

UTHSCSA Graduate Medical Education Policies

II.	Section 2	General Policies and Procedures GME General Policies	Effective: Revised: Responsibility:	October 2000 April 2004, November 2006, April 2008 Associate Dean for Graduate Medical Education
Policy 2.1.1.				

Graduate Medical Education General Policies

Purpose The purpose of GME is to provide an organized educational program with guidance and supervision of the resident, facilitating the resident's ethical, professional and personal development while ensuring safe and appropriate care for patients.

Policy At The University of Texas Health Science Center at San Antonio (UTHSCSA), residents in programs that are ACGME accredited or that lead to certification in a specialty approved by the American Board of Medical Specialties are appointed with the title "Resident" or "Fellow." "Resident" is used for those programs leading to initial board certification, while "Fellow" is used for those programs leading to subspecialty certification after completion of an approved residency. Residents and Fellows are referred to as "resident" or "housestaff" throughout these policies.

Our policies apply to all the UTHSCSA residents, including the following:

- All residents in training within the institution and teaching hospitals, without regard to funding source;
- Residents from UTHSCSA who are temporarily assigned to other institutions;
- Residents from other institutions who are visiting at UTHSCSA as observers or on clinical rotations.

Each resident must agree to abide by the GME Committee and UTHSCSA policies, rules, and regulations that relate to his/her activities as a resident.

Each resident must be aware of the following expectations for performance and conditions of appointment:

General Conduct

Residents are expected to strive for excellence in all aspects of patient care delivery, learning, and teaching. This implies professional demeanor and conduct in direct patient care, in communication with family members, and in interactions with all other health care professionals and support staff.

It is expected that wherever residents are working, courtesy, respect, and collaboration will characterize the environment. It is the

responsibility of all residents to participate in the creation and maintenance of this environment. No resident should exhibit insubordination toward his or her clinical supervisor. However, if the resident thinks that a directive given by the supervisor is unethical, incorrect, or dangerous, it is his/her responsibility to discuss the issue rationally with the supervisor. If the matter is not resolved at that level, it may be taken to the program director, the department chair, and/or the Designated Institutional Official. If the matter continues to be unresolved, the GME Committee will consider it.

Potential industry influence on physicians' prescribing behaviors and a variety of other patient care issues are addressed in Policy 2.1.20. The GME Committee will address violations that are brought to its attention.

Patient Confidentiality

Maintenance of patient confidentiality is an integral part of good clinical care. All residents must comply with HIPAA requirements concerning the access and communication of patient information. Access to confidential patient information must be limited to a clinical or business "need to know." Under no circumstances is an employee permitted to access or to view information on family members, friends, or other acquaintances, unless such access is required by the employee's job responsibilities. Residents are not permitted to access or to view their own medical information (other than through the established process of contacting the Medical Records Department). No patient, including physicians, may request that co-workers access their medical records for them, except when a care provision relationship already exists between the two parties. Discussion of patient-specific information within earshot of other patients or visitors not only violates patient confidentiality but also may lead to serious medico-legal problems.

User IDs and passwords are never to be shared. Access of patient information by users to clinical systems may be audited for appropriateness. Any improper access or disclosure of confidential patient information may result in disciplinary action including termination and/or removal from the residency program.

When a transfer of care occurs, the resident is expected to ensure that all patients under his/her care have ready access to care. Confidential or proprietary information is to be used properly and with appropriate maintenance of confidentiality. Confidential information, including information in the hospitals' computer systems, will only be released to authorized persons.

No resident should falsify institutional or personnel records; use or be in possession of prescription drugs not prescribed for him/her; or steal, remove, or be in unauthorized possession of hospital, UTHSCSA, or other persons' property. Residents shall not use alcohol or any drugs that might adversely affect safe clinical performance when they may be

called upon to provide direct patient care or advise those providing direct care (for example, when on call). Use of such drugs is incompatible with safe clinical performance. **Violation of any of the foregoing is grounds for termination.**

Residents shall not provide patient care under circumstances of possible physical, mental, or emotional lack of fitness that could interfere with the quality of that care. It is the responsibility of residents, upon identifying a situation in which another physician is impaired to the potential detriment of patient care, to notify the program director or Department Chair in order to arrange for alternative patient care coverage.

Duty Hours

Each residency program has established formal policies governing resident duty hours that foster resident education and facilitate the care of patients.

Resident duty hours and on-call time periods must not be excessive. The structuring of duty hours and on-call schedules must focus on the needs of the patient, continuity of care, the educational needs of the resident, and compliance with all applicable regulations. Duty hours must be consistent with the ACGME Institutional and Program Requirements that apply to each program and will be surveyed periodically by the program, the GME Office, and the ACGME. Residents are expected to behave in a professional manner regarding these surveys, to document hours worked accurately, and to answer all questions truthfully.

Residents' individually-identifiable information will not be available to anyone, although aggregated information will be used by the GME Office, program directors, participating hospitals, and UTHSCSA to monitor compliance with the duty hours policies.

More details are provided in the Resident Duty Hours policy.

Licensure

The Texas Medical Board (TMB) (<http://www.tmb.state.tx.us/>) regulates all medical practice in the State of Texas. Residents may train in residency programs in Texas under the supervision of a licensed physician in an approved hospital setting only if they have secured either a physician in training permit or a Texas medical license.

In the event that a resident does not qualify for a permit or license as issued by the TMB, the individual will not be eligible for a resident position. If the individual has begun training under a temporary permit and the TMB declines to continue the permit for whatever reason, the individual will not be eligible to continue graduate

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medical education within the institution.

After completion of the PGY1 year, residents who are LCME medical graduates are eligible to obtain a Texas medical license and may be required to do so at the discretion of the program director. (International medical graduates must complete three years of GME before being eligible for a license; see the website or contact the TMB for more details.) An unrestricted license is necessary for residents who wish to engage in clinical activities outside the residency (i.e., moonlighting - see policy).