

Policies and Procedures for MEDICAL GENETICS RESIDENCY Program

Residents in Medical Genetics are expected to follow the policies and procedures outlined by the UAB Office of Graduate Medical Education. The complete institutional policies are available for viewing at the DCGME website (www.uab.edu/gme). Below are the policies that are specific to the Medical Genetics Residency program.

RESIDENT LEARNING AND WORKING ENVIRONMENT

The UAB Graduate Medical Education office and the Medical Genetics Residency Program Director Dr Nathaniel Robin (“PD”) are both responsible for ensuring that all residents are provided with a learning and working environment in which they have the opportunity to raise concerns and provide feedback without intimidation or retaliation and in a confidential manner as appropriate.

A. PROFESSIONALISM, PERSONAL RESPONSIBILITY AND PATIENT SAFETY

1. Along with the Sponsoring Institution, the PD will 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.
2. Along with the Sponsoring Institution, the PD is committed to and responsible for promoting patient safety and resident well-being in a supportive educational environment.
3. Along with the Sponsoring Institution, the PD will ensure that residents are integrated and actively participate in interdisciplinary clinical quality improvement and patient safety programs.
4. Along with the Sponsoring Institution, the PD must structure the learning objectives of the program to be accomplished through an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events and not be compromised by excessive reliance on residents to fulfill non-physician service obligations.
5. Along with the Sponsoring Institution, the PD will ensure a culture of professionalism that supports patient safety and personal responsibility. Residents and faculty members will demonstrate an understanding and acceptance of their personal role in the following:
 - a) Assurance of the safety and welfare of patients entrusted to their care
 - b) Provision of patient- and family-centered care
 - c) Assurance of their fitness for duty
 - d) Management of their time before, during, and after clinical assignments

- e) Recognition of impairment, including illness and fatigue, in themselves and in their peers
- f) Attention to lifelong learning
- g) The monitoring of their patient care performance improvement indicators
- h) Honest and accurate reporting of duty hours, patient outcomes and clinical experience data

6. All residents and faculty members will demonstrate responsiveness to patient needs that supersedes self-interests. Physicians 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.

A. QUALITY IMPROVEMENT

Dr Robin will ensure that each resident have access to data to improve systems of care, reduce health care disparities, and improve patient outcomes as well as opportunities to participate in quality improvement initiatives.

B. SUPERVISION OF RESIDENTS

Dr Robin will ensure, direct, and document adequate supervision of residents at all times.

Attending Responsibilities:

Residents are supervised by the assigned service attending. During evaluation of patients, supervision can be direct supervision, indirect supervision with direct supervision immediately available, indirect supervision with direct supervision available or oversight. During performance of bedside procedures supervision is direct supervision, indirect supervision with direct supervision immediately available, indirect supervision with direct supervision available or oversight. The attending physician reviews the evaluation and plan with the resident. The attending physician oversees all clinical decisions, is available for the performance of the procedure to ensure patient safety and an optimal educational experience.

Resident Responsibilities (for being supervised):

Residents are responsible for evaluation of the patients, discussion of the patient with the responsible attending physician, and contributing to development of the plan. As residents increase in experience they will have increased autonomy and need less assistance in the

development of diagnostic and treatment plans. In all situations, the attending physician is responsible for all patient care decisions and will be immediately available to the resident.

Definitions:

Medical Genetics residents are in one of the 4 separate Medical Genetics Residency training tracks:

1. Categorical Medical Genetics. This is the core 2-year program. Residents have at a minimum 2 years of prior primary care training, so are considered PGY3 at the start of their training.
2. Pediatrics-Medical Genetics: this is a 4-year combined training program that residents enter directly from medical school. Year 1 (PGY1) is identical to a pediatric internship; years 2-4 are split between Pediatric and Medical Genetics training, rotating in 3-month blocks.
3. Internal Medicine-Medical Genetics: this is a 5-year combined training program that residents enter directly from medical school. Year 1 (PGY1) is identical to a pediatric internship; years 2-4 are split between IM and Medical Genetics training, rotating in 3-month blocks. Year 5 is primarily for independent work/research.
4. Maternal Medicine -Medical Genetics: this is a 4-year combined training program that residents enter after completing an OB-Gyn residency. Years 1-4 (PGY5-8) are split between MFM and Medical Genetics training, rotating in 3 or 6-month blocks.

Faculty Attending: the immediate supervisor of a resident who is duly credentialed in his/her hospital for their specialty and subspecialty that he/she is supervising

Policy:

1. The program director must ensure that the teaching staff provides appropriate supervision of the resident that is consistent with proper patient care and their educational needs.
 - a) Each patient must have an identifiable, appropriately-credentialed and privileged attending physician who is ultimately responsible for that patient's care at all clinical sites utilized for the education of residents.
 - i) This information will be available to residents, faculty members and patients
 - ii) Residents and faculty members will inform patients of their respective roles in each patient's care
 - b) Faculty attending and call schedules must be structured to provide residents with continuous supervision and consultation.

c) Residents and other health care personnel must be provided with rapid, reliable systems for communicating with supervising faculty.

2. To ensure oversight of resident supervision and graded authority and responsibility, the program must define the levels of supervision that is in accordance with the RRC and use the following classification of supervision:

a) Direct Supervision (Level 1) – the supervising physician is physically present with the resident while providing patient care

b) Indirect Supervision with direct supervision immediately available (Level 2) – the supervising physician is physically within the hospital or juxtaposed site of patient care (North Pavilion, West Pavilion, Spain Wallace, Women and Infants Center, VAMC) and is immediately available to provide Direct Supervision

c) Indirect Supervision with direct supervision available (Level 3) – the supervising physician is not physically present within the hospital or other site of patient care but is immediately available by means of telephone and/or electronic modalities, and is available to provide Direct Supervision

d) Oversight (Level 4) – The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered

3. Residents must be supervised by teaching staff in such a way that the residents assume progressively increasing responsibility according to their level of education, ability and experience.

a) The PD is responsible for defining the levels of responsibilities through written descriptions of the types of clinical activities residents may perform and/or teach.

b) The level of responsibility granted to a resident is determined by the PD and/or supervising teaching faculty and must be based on documented evaluation of the resident's clinical experience, judgment, knowledge, technical skill and the needs of the patient.

c) Residents should serve in a supervisory role of medical genetics residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow.

d) The PD must set guidelines for circumstances and events in which residents must communicate with appropriate supervising faculty members (*escalation of care policy*).

e) Residents must be aware of their limitations and may not attempt to provide clinical services or perform procedures for which they are not trained.

4. Faculty supervision assignments should be of sufficient duration to assess the knowledge and skills of each resident and delegate to him/her the appropriate level of patient care authority and responsibility. The PD is responsible for ensuring that all teaching faculty and residents are educated to recognize the signs of fatigue and for implementing policies and procedures to prevent and counteract the potential negative effects.

a) Faculty members and residents are educated through the materials available through the DCGME office on recognizing the signs of fatigue and sleep deprivation; alertness management and fatigue mitigation processes; and to adopt fatigue mitigation processes to manage the potential negative effects of fatigue on patient care.

b) In the event that a resident is unable to perform his/her patient care duties the supervising attending will take responsibility for the patient care until that resident is able to return to duty.

Level of Supervision

Note: Regarding supervision, residents are referred to as ‘MG1’ or ‘MG2’ to designate their level of genetics training

Medical Genetics Inpatient (Consult)

Site	Supervisor	Notes
Children’s Hospital; UAB Hospital	Attending (Level 1 first 2 months; Level 2-3 months 3-6; Level 3-4 month 7)	All patients seen in the hospital are also seen by the supervising attending. The attending’s involvement will change during the course of the year as the resident gains expertise. Later, the resident may meet with the patient/family individually, but the supervising attending is always available. The final consult month the resident serves as “acting attending”, which is Level 3 by definition, but the attending only serves as a backup, and the resident is as independent as expected by Level 4.

Medical Genetics Outpatient - General

Site	Supervisor	Notes
Kaul Genetics Bldg	Attending (Level 1 first month; Level 2 after)	This includes the residents' continuity clinic.

Medical Genetics Outpatient – Cancer and Prenatal

Site	Supervisor	Notes
Kaul Genetics Bldg	Attending (observation first 2 weeks; Level 1-2 after)	The role of the resident is identical for these rotations.

D. ATTENDING NOTIFICATION POLICY

1. Escalation of Care:

Any urgent patient situation should be discussed immediately with the supervising attending.

This includes:

- Patient death
- Unexpected deterioration in patient's medical condition
- Patient is in need of invasive operative procedures
- Instances where patient's code status is in question and faculty intervention is needed
- A patient is transferred to or from a more acute care setting (floor to ICU and vice versa)
- A patient's condition changes requiring MET/CHAT team activation
- Any other clinical concern whereby the intern or the resident feels uncertain of the appropriate clinical plan

2. Timeliness of Attending Notification:

The resident will notify the attending as soon as possible after an incident has occurred.

Notification of the attending should not delay the provision of appropriate and urgent care to the patient. If despite the best efforts, the resident cannot reach the assigned attending, then they should notify the program director, medical director of the service or the chair of the department for guidance.

E. BEDSIDE PROCEDURES

The only such procedure a Medical Genetics resident will do is a 3mm punch skin biopsy. A resident must have direct supervision by experienced upper level Medical Genetics resident, resident, or faculty until proficiency is demonstrated.

1. The attending physician is responsible for determining the appropriate level of supervision required; the appropriate indication for the procedure; discussion of risk-benefit with trainees and patients (as necessary); assessing the risk of the procedure; determining the qualification of the resident performing the procedure; and providing adequate support to the trainee performing the procedure.

2. It is expected that a resident shall inform the attending when he/she does not feel capable of performing a bedside procedure.

3 The resident performing a procedure should make sure that there is adequate backup (such as senior resident, resident, attending, interventional services, surgical services) before performing the procedure.

4. The resident should attempt the procedure no more than three times before stopping and re-evaluating the clinical situation. This includes contacting the supervising attending.

E. TEAMWORK

Residents must care for patients in an environment that maximizes effective communication. This must include the opportunity to work as a member of effective interprofessional teams that are appropriate to the delivery of care in the specialty

G. TRANSITIONS OF CARE

Policy:

1. Transitions of care (“hand offs) will occur a) every other Friday afternoon and Monday morning, when the on-service resident is off duty for the weekend; b) at the end of the month; c) under exceptional circumstances when the on-service resident must be relieved due to fatigue or personal matters.

2. Hand offs will utilize the Medical Genetics sign out form (below). Residents will carry out the transition of care in person with the resident that will be assuming the on-call responsibilities. If that is not possible, the completed form may be sent via secure email and reviewed between trainees by phone.

3. Patients and housestaff should be notified of the transfer of care and responsibility, when possible.

4. The effectiveness of the program’s hand-off process will be monitored through direct observation and multi-perspective surveys of resident performance. The program will review hand-off effectiveness at least annually during the annual program evaluation meeting.

Template

Patient	Reason for Consult	Problems	Meds	Pending	Plan
NAME MRN DOB LOCATION WEIGHT	GENETIC EVAL ATTENDING	ALLERGIES ETC	EX-METABOLIC MEDS, DIET	LABS, SEND OUTS, PROCEDURES/REFERRALS	TREATMENT PLANS, FURTHER TESTING, CLINIC FOLLOW UP

F. DUTY HOURS

Policy:

1. Medical Genetics residents are on service for a month at a time. This is the only time when a resident is at any risk of violating the 80 hr duty rules. Other rotations consist of day time only outpatient clinic or clinical lab activities.
2. When they are on service, residents are on call during the weekdays and 2 weekends per month. Their call is from home. It is rare for a resident to be required to return to the hospital between 5PM-8AM. If this were to occur, the resident is allowed to stay home and rest the following day if the time in the hospital is extensive and they are fatigued. Their on call responsibilities will be covered by a medical genetics resident or their supervising attending.
3. Residents are free from any clinical duty during time dedicated for didactic education.

G. OVERSIGHT AND MONITORING OF DUTY HOURS AND THE WORK ENVIRONMENT

1. Duty hours are monitored through the resident’s reporting, and are reviewed twice per year by the PD. The PD and the faculty will monitor the demands of at-home call and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

2. Residents may report violations of the 80-hour rule through procedures established by each program and/or by calling the Designated Institutional Official, UAB Hospital; Director, Graduate Medical Education Department; the Corporate Compliance Hotline at 934-4446, or the Residents/fellows' Hotline at 934-5025. Such calls will be investigated and reported to the DIO and Dean's Council for Graduate Medical Education.

3. The Dean's Council for Graduate Medical Education will evaluate each program's compliance and request that the Program Director describe, develop and implement a plan for corrective action for any rotations exceeding the 80 hour rule, or otherwise identified as problematic.

H. FATIGUE MITIGATION

All trainees and supervising faculty are required to complete education in fatigue recognition as well as fatigue mitigation. This is accomplished by:

1. Trainees' attendance at the Dean's Council sponsored lecture on fatigue recognition and mitigation.
2. Faculty viewing of the Dean's Council lecture (available as a Power Point presentation).

Too fatigued to drive home safely: If a resident finds that they are too fatigued or perceived to be too fatigued to drive back home safely after duty, the GME office provides vouchers for free rides, from and to the hospital, 24 hours a day. During working hours please call the GME Office at 934-4793; on weekends and afterhours, please call Guest Services at 934-3422. Rooms for napping and rest are also offered and are located on the 16th floor of Jefferson Towers.

I. MOONLIGHTING

Definitions:

1. *External moonlighting:* Voluntary, compensated, medically-related work performed outside the institution where the resident/fellow is in training or at any of its related participating sites.
2. *Internal Moonlighting:* Voluntary, compensated, medically-related work (not related with training requirements) performed within the institution in which the resident/fellow is in training or at any of its related participating sites.

Background and Rationale:

The Dean's Council for Graduate Medical Education (DCGME) believes that graduate medical education should be a fulltime educational experience. Moonlighting activities should not distract trainees from their primary responsibilities including their own educational activities

and the management of patients charged to their care. The DCGME believes that moonlighting by graduate medical trainees is generally inconsistent with the educational objectives of their training. In 2011 the ACGME Common Program Requirements acknowledge the potential deleterious effects of moonlighting on training with the following statements:

- VI.G.2.a) Moonlighting must not interfere with the ability of the resident/fellow to achieve the goals and objectives of the educational program.
- VI.G.2.b) Time spent by residents/fellows in Internal and/or External Moonlighting (as defined in the ACGME Glossary of Terms) must be counted towards the 80 hour Maximum Weekly Hour Limit.
- VI.G.2.c) PGY1 residents are not permitted to moonlight.

Department of Genetics Policy on Internal and External Moonlighting by Residents and Fellows

1. Moonlighting is permitted if all DCGME requirements are met
2. Moonlighting is **NOT** permitted during consultations months
3. Graduate medical trainees engaging in external moonlighting are required to hold a full medical license from the Alabama Board of Medical Examiners (a copy thereof must accompany their application to moonlight), a current Alabama Controlled Substance Certificate (ACSC), and a personal DEA number.
4. Graduate medical trainees engaging in moonlighting activities at UAB Hospital must have either an unrestricted full license or a current State of Alabama limited license to practice medicine, a current Alabama Controlled Substance Certificate (ACSC), and a personal DEA number.
5. **Moonlighting is only permitted with express permission of the PD.** If the moonlighting activity is approved, the trainee must then submit an application to the Graduate Medical Education Office no less than 30 days prior to the intended start of the moonlighting activity. Applications will be referred to the DIO for review and approval.
6. In view of the serious legal implications of graduate medical trainees engaging in **unauthorized moonlighting** activities, noncompliance with this policy may result in certain penalties or severe disciplinary action, including dismissal from the residency or fellowship training program. Specific penalties or disciplinary action will be determined by the appropriate program director or DIO.
7. The PD is responsible for monitoring fatigue on all graduate medical trainees participating in all moonlighting activities. Faculty and graduate medical trainees must be educated to recognize the signs of fatigue and sleep deprivation and must adopt and apply policies to prevent and counteract its potential negative effects on patient care

learning. The trainees' performance must be monitored for the effect of these activities and adverse effects may lead to withdrawal of permission.

8. Time spent by trainees in Internal and External moonlighting must be counted towards the 80 hours Maximum Weekly Hour Limit. All moonlighting duty hours must be recorded in the resident folder (i.e. training program management software). Moonlighting residents will be required to log duty hours for the whole month, regardless if the program is monitoring duty hours that month, for any external or internal moonlighting.

Internal Moonlighting

1. All graduate medical trainees who are participating in Internal Moonlighting outside of their own residency or fellowship program, and therefore, outside of their current educational curriculum, must submit, upon obtaining PD permission, an application to moonlight to the GME office no less than 30 days prior to the intended start of the moonlighting activity. The Program Director will need to attest that the graduate medical trainee has already achieved competency in the expected area of the clinical care. The graduate medical trainee will then be brought forward to the Medical Staff Office and Credentialing Committee to ensure they have received adequate and appropriate privileges for the specified Internal Moonlighting activity. Requests should be made at least 30 days in advance of proposed moonlighting activity.
2. Once approved by the DCGME or its designee, internal moonlighting activities will be covered by the Patient Liability Trust Fund of the University of Alabama Health System.
3. Residents participating in internal moonlighting must have either an unrestricted full license or a current State of Alabama limited license to practice medicine, a current Alabama Controlled Substance Certificate (ACSC), and a personal DEA number and must work under the supervision of a faculty member at all times. A resident/fellow may not bill for any services provided, and, similar to required residency rotations, his/her scope of practice is based upon level of training and experience as defined in departmental policies.

External Moonlighting

1. Any trainee wishing to participate in External Moonlighting activities must submit, upon obtaining Program Director permission, an application to moonlight to the GME office no less than 30 days prior to the intended start of the moonlighting activity.
2. Graduate medical trainees are responsible for obtaining an unrestricted State of Alabama medical license, a current Alabama Controlled Substance Certificate (ACSC), and a personal DEA number. Copies of which must accompany their application.

3. Professional liability insurance coverage for moonlighting activities at institutions other than UAB Hospital is **not** provided by the Hospital. It is the responsibility of the institution hiring the resident to moonlight to determine whether appropriate licensure is in place, whether adequate liability coverage is provided, and whether the resident/fellow has the appropriate training and skills to carry out assigned duties. A copy must accompany their application.
4. Graduate medical trainees must be responsible for obtaining clinical privileges at the site where the moonlighting activity occurs.

Oversight Procedure:

1. Applications to moonlight will be reviewed and approved by the DIO.
2. Audits of moonlighting duty hours logged will be performed by the GME office and trainee's Program Director; The moonlighting policy needs to be reviewed every year at the time of the Annual Program Evaluation. A copy of the moonlighting policy needs to be made available to the GME office as an attachment to the Annual Program Evaluation document.
3. Applications are valid for a twelve month period or the end of the academic period whichever comes first; at such time a re-application may be submitted for consideration.