

## HUEY P. LONG RESIDENT GUIDELINES

These guidelines of responsibilities of different levels are to be reviewed in order that the OB/GYN service at HPL can achieve and maintain a quality of excellence and efficiency. They are by no means the only responsibilities of each level but the primary ones.

These guidelines will also serve as a standard in related categories as to how residents would be evaluated in the monthly residents' evaluations by HPL staff, which will be in the residents' permanent file.

### Chief of the Service- House Officer IV

Oversees the service- The following list of responsibilities are not to be delegated.

- 1) Makes rounds in the mornings and afternoons
- 2) Responsible for the efficient running of the clinic
  - making sure residents arrive to clinic at a timely fashion
  - decides whether or not the residents have time to leave clinic for lunch so that afternoon clinic starts back on time.
  - Alternative arrangements are to be made, if necessary, for lunch on those days if morning clinic runs late.
- 3) Double check pre-ops
- 4) Leads in the management decisions of high risk OB patients that get BPPs on Labor and Delivery and follow-ups of Oncology patients receiving tertiary care in New Orleans.
- 5) Supervise lower level residents.

### House Officer III

- 1) Holds the main responsibility in GYN Pre-op of patients
- 2) If serves as the upper level resident on call on weekends, would be responsible for weekend work rounds which are to take place no later than 8 A.M. so that a reasonable time of discharge and management plans can be carried out by ancillary staff. This means patients are seen and progress notes are written by 8 A.M. Work rounds are for management decisions.
- 3) Will personally see and write notes on ICU patients.
- 4) Arrangements for Path conference and writing management plans for patients discussed in these conferences.
- 5) Supervise lower level residents.

### House Officer II

- 1) Holds the main responsibility of seeing floor patients and the routine L & D Triage and basic managements.
  - Will be asked to present patients instead of students randomly
  - Should have all anticipated floor work finished by residents' rounds in order not to be delayed by floor work before going to clinic.
- 2) Pre-op patients for surgery (double checked by the upper level residents).
- 3) OB Clinic at EAP and other clinics as instructed.