Title:	**Resident Responsibilities Policy**	Index Number:	**FM-GMEC-023**	
Scope of application:	**All Graduate Medical Education (GME) Programs**	Original Date: **13.03.2013**	Reviewed on: **15.01.2024**	Next Review Date: **15.01.2027**

1. *Introduction*

Graduate medical education is based on the principle of progressively increasing levels of responsibility in caring for patients under the supervision of qualified attending physicians. The American University of Beirut Faculty of Medicine and Medical Center (AUBMC) provide institutional oversight to ensure that residents are appropriately supervised. Each program is responsible for developing a curriculum with clear residents' responsibilities specific per PGY level to their particular discipline. The attending physicians are responsible for evaluating the progress of each resident in acquiring the skills necessary for the resident to progress to the next level of training. Factors considered in this evaluation include but are not limited to the resident's clinical experience, judgment, professionalism, cognitive knowledge, and technical skills. Residents must be supervised by attending physicians so that the residents assume progressively increasing responsibility according to their level of education, ability, and experience. The residents must be aware of their limitations and not attempt to independently perform procedures or treatments, or management plans that they are unauthorized to perform or lacks the skills and training to perform. The residents must know the graduated level of responsibility described for their level of training and not practice outside of that scope. The residents are responsible for communicating to the attending physicians any significant issues regarding patient care. Such communication should be documented in the patient record. Failure to function within the graduated levels of responsibility or to communicate significant patient care issues to the responsible attending physicians may result in disciplinary action.

2. *Purpose*

The purpose of this policy is to define the expected responsibilities and competencies from residents for each level of training related to the clinical care of patients

3. *Definitions*

3.1. **"Direct supervision"** - the supervising physician is physically present with the resident and patient.

3.2. **"Indirect Supervision with direct supervision immediately available"-** the supervising physician is physically within the confines of the site of patient care, and is immediately available to provide Direct Supervision.

3.3. **"Indirect Supervision with direct supervision available"** - the supervising physician is not physically present within the confines of the site of patient care, but is immediately available via phone, and is available to provide Direct Supervision.

3.4. **"Oversight"** - the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

4. Scope

This policy applies to all residents participating in graduate medical education training at the American University of Beirut Faculty of Medicine and Medical Center (AUBMC).

5. Policy

5.1. **Commitment of Residents:** Throughout the residency/fellowship program, a resident must:

5.1.1. Acknowledge the fundamental obligation as a physician to place the patients' welfare uppermost and to have quality health care and patient safety as the prime objectives.

5.1.2. Demonstrate the professional values of honesty, compassion, integrity and dependability

5.1.3. Use his/her best efforts to provide safe, effective, and compassionate patient care and present at all times a courteous and respectful attitude toward all patients, colleagues, employees and visitors at the AUBMC and other facilities and rotation sites to which the Resident is assigned.

5.1.4. Care in an environment that maximizes competent communication by working as a member of effective inter-professional tams appropriate to the delivery of care in the specialty and ensuring hand-over processes are effective and structured to facilitate both continuity of care and patient safety.

5.1.5. Adhere to the highest standards of the medical profession and conduct him/herself accordingly in all interactions. The resident will demonstrate respect for all patients and members of the health care team without regard to gender, race, national origin, religion, economic status, disability or sexual orientation.

5.1.6. Learn from being involved in the direct care of patients and from the guidance of faculty and other members of the healthcare team. The resident should understand the need for faculty to supervise all of the interactions with patients.

5.1.7. Secure direct assistance from faculty or appropriately experienced residents whenever confronted with high-risk situations or with clinical decisions that exceed his/her confidence or skill level to handle alone.

5.1.8. Accept candid and constructive feedback from faculty and all others who observe his/her performance recognizing that objective assessments are indispensable guides to improving skills as a physician

5.1.9. Provide candid and constructive feedback on the performance of other residents, students and faculty. This is the life-long obligation as a physician to participate in peer evaluation and quality improvement.

5.1.10. Actively participate in interdisciplinary clinical quality improvement and patient safety programs.

5.1.11. Assist both medical students and other residents in meeting their professional obligations by serving as a teacher and a role model.

5.1.12. Adhere to all policies, practices, rules, bylaws, and the regulations (collectively the "Policies") of the AUBMC, Department(s), and Medical Staff. Likewise, the Resident shall adhere to the corresponding Policies of all of the facilities to which s/he rotates.

5.1.13. Adhere to all applicable Lebanese laws, as well as the standards required to obtain or maintain accreditation by Lebanon's Ministry of Public Health, the JCI, the ACGME-I, any RC-I, and any other relevant accrediting, certifying, or licensing organizations.

5.1.14. Participate fully in the educational and scholarly activities of his/her Program, including the performance of scholarly and research activities as assigned by the Program Director [and/or as necessary for the completion of applicable graduation requirements], attend all required educational conferences, assume responsibility for teaching, supervising and evaluating other residents and students, and participate in assigned AUBMC and Medical Staff committee activities.

5.1.15. Fulfill the educational requirements of the Program.

5.1.16. Demonstrate an understanding and acceptance of their personal role in the following:

5.1.16.1. assurance of the safety and welfare of patients entrusted to their care

5.1.16.2. provision of patient- and family-centered care

5.1.16.3. assurance of their fitness for duty

5.1.16.4. management of their time before, during, and after clinical assignments

5.1.16.5. recognition of impairment, including illness and fatigue, in themselves and in their peers

5.1.16.6. attention to lifelong learning

5.1.16.7. the monitoring of their patient care performance improvement indicators

5.1.16.8. honest and accurate reporting of duty hours, patient outcomes, and clinical experience data

5.1.17. Provide clinical services commensurate with his/her level of advancement and responsibilities; under appropriate supervision; at sites specifically approved by the training program; and under circumstances and at locations covered by the AUBMC's professional liability insurance maintained for the resident.

5.1.18. Must develop an understanding of ethical, socioeconomic, and medical/legal issues that affect the practice of medicine and GME training and of how to apply cost containment measures in the provision of patient care.

5.1.19. Fully cooperate with the training program and AUBMC in coordinating and completing ACGME-I accreditation submissions and activities, including the legible and timely completion of patient medical records, reports, time cards, statistical, operative and procedure logs, Faculty of Medicine and Program evaluations, and/or other documentation required by the JCI, ACGME-I, AUBMC, Department, and/or Program.

5.2. Graduated Levels of Responsibility

5.2.1. **PGY I** – Residents in the PGY I year are supervised by senior level residents or faculty either directly or indirectly with direct supervision immediately available. If indirect supervision is provided, such supervision must be consistent with ACGME-I policies and specific criteria which PGY I residents must meet in order to be eligible for indirect supervision must be established. Examples of tasks that are expected of PGY 1 physicians include: perform a history and physical exam, start intravenous lines, draw blood, order medications and diagnostic tests, collect and analyze test results and communicate those to the other members of the team and faculty, obtain informed consent, place urinary catheters and nasogastric tubes, assist in the operating room and perform other invasive procedures such as arterial line or central line insertion under the direct supervision of the faculty (or senior residents at the discretion of the responsible faculty member). The resident is expected to exhibit a dedication to the principles of professional preparation that emphasizes

primacy of the patient as the focus of care. With the assistance of an assigned mentor or the program director, the first year resident must develop and implement a plan for study, reading and research 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 as 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.

5.2.2. **PGY II** – Residents in the second postgraduate 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 II may perform some procedures with indirect supervision (such as insertion of central lines, arterial lines) once competency has been documented according to established criteria. Specific procedures allowed with indirect supervision at the PGY II level will vary with training program and must be guided according to published criteria established by the faculty and program director. The PGY II should be able to demonstrate continued sophistication in the acquisition of knowledge and skills in his/her selected specialty and further ability to function independently in evaluating patient problems and developing a plan for patient care. The resident at the second year level 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 PGY I residents and medical students the practical aspects of patient care and be able to explain more complex diagnostic and therapeutic procedures to the patient and family. The resident should be adept at the interpersonal skills needed to handle difficult situations. The PGY II 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.

5.2.3. **PGY III** – In the third year, the resident should be capable of managing patients with virtually any routine or complicated condition and of supervising the PGY I and PGY II in their daily activities. The resident is responsible for coordinating the care of multiple patients on the team assigned. Individuals in the third postgraduate year may perform additional diagnostic and therapeutic procedures with indirect supervision once competency has been documented according to established criteria. Specific procedures allowed with indirect supervision at the PGY III level will vary with training program and must be guided according to published criteria established by the faculty and program director. The PGY III can perform progressively more complex procedures under the direct supervision of the faculty. It is expected that the third year 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 those specialties requiring three years of training. In those specialties requiring longer training, the resident should demonstrate skills needed to manage a clinical service or be a chief level resident.

5.2.4. **PGY IV** – Individuals in the fourth post graduate year assume an increased level of responsibility as the chief or senior resident on selected services and can

perform the full range of complex procedures expected of their specialty under the direct or indirect supervision of the faculty. The fourth year is one of senior leadership and the resident should be able to assume responsibility organizing the service and supervising junior residents and students. The resident should have mastery of the information contained in standard tests and be facile in using the literature to solve specific problems. The resident will be responsible for presentations at conferences and for teaching junior residents and students on a routine basis. The PGY IV should begin to have an understanding of the role of practitioner in an integrated health care delivery system and to be aware of the issues in health care management facing patients and physicians.

5.2.5. **PGY V or Higher** – The fifth year resident (generally surgical residents) takes responsibility for the management of the major surgical teaching services, under the supervision of the faculty. The PGY V can perform most complex and high risk procedures expected of a physician with the supervision of the attending physician. The attending physician should be comfortable allowing the PGY V resident to manage all common problems expected to be encountered during independent practice. During the final year of training the resident should have the opportunity to demonstrate the mature ethical, judgmental and clinical skills needed for independent practice. The PGY V gives formal presentations at scientific assemblies and assumes a leadership role in teaching on the service. The mores and values of the profession should be highly developed, including the expected selfless dedication to patient care, a habit of lifelong study and commitment to continuous improvement of self and the practice of medicine.

5.2.6. **Fellowship Training** – Subspecialty fellowship programs range from one to three years in duration. Fellow responsibilities include considerable autonomy, especially in the tasks already mastered in the core program. 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.

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6. *Signatures*

Reviewed and Approved by	Name	Signature	Date
Assistant Dean for Graduate Medical Education (GME) & Chair of Graduate Medical Education Committee (GMEC)	Salah Zeineldine, MD		05.02.2024
Executive Associate Dean for Medical Education	Kamal Badr, MD		05.02.2024