



GRADUATE MEDICAL EDUCATION COMMITTEE NO. 19

A: SUBJECT: Policy on Clinical Duties of Graduate Medical Trainees During Extreme Emergent Situations

B: EFFECTIVE DATE: April 19, 2023 (R)

C: REASONS FOR POLICY:

The University of Virginia Medical Center takes responsibility for clinical duties of Graduate Medical Education Trainees (“GME Trainees”) during extreme emergent situations and has developed this policy 1) to define an extreme emergent situation, 2) to assign and recognize GME trainees’ duties and responsibilities during extreme emergent situations, and 3) to report such an event and its impact on resident education and training by the Designated Institutional Official (DIO) to the ACGME.

D: DEFINITIONS:

An extreme emergent situation is defined as an event localized to a single sponsoring institution, a participating institution, or other clinical settings (e.g., a hospital-declared epidemic) that affects GME Trainee education or the clinical learning environment. This situation does not rise to the level of a disaster as declared by the University of Virginia Medical Center or an ACGME-declared disaster, considered to be extraordinary disasters that impact an entire community or region for an extended period of time.

The Graduate Medical Education Office, DIO, and Program Directors will collectively determine if a current localized event is to be designated as an extreme emergent situation.

E: POLICY STATEMENTS

1. GME Trainee Responsibilities

The University of Virginia Institutional disaster plan addresses the clinical duties of trainees during extreme emergent situations.

DIO will attempt to ensure that all ACGME Institutional, Common, and specialty-specific Program Requirements apply in extreme emergent situations for clinical assignments within a training program and the institution.

GME Trainees are, first and foremost, physicians, whether they are acting under normal circumstances or in extreme emergent situations. Trainees must be expected to perform according to society’s expectations of physicians as professionals and leaders in health care delivery, taking into account their degree of competence, their specialty training, and the context of the specific situation. GME Trainees should not be first-line responders without appropriate supervision given the clinical situation at hand and their level of training and competence. GME Trainee performance in extreme emergent situations

should not exceed expectations for their scope of competence as judged by program directors and other supervisors.

Decisions regarding a GME Trainee's involvement in local extreme emergent situations shall be made by the institution taking into account the following aspects of his/her multiple roles as a trainee, a physician, and an institutional employee:

- the nature of the health care and clinical work that a GME Trainee will be expected to deliver;
- GME Trainees' level of post-graduate education specifically regarding specialty preparedness;
- GME Trainee safety and well-being;
- GME trainees' board certification eligibility during or after a prolonged extreme emergent situation;and,
- reasonable expectations for the duration of engagement in the extreme emergent situation.

2. Sponsoring Institution's Responsibilities

The DIO will work with the Medical Center Hospital Command Center to determine the nature and extent of the event. Once an event has been determined to be extremely emergent and likely to cause extended disruption to resident assignments, educational infrastructure, or clinical operations; and therefore, has the potential to cause non-compliance with ACGME or Residency Review Committee standards, the DIO will report the event to the ACGME Institutional Review Committee.

The Medical Center will provide access to confidential, affordable mental health assessment, counseling, and treatment, including access to urgent and emergent care 24 hours a day, seven days a week.

Program directors will be expected to follow the GMEC Institutional Policy on Administrative Support in the Event of a Disaster or Interruption in Patient Care for communication processes.

Upon resolution of the extreme emergent situation, the DIO will notify the ACGME Institutional Review Committee.

GMEC Policy Subcommittee Review: February 9, 2010

GMEC Policy Subcommittee Review: July 23, 2013

GMEC Approved: August 28, 2013

Reviewed/Revised by GMEC Policy Subcommittee: October 11, 2016

Reviewed/Revised by GMEC Policy Subcommittee: October 8, 2019

GMEC Approved: April 15, 2020

GMEC Policy Subcommittee Reviewed/Revised: April 11, 2023

GMEC Approved: April 19, 2023