

UNIVERSITY HEALTH CARE **HOSPITALS AND CLINICS**

GRADUATE MEDICAL EDUCATION

HOUSESTAFF POLICIES AND PROCEDURES

DEFINITION/JOB DESCRIPTION OF HOUSESTAFF

Section 1 No. 00 Rev. 4 Review Date: Nov. 2008 Revision Date: October 2006
Chapter: Conditions for Employment

I. PURPOSE:

To provide a definition and general job responsibilities of housestaff.

II. DEFINITIONS:

A. Internship: The first year of postgraduate training after graduation from medical, dental or podiatry school. All housestaff in the University of Utah Affiliated Hospitals system must satisfactorily complete an "internship" to be eligible for a Utah medical license and continue their training at the University of Utah. Internship may or may not be in the same specialty as the subsequent years of training. Internships that are not "straight" (twelve months in one of the fundamental clinical skills areas) may be tailored to the individual resident and his/her career goals where appropriate.

B. Resident: An individual who has graduated from an accredited U.S. allopathic medical school, an accredited U.S. osteopathic medical school, an accredited Canadian medical school, an accredited dental school or an accredited podiatric school or a foreign medical school that has been credentialed and certified by E.C.F.M.G. (Educational Commission on Foreign Medical Graduates), and is training at any level of graduate medical education in a program accredited by the ACGME, or any other training program under the supervision of the Graduate Medical Education (GME) Office. Trainees in subspecialty programs are specifically included.

A physician doing research as part of a GME training program is considered a "resident." A physician doing research that is not part of a GME training program, and who is not providing patient care or pursuing board certification, is generally considered a "post doctoral fellow" and is not considered to be a "resident."

C. Clinical Fellow: Residents who are board certified or board eligible in a specialty, and are training in a subspecialty in order to become certified. These residents do most of their training in clinical responsibilities, in contrast to research. The term "fellow" is used by some hospitals and in some specialties to designate trainees in subspecialty graduate medical education programs.

III. POLICY:

The Directory of Graduate Medical Education Programs and the ACGME use the term "resident" to designate ALL graduate medical education trainees in ACGME accredited programs. The Accreditation Council for Graduate Medical Education describes a "resident" as any individual of any level of graduate medical education in a program accredited by the ACGME. Trainees in subspecialty programs are specifically included. Trainees in non-ACGME accredited training programs may or may not be considered "residents" depending upon the department's decision to place the training position under the supervision of the GME Office. All trainees in ACGME-accredited programs must be GME "residents."

Each resident will have a contractual agreement with a GME residency training program for the

purpose of learning and providing physician-level patient care. The resident will perform the requirements and customary duties and obligations of the residency training program to the best of his/her ability, and will be evaluated on a regular basis.

Every resident will agree to abide by the policies, procedures, Medical Staff bylaws, Risk Management programs, rules, and regulations at each hospital or location where he/she is training. Residents will abide by the Medical Records Policies and Procedures at each hospital or training location. Residents will abide by the work hours requirements of their programs, or those programs in which they are rotating. Residents will abide by the ethical obligations of the medical profession as established by the American Medical Association Code of Ethics.

IV. PROCEDURE:

An internship will be twelve months in length, at least six months of which will be provided by disciplines offering fundamental clinical skills (family practice, internal medicine, obstetrics/gynecology, pediatrics, and general surgery). At least nine months of the internship will be on clinical services, with supervision provided by more senior residents and full time faculty in ACGME accredited programs.

During the rotations in disciplines offering fundamental clinical skills, the trainee shall develop the skills necessary to obtain a medical history, perform a complete physical examination, define a patient's problems, develop a rational plan for diagnosis, recommend therapy based on the etiology, pathogenesis, and clinical manifestations of various diseases, and implement approved therapy.

Each component of an internship will be part of an ACGME accredited program, and the program director for each component will be the department where rotating, rather than the "home" department. (For example, an OB-GYN intern rotating on Internal Medicine would be under the direction of the Internal Medicine program director for that period of time.) It is expected that an evaluation will be obtained, and the rotating and home department program directors will both receive copies in a timely fashion. These evaluations will be on file and available for the trainee to review.

In addition to the internship, all trainees will be expected to pass the usual licensing examination (USMLE Parts 1, 2, and 3, or other acceptable combination of exams and other requirements for licensure as determined by the Physician's Licensing Board.

Most residents are seeking board certification in a medical specialty area, or are seeking adequate post-graduate medical training to obtain a state medical license. Each specialty training program has unique Standards of Performance describing the medical knowledge and skills a resident must master and exhibit in order to progress in the training program. Residents are responsible for abiding by their department's Standards of Performance and accomplishing the standards for each year of training. Residents rotating on the services of programs other than their own are expected to abide by the Standards of Performance of that program and to perform up to the expected level of that service. Residents are responsible, as part of their departmental Standards of Performance, for mastering the Six General Competencies as defined by the Accreditation Council on Graduate Medical Education (ACGME).

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