

**DUTIES AND RESPONSIBILITIES
NEUROLOGY– PGY-1**

- a. The training program will emphasize development of fundamental clinical skills to prepare for the field of neurology. The resident will have the opportunity to participate in the care of a variety of illnesses as they relate to this discipline.

The attending physician will have ultimate responsibility for patient care.

- b. The training program will be comprised of specific requirements in internal medicine, neurosurgery, neurology, cardiology, emergency medicine and intensive care. Each required rotation shall be no less than one month duration.

The resident will also receive training in osteopathic principles and practice. This will include structural and palpatory diagnosis and osteopathic manipulative treatment. This osteopathic practice will be utilized in the care of patients and evaluated by the Neurology Program Director during the resident evaluation period.

In certain circumstances, modification may be made to meet the criteria of the AOA, or scheduling requirements of the individual or the program. The resident is responsible for patient care commensurate with the PGY-1 level of ability and training and will function under the supervision of the attending physician and/or senior resident.

- c. During the rotations in disciplines offering fundamental clinical skills, the resident will be expected to develop adequate ability to obtain a medical history, perform a complete physical examination, including the application of osteopathic principles and therapeutics, define patients' problems and develop a rational plan for diagnosis and implementation of therapy. The resident is responsible for patient care as determined by the individual attending physician on each specialty service as follows:

Surgical Specialties:

The resident is to provide adequate pre-operative patient preparation and adequate pre-operative notes, meeting all requirements for medical record keeping. He/She is to provide satisfactory post-operative care to the patient, and, when indicated and possible, participate in procedures in the operating room when such procedures are commensurate with the resident's level of ability and training.

Non-Surgical Specialties:

On non-surgical rotations, the resident will be responsible for adequate management of patients from admission to discharge as directed by the applicable attending physicians and program director.

- d. The resident will perform assigned responsibilities in a manner acceptable to the teaching faculty of the specific specialty departments; his/her performance will be evaluated on a monthly basis by the appropriate attending physicians. The program director will review these evaluations with the resident semi-annually. The resident will evaluate his/her clinical rotations on a monthly basis; these evaluations will be reviewed by the program director and discussed with the resident semi-annually. The Medical Education Committee shall also review the performance of every resident to insure that the educational objectives of their rotations are being met. The resident will evaluate, in writing, the program and overall educational experience and will discuss this evaluation with the program director.
- e. The resident will be on-call as determined by the attending physician responsible for that service. In general, the call schedule will be approximately every third night or less often, as determined by the program director. The resident should clarify the call schedule before his/her rotation. Duties while on-call are as dictated by the attending physician in coordination with the program director and in accordance with the Duty Hours Policy located on the intranet in the Resident Handbook.
- f. The resident is expected to participate fully in the educational opportunities and activities at UPMC Hamot. He/She should participate in conferences, clinical research where applicable, and teach medical students.
- g. The resident shall keep a log of procedures performed, readings completed and any specific presentations. The log will be reviewed by the program director on a regular basis.
- h. The resident must maintain their AOA membership.
- i. The resident agrees to become certified in ACLS before start of his/her training or to provide current certification documentation of the same.
- j. The resident will obtain and maintain NIH stroke scale certification and obtain the necessary training to be competent in the performance of lumbar punctures.