GRADUATE MEDICAL EDUCATION POLICIES AND PROCEDURES

NAME: RESIDENT/FELLOW RESPONSIBILITIES

POLICY: Graduate Medical Education is based on the principle of progressively increasing levels of responsibility in caring for patients under the supervision of the faculty. Residents/fellows at each individual year level will have a description provided by their training program of what their responsibilities are and what level of supervision will be provided. Each program is responsible for developing a description specific to their particular discipline. A general description of resident/fellow activities as they progress through the training program is included below:

PROCEDURES:

GRADUATED LEVELS OF RESPONSIBILITY

Graduate medical education is based on the principle of progressively increasing levels of responsibility, in caring for patients, under the supervision of the faculty. The faculty is responsible for evaluating the progress of each resident/fellow in acquiring the skills necessary for the resident/fellow to progress to the next level of training. Factors considered in this evaluation include the resident’s/fellow’s clinical experience, judgment, professionalism, cognitive knowledge, and technical skills. Programs leading to sub specialization after core programs, traditionally called fellowships, include considerable autonomy especially in the tasks already mastered in the core program. At each level of training, there is a set of competencies that the resident/fellow is expected to master. As these are learned, greater independence is granted to the resident/fellow in the routine care of the patient at the discretion of the faculty who, at all times, remain responsible for all aspects of the care of the patient.

PGY I – Individuals in the PGY 1 year are supervised by senior level residents, advanced nurse practitioners (if permitted by the specialty RRC), or faculty either directly or indirectly with direct supervision immediately available. If indirect supervision is provided, such supervision must be consistent with RRC policies and specific criteria which PGY 1 residents must meet in order to be eligible for indirect supervision must be established. The resident is expected to exhibit a dedication to the principles of professional preparation that emphasizes primacy of the patient as the focus for care. With the assistance of an assigned mentor or the program director, the first year resident must develop and implement a plan for study and reading of selected topics that promotes personal and professional growth and be able to demonstrate successful use of the literature in dealing with patients. The resident should be able to communicate with
patients and families about the disease process and the plan of care outlined by the attending. At all levels, the resident is expected to demonstrate an understanding of the socioeconomic, cultural, and managerial factors inherent in providing cost effective care.

PGY II – Individuals in the second post graduate year are expected to perform independently the duties learned in the first year and may supervise the routine activities of the first year residents. The PGY 2 may perform some procedures with indirect supervision once competency has been documented according to established criteria. Specific procedures allowed with indirect supervision at the PGY 2 level must be guided according to published criteria established by the program director and the faculty. The PGY 2 should be able to demonstrate continued sophistication in the acquisition of knowledge and skills in his/her specialty and further ability to function independently in evaluating patient problems and developing a plan for patient care. The PGY 2 resident may respond to consults and learn the elements of an appropriate response to consultation in conjunction with the faculty member. The resident should take a leadership role in teaching the PGY 1 and medical students the practical aspects of patient care and be able to explain complex diagnostic and therapeutic procedures to the patient and the family. The resident should be adept at the interpersonal skills needed to handle difficult situations. The PGY 2 should be able to incorporate ethical concepts into patient care and discuss these with the patient, family, and other members of the health care team.

PGY III – In the third year, the resident should be capable of managing patients with virtually any routine or complicated condition and of supervising of the PGY 1 and PGY 2 in their daily activities. The resident is responsible for coordinating the care of multiple patients on the team assigned. Individuals in the PGY 3 year may perform additional diagnostic and therapeutic procedures with indirect supervision once competency has been documented according to established criteria and guided according to published criteria established by the program director and the faculty. The PGY 3 can perform progressively more complex procedures under the direct supervision of the faculty. It is expected that the PGY 3 resident be adept in the use of the literature and routinely demonstrate the ability to research selected topics and present these to the team. At the completion of the third year, the resident should be ready to assume independent practice responsibilities in the practice of general pediatrics.

FELLOWSHIP TRAINING – Individuals engaged in training beyond the core residency program are expected to be competent in the skills learned in the core residency. They should be focused on becoming proficient in the skills defined by the subspecialty they are pursuing. As they progress through the training program, they are given progressive responsibility in the skills that make up the information content of the specialty at the discretion of the faculty.
ALL PROGRAMS, ALL YEARS – Residents/fellows at every level are expected to treat all other members of the health care team with respect and with a recognition of the value of the contribution of others involved in the care of patients and their families. The highest level of professionalism is expected at all times.

The resident/fellow is expected to develop a personal program of reading. Besides the general reading in the specialty, residents/fellows should do directed reading daily with regard to problems that they encounter in patient care or in the operating room. The resident/fellow is responsible for reading prior to performing or assisting in procedures that the resident/fellow has not yet had the opportunity to see or do. The educational conference program is designed to provide a didactic forum to augment the resident’s/fellow’s reading and clinical experience. The expectation is that residents/fellows 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.

Residents/fellows at all levels should have a strong commitment to patient safety and professionalism. All training programs must educate residents and faculty members concerning the professional responsibilities of physicians to appear for duty appropriately rested and fit to provide the services required by their patients. In addition, the program must be committed to and responsible for promoting patient safety, and the program director must ensure that residents/fellows are integrated and actively participate in interdisciplinary clinical quality improvement and patient safety programs. All residents/fellows and faculty members must demonstrate responsiveness to patient needs that supersedes self-interest. Physicians must recognize that under certain circumstances, the best interests of the patient may be served by transitioning that patient’s care to another qualified and rested provider.

Transition of Care
Programs must design clinical assignments to minimize the number of transitions in patient care. All training programs must develop and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety. Residents/fellows must be competent in communicating with team members in the hand-over process.

Required Communication
In each training program, there will be circumstances in which ALL residents/fellows, regardless of level of training and experience, must communicate with appropriate supervising faculty. Each program must identify and set guidelines for these circumstances and these guidelines must be available in writing for all residents/fellows and discussed at the beginning of new rotations, as applicable.

(GMEC approved 9/7/11)