with the Health Insurance Portability Accountability Act (HIPAA) related policies. This includes the use of Microsoft Teams for secure internal staff communications such as text, video, and photo. Failure to comply with this requirement may lead to disciplinary action.
- 11. The resident must adhere to all applicable County policies and procedures (e.g., Infection Control).
- 12. Residents are expected to participate in institutional, departmental, divisional, and interdisciplinary quality assurance/improvement activities. Residents must recognize that information with respect to any practitioner submitted, collected, prepared, or maintained by any authorized individual, committee, or agent for the purpose of achieving and maintaining quality patient care, reducing morbidity and mortality, or contributing to clinical research, shall, to the fullest extent permitted by law, be confidential and shall not be disseminated to anyone other than an authorized person, nor be used in any way except as otherwise required by law. The term information as used in the preceding sentence includes, but is not limited to, records of proceedings, minutes, records, files, communications, reports, memoranda, statements, recommendations, data, and other disclosures, whether in written or oral form, relating to professional qualifications, clinical ability, judgment, character, physical and mental health, emotional stability, professional ethics, or any other matter that might directly or indirectly affect patient care. Any breach of confidentiality concerning the above may result in disciplinary action.

Reviewed and approved by:

Medical Executive Committee 10/2022

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President, Professional Staff Association