

## Chief Resident Duties

Chief residents in the LSU Otolaryngology program have traditionally been regarded as junior staff members. As such, they enjoy the status of team leader and share in certain duties that are not part of the residency experience at other levels. The chief resident at each of our hospitals serves as the director of his/her own service, and decides surgical case assignments; he/she also makes duty assignments for the other residents on the service. The chief resident assigned to University Hospital is considered the administrative resident for the entire program, assisting in coordination of schedules, vacations, human resource distribution, and teaching.

The chief resident also serves as the preceptor for medical students and other health care professionals who spend time on the ENT service, making sure that these individuals spend their time productively and receive a good learning experience. The chief evaluates students and relays this information to the rest of the department staff.

In addition to supervising students, the chief resident is also given the responsibility of assessing and, when necessary, critiquing junior residents. This charge is a serious one, and it is an extremely important part of the link between faculty and residents. Regular contact between the chief residents and the program director as well as the head of the department is one of the mechanisms by which our junior residents are evaluated.

Resident input regarding organization and selection of material for departmental teaching conferences also falls under the watch of the chief residents. They determine which residents will present cases from individual institutions. Chief residents are also responsible for keeping track of interesting cases from the clinic, the O.R., and the E.R. that are suitable for presentation. This responsibility includes maintaining a list of Morbidities and Mortalities that will be presented at M&M conference to improve our ability to provide patient care. Every resident is reminded that patient management is our collective responsibility, and any patient who presents a diagnostic or therapeutic dilemma can be presented at the regular patient management conferences (Tumor Board, Case Presentation Conference, or Morbidity & Mortality Conference) for discussion and input from faculty members and other residents.

Finally, the chief resident is also given the job of contacting Visiting Staff Otolaryngologists who are scheduled to oversee surgery at Charity Hospital in New Orleans and University Medical Center in Lafayette. At least three days before the appointed date, the chief resident is expected to speak with the designated staff person and to advise that person of the scheduled operations. This includes presenting the cases, outlining the surgical plans, and answering any questions the Visiting Staff person may have about the scheduled cases. This advance communication greatly facilitates both learning and patient care.