

UTHSCSA Graduate Medical Education Policies

Section 2	General Policies & Procedures	Effective:	January 2002
		Revised:	November 2006 July 2013, July 2016
Policy 2.6.	Responsibilities of Residents	Responsibility:	Designated Institutional Official

Responsibilities of Residents

Policy

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.

Clinical care - 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.).

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 evaluate and care for patients who present 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. When uncertain, residents are expected to request assistance as appropriate.

Residents will adhere to the schedule announced in the roster of duty compiled by the program director or designee at the beginning of each clinical rotation. 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 as required within the program's policies. 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. Paperwork and payroll records must reflect actual resident locations.

Upon each arrival for rotation to an affiliate Hospital, the resident must

report to the appropriate office to complete in-processing, complete required hospital-specific training, 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 electronic access to 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 physician. 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 proficiency as defined in the specialty-specific Milestones, 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 Common Program Requirements (some specialty-specific Program Requirements contain additional requirements):

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 must be able to competently perform all medical, diagnostic, and surgical procedures considered essential for the area of practice. 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,

- and document accurately in patients' records
- 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 of established and evolving biomedical, clinical, epidemiological and socialbehavioral sciences, as well as 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
- acquire specialty-specific medical knowledge as assessed in Milestones and in in-training examinations

3. Practice-Based Learning and Improvement - Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning. Residents are expected to develop skills and habits to be able to meet the following goals:

- identify strengths, deficiencies, and limits in one's knowledge and expertise
- set learning and improvement goals
- identify and perform appropriate learning activities
- systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement in concert with the hospital/health system in which they are training
- incorporate formative evaluation feedback into daily practice
- locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems
- use information technology to optimize learning; and
- participate in the education of patients, families, students, residents and other health professionals.

4. Interpersonal and Communication Skills - Residents must

demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.. Residents are expected to:

- communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds
- communicate effectively with physicians, other health professionals, and health related agencies
- work effectively as a member or leader of a health care team or other professional group
- act in a consultative role to other physicians and health professionals; and
- maintain comprehensive, timely, and legible medical records, if applicable.

5. Professionalism - Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Residents are expected to demonstrate:

- compassion, integrity, and respect for others
- responsiveness to patient needs that supersedes self-interest
- respect for patient privacy and autonomy
- accountability to patients, society and the profession
- sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.

Residents' professional responsibilities include contribution to ongoing quality improvement of their programs, sponsoring institution, and health systems/hospitals in which they train, via provision of confidential electronic or other survey responses: evaluations of rotations, faculty, the GME program, ACGME surveys, and GME end of year surveys.

6. Systems-Based Practice - Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. Residents are expected to:

- work effectively in various health care delivery settings and systems relevant to their clinical specialty
- coordinate patient care within the health care system relevant to their clinical specialty
- incorporate considerations of cost awareness and risk benefit analysis in patient and/or population-based care as appropriate
- advocate for quality patient care and optimal patient care systems
- work in interprofessional teams to enhance patient safety and improve patient care quality; and
- participate in identifying system errors and implementing

potential systems solutions.

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 goals, 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.

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.