

## **COMPACT BETWEEN RESIDENT PHYSICIANS AND THEIR TEACHERS**

The Compact between Resident Physicians and Their Teachers is a declaration of the fundamental principles of graduate medical education (GME) and the major commitments of both residents and faculty to the educational process; to each other and to the patients they serve. The Compact's purpose is to provide institutional GME sponsors, program directors and residents with a model statement that will foster more open communication, clarify expectations and re-energize the commitment to the primary educational mission of training tomorrow's doctors.

The compact was originated by the AAMC and its principles are supported by the following organizations:

Accreditation Council for Graduate Medical Education  
American Academy of Allergy, Asthma and Immunology  
American Academy of Dermatology  
American Academy of Family Physicians  
American Academy of Physical Medicine and Rehabilitation  
American Association for Thoracic Surgery  
American Board of Medical Specialties  
American College of Obstetricians and Gynecologists  
American College of Physicians  
American Gastroenterological Association  
American Hospital Association, Committee on Health Professions  
American Medical Women's Association  
American Orthopaedic Association  
American Osteopathic Association  
American Pediatric Society  
American Society for Reproductive Medicine  
Association of Academic Health Centers  
Association of Academic Physiatrists  
Association of American Medical Colleges  
Association of Departments of Family Medicine  
Association of Medical School Pediatric Department Chairs  
Association of Professors of Dermatology  
Association of Professors of Gynecology and Obstetrics  
Association of University Anesthesiologists  
Association of University Professors of Ophthalmology  
Association of University Radiologists  
Council of Medical Specialty Societies  
Federation of State Medical Boards  
National Board of Medical Examiners®  
National Resident Matching Program  
Society of Chairmen of Academic Radiology Departments  
Society of Teachers of Family Medicine  
Society of University Otolaryngologists-Head and Neck Surgeons

Residency is an integral component of the formal education of physicians. In order to practice medicine independently, physicians must receive a medical degree and complete a supervised period of residency training in a specialty area. To meet their educational goals, resident physicians must participate actively in the care of patients and must assume progressively more responsibility for that care as they advance through their training. In supervising resident

education, faculty must ensure that trainees acquire the knowledge and special skills of their respective disciplines while adhering to the highest standards of quality and safety in the delivery of patient care services. In addition, faculties are charged with nurturing those values and behaviors that strengthen the doctor-patient relationship and that sustain the profession of medicine as an ethical enterprise.

## **CORE TENETS OF RESIDENCY EDUCATION**

### **Excellence in Medical Education**

Institutional sponsors of residency programs and program faculty must be committed to maintaining high standards of educational quality. Resident physicians are first and foremost learners. Accordingly, a resident's educational needs should be the primary determinant of any assigned patient care services. Residents must, however, remain mindful of their oath as physicians and recognize that their responsibilities to their patients always take priority over purely educational considerations.

### **Highest Quality Patient Care and Safety**

Preparing future physicians to meet patients' expectations for optimal care requires that they learn in clinical settings epitomizing the highest standards of medical practice. Indeed, the primary obligation of institutions and individuals providing resident education is the provision of high quality, safe patient care. By allowing resident physicians to participate in the care of their patients, faculty accepts an obligation to ensure high quality medical care in all learning environments.

### **Respect for Residents' Well-Being**

Fundamental to the ethic of medicine is respect for every individual. In keeping with their status as trainees, resident physicians are especially vulnerable and their well-being must be accorded the highest priority. Given the uncommon stresses inherent in fulfilling the demands of their training program, residents must be allowed sufficient opportunities to meet personal and family obligations, to pursue recreational activities, and to obtain adequate rest.

## **COMMITMENTS OF FACULTY**

1. As role models for our residents, we will maintain the highest standards of care, respect the needs and expectations of patients, and embrace the contributions of all members of the healthcare team.
2. We pledge our utmost effort to ensure that all components of the educational program for resident physicians are of high quality, including our own contributions as teachers.
3. In fulfilling our responsibility to nurture both the intellectual and the personal development of residents, we commit to fostering academic excellence, exemplary professionalism, cultural sensitivity, and a commitment to maintaining competence through life-long learning.
4. We will demonstrate respect for all residents as individuals, without regard to gender, race, national origin, religion, disability or sexual orientation; and we will cultivate a culture of tolerance among the entire staff.
5. We will do our utmost to ensure that resident physicians have opportunities to participate in patient care activities of sufficient variety and with sufficient frequency to achieve the

competencies required by their chosen discipline. We also will do our utmost to ensure that residents are not assigned excessive clinical responsibilities and are not overburdened with services of little or no educational value.

6. We will provide resident physicians with opportunities to exercise graded, progressive responsibility for the care of patients, so that they can learn how to practice their specialty and recognize when, and under what circumstances, they should seek assistance from colleagues. We will do our utmost to prepare residents to function effectively as members of healthcare teams.
7. In fulfilling the essential responsibility we have to our patients, we will ensure that residents receive appropriate supervision for all of the care they provide during their training.
8. We will evaluate each resident's performance on a regular basis, provide appropriate verbal and written feedback, and document achievement of the competencies required to meet all educational objectives.
9. We will ensure that resident physicians have opportunities to partake in required conferences, seminars and other non-patient care learning experiences and that they have sufficient time to pursue the independent, self-directed learning essential for acquiring the knowledge, skills, attitudes, and behaviors required for practice.
10. We will nurture and support residents in their role as teachers of other residents and of medical students.

#### **COMMITMENTS OF RESIDENTS**

1. We acknowledge our fundamental obligation as physicians—to place our patients' welfare uppermost; quality health care and patient safety will always be our prime objectives.
2. We pledge our utmost effort to acquire the knowledge, clinical skills, attitudes and behaviors required to fulfill all objectives of the educational program and to achieve the competencies deemed appropriate for our chosen discipline.
3. We embrace the professional values of honesty, compassion, integrity, and dependability.
4. We will adhere to the highest standards of the medical profession and pledge to conduct ourselves accordingly in all of our interactions. We 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. As physicians in training, we learn most from being involved in the direct care of patients and from the guidance of faculty and other members of the healthcare team. We understand the need for faculty to supervise all of our interactions with patients.
6. We accept our obligation to secure direct assistance from faculty or appropriately experienced residents whenever we are confronted with high-risk situations or with clinical decisions that exceed our confidence or skill to handle alone.

7. We welcome candid and constructive feedback from faculty and all others who observe our performance, recognizing that objective assessments are indispensable guides to improving our skills as physicians.
8. We also will provide candid and constructive feedback on the performance of our fellow residents, of students, and of faculty, recognizing our life-long obligation as physicians to participate in peer evaluation and quality improvement.
9. We recognize the rapid pace of change in medical knowledge and the consequent need to prepare ourselves to maintain our expertise and competency throughout our professional lifetimes.
10. In fulfilling our own obligations as professionals, we pledge to assist both medical students and fellow residents in meeting their professional obligations by serving as their teachers and role models.

*This compact serves both as a pledge and as a reminder to resident physicians and their teachers that their conduct in fulfilling their obligations to one another is the medium through which the profession perpetuates its standards and inculcates its ethical values.*

For more information about the Compact, go to [www.aamc.org/residentcompact](http://www.aamc.org/residentcompact)

## **RESIDENT RESPONSIBILITIES, DUTIES AND PRIVILEGES**

Residents shall perform their duties and at all times conduct themselves in compliance with all applicable program and departmental rules and regulations, as well as applicable affiliated hospital policies and procedures, both personnel and operational and such specific rules and regulations as from time to time may be established for residents. (See Section II for further details).

In accordance with the requirements of the Accreditation Council for Graduate Medical Education (ACGME), and the SUNY-Downstate Graduate Medical Education Committee (GMEC), residents will be provided with an opportunity to:

- develop a personal program of learning to foster continued professional growth with guidance from the teaching staff.
- participate in safe, effective, and compassionate patient care, under supervision, commensurate with their level of advancement and responsibility
- participate fully in the educational and scholarly activities of their program and, as required, assume responsibility for teaching and supervising other residents and students.
- participate on institutional committees and councils whose actions affect their educational and/or patient care.
- submit to the program director or to designated institutional official at least annually confidential written evaluations of the faculty and of the educational experiences.

## **PROFESSIONAL CONDUCT FOR RESIDENTS AND FACULTY**

Each resident should be aware of the following general expectations of their performance and conditions of appointment:

1. Residents and faculty shall strive for excellence in all aspects of patient care delivery and teaching. These imply a professional demeanor and conduct both in direct patient care and in communication with family members and other health care professionals and support staff.
2. It is expected that wherever residents and faculty are working, courtesy, respect and collaboration will characterize the environment. It is the responsibility of all residents and faculty to create and maintain this environment. Attire must be professional and appropriate for the setting in which the physician is working. Expected behaviors include: talking to one another with courteous words and tone of voice, consistently exhibiting respect for the knowledge, skills and contributions of one another, and working together in a spirit of mutual help and collaboration. No resident should exhibit insubordination toward his or her clinical supervisor.
3. Discussions of patients' clinical problems should be conducted away from patient care areas. Discussion in hallways, elevators or any other place within earshot of any patients or visitors not only violates patient confidentiality but also may lead to serious medico legal problems.
4. No resident should leave patients under his or her care unattended, mistreat or misuse confidential or proprietary information, or release confidential information to unauthorized persons.
5. Unauthorized access to information in the Hospital's computer system is grounds for termination or dismissal.
6. No resident or faculty should falsify institutional or personal records, use or be in possession of un-prescribed narcotics or drugs, or steal, remove or be in unauthorized possession of hospital, Medical School or other persons' property. Residents shall not use alcohol or other recreational drugs when they may be called upon to provide direct patient care or advice to those providing direct care (for example, when on call). Use of such drugs is incompatible with safe clinical performance.
7. Residents and faculty 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.
8. It is the legal and ethical 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.