Title: GME-15 Professionalism and Personal Responsibility

I. Policy Statement
A. The purpose of this policy is to set institutional standards for education of residents and faculty concerning their professional and personal responsibilities for the safety of their patients.
B. This policy is important because the Accreditation Council for Graduate Medical Education (ACGME) requires that programs demonstrate compliance with this requirement to retain institutional and program accreditation.

II. Definitions
Not Applicable

III. Process/Content
A. Programs must work to assure the health and well-being of residents, the safety of patients, and an excellent educational experience for the residents.
B. The programs must develop scheduling that adheres to the 80-hour per week duty requirements as set forth in the Graduate Medical Education Committee (GMEC) Duty Hours Policy (GME-04), as well as develop procedures for transitions of care (Transitions of Care Policy GME-21) and education on alertness, fatigue, and sleep deprivation (Alertness Management and Fatigue Policy GME-05) in accordance with GMEC policies.
C. Programs must educate residents and faculty concerning the professional duty of physicians to appear for duty rested, alert, and ready to provide services to patients.
D. Programs must develop education and scheduling policies to maximize patient safety and resident well-being.
E. Programs must require residents to actively participate in interdisciplinary clinical quality improvement and patient safety programs.
F. Programs must provide to residents an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic education.
G. Programs must ensure that there is not an excessive reliance on residents to fulfill non-physician service obligations.
H. Programs must include in the curriculum the importance of a culture of professionalism that promotes patient safety and responsibility and the resident’s personal responsibility in:
   1. Assuring the safety and welfare of patients entrusted to their care.
   3. Assuring their fitness for duty.
   4. Management of their time before, during and after clinical assignments.
   5. Recognition of impairment, including illness and fatigue, in themselves and in their peers.
   6. Attention to life-long learning.
   7. Monitoring of residents’ patient care performance improvement indicators.
   8. Honest, accurate, and timely reporting of duty hours, patient records and outcomes, and clinical experience data.

I. Programs must ensure that residents understand their personal responsibility to put the patient’s needs ahead of their own and that there will be situations when transitioning the patient’s care to another physician may be in the best interest of the patient.

IV. Attachments
   A. Duty Hours Policy (GME-04)
   B. Alertness Management and Fatigue Policy (GME-05)
   C. Transition of Care Policy (GME-21)

V. References, Regulatory References, Related Documents, or Links
   Not Applicable