

UTHSCSA Graduate Medical Education Policies

<p>Section 2 Policy 2.1.6.</p>	<p>General Policies & Procedures Responsibilities of Residents</p>	<p>Effective: Revised: Responsibility:</p>	<p>January 2002 November 2006 Associate Dean for Graduate Medical Education</p>
<p>Responsibilities of Residents</p>			
<p>Policy</p>	<p>During the time of residency training, residents have many professional responsibilities, including (but not limited to) the clinical care of patients, improving their own educational preparation, and teaching those with whom they work.</p> <p><u>Clinical care</u> - Residents are expected to provide competent and compassionate patient care, and to work effectively as a member of the health care team. This implies professional demeanor and conduct both in direct patient care and in communication with family members and other health care professionals and support staff. They are responsible to the faculty attending to whom they have been assigned for all matters related to the professional care of patients. They are responsible to the medical director (site supervisor) of the health care facility of their current assignments, for all matters of administrative policy and procedures. Within the residency program itself the descending order of rank is Chief Resident and residents in descending order by year of training (e.g. PGY-3, then PGY-2, etc.).</p> <p>Residents participate in the care of all patients (subject to the jurisdiction indicated above) and perform other assigned duties of a professional nature. In addition to regular duties, all residents have miscellaneous duties; for example, they see patients who appear at unusual hours, sign medical papers of various kinds, determine whether visitors should be permitted, interpret uncertain orders left by residents who are not present, and so forth.</p> <p>Residents will adhere to the schedule announced in the roster of duty compiled by the department chairperson or designee at the beginning of each change of service. Requests for changes to rotation schedules must be made through the Departmental office. In cases where residents are unable to adjust schedules through Department offices (e.g., nights, weekends, holidays), changes must be approved by the resident's immediate supervisor (i.e. chief resident), with notification of the program coordinator at the earliest possible opportunity. The resident is also responsible for notifying all relevant hospital and university offices (page operators and call centers) of changes to the schedule. Residents and clinical fellows will report promptly, completely and accurately their duty and on-call hours when requested to do so by their residency Program Director, or the Graduate Medical Education Committee. Paperwork and payroll records must reflect actual resident locations.</p>		

Upon each arrival for rotation to an affiliate Hospital, the resident must report to the appropriate office to complete paperwork, receive unique hospital I.D. numbers, and be added to the time report where necessary.

During the Graduate Medical Education's June Orientation for new residents, all individuals are provided with copies of all relevant hospital by-laws, rules and regulations. All residents are expected to abide by all such regulations. In addition, the UTHSCSA GME Policies are available at www.uthscsa.edu/gme and all residents are expected to be familiar with these policies.

Learning and Education - A primary responsibility of resident trainees is to meet the educational goals of their specific programs. Residents are recognized as adult learners, and ultimately the acquisition of knowledge, skills, and professional attitudes is the responsibility of each individual. The Institution and the residency programs will provide an ample selection of educational offerings. The expectation is that residents will make every effort to benefit from the education offered, by attending educational conferences and by participating in the planning of conferences as required for each program. An essential component of learning is the development of life-long learning skills - all physicians must practice disciplined, ongoing acquisition of medical knowledge.

A. ACGME General Competencies - the ACGME (www.acgme.org) has defined six areas as General Competencies, and stipulates that programs require their residents to develop them to the level of a new practitioner, by the completion of residency training.

1. Patient care
2. Medical knowledge
3. Practice-based learning and improvement
4. Interpersonal and communication skills
5. Professionalism
6. Systems-based practice.

Following are adapted from the ACGME:

1. Patient Care - Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Residents are expected to:

- communicate effectively and demonstrate caring and respectful behaviors when interacting with patients and their families
- gather essential and accurate information about their patients
- make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment
- develop and carry out patient management plans
- counsel and educate patients and their families
- use information technology to support patient care decisions and

patient education

- perform competently all medical and invasive procedures considered essential for the area of practice
- provide health care services aimed at preventing health problems or maintaining health
- work with health care professionals, including those from other disciplines, to provide patient-focused care

2. Medical Knowledge - Residents must demonstrate knowledge about established and evolving biomedical, clinical, and cognitive (e.g., epidemiological and social-behavioral) sciences and the application of this knowledge to patient care. Residents are expected to:

- demonstrate an investigatory and analytic thinking approach to clinical situations
- know and apply appropriate basic and clinically supportive sciences

3. Practice-Based Learning and Improvement - Residents must be able to investigate and evaluate their own patient care, appraise and assimilate scientific evidence, and improve patient care. Residents are expected to:

- analyze practice experience and perform practice-based improvement activities using a systematic methodology
- locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems
- obtain and use information about their own population of patients and the larger population from which their patients are drawn
- apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness
- use information technology to manage information, access on-line medical information; and support their own education
- facilitate the learning of students and other health care professionals

4. Interpersonal and Communication Skills - Residents must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, patients' families, and professional associates. Residents are expected to:

- create and sustain a therapeutic and ethically sound relationship with
- patients
- use effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning, and writing skills
- work effectively with others as a member or leader of a health

care team or other professional group

5. Professionalism - Residents must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population. Residents are expected to:

- demonstrate respect, compassion, integrity, and a responsiveness to the needs of patients and society that supercedes self-interest
- demonstrate accountability to patients, society, and the profession and a commitment to excellence and ongoing professional development
- demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices
- demonstrate sensitivity and responsiveness to patients' culture, age, gender, and disabilities

6. Systems-Based Practice - Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value. Residents are expected to:

- understand how their patient care and other professional practices affect other health care professionals, the health care organization, and the larger society and how these elements of the system affect their own practice
- know how types of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources
- practice cost-effective health care and resource allocation that does not compromise quality of care
- advocate quality patient care and assist patients in dealing with system complexities
- know how to partner with health care managers and health care providers to assess, coordinate, and improve health care and know how these activities can affect system performance

B. Discipline-specific Education

In UTHSCSA-sponsored GME programs, the residency program director is responsible for the organization and implementation of discipline-specific educational objectives. The resident is expected to manifest active involvement in learning, and has responsibility for the following:

- familiarity with program's educational objectives and residency curriculum
- experience with quality-assurance/performance improvement, including the tracking of autopsy results for patients for whom

he/she has treated

- development of competence in the areas listed in A. above
- development of a personal program of learning to foster continued professional growth

Teaching Others - Residents are also expected to teach and mentor junior residents, medical students, and other learners with whom they interact. Collaborative learning is an important part of graduate medical education, and residents' involvement with the education of other members of the health care team is vitally important.

All residents must provide data on their educational experience to their Program Director. The provision of regular feedback on faculty, program, and overall educational experiences, via confidential written or electronic evaluations, is an essential part of the continuous improvement of the educational programs within our institution, and is required by the ACGME.

Active participation in hospital and departmental committees is an opportunity for residents to become familiar with administrative aspects of health care, and such experience, particularly involving those which relate to patient care review activities should be sought.