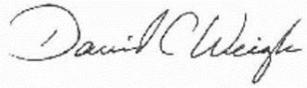


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**Policy Title:** Extreme Emergent Situations



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## PURPOSE

In the event UT Southwestern experiences an extreme emergent situation (e.g., epidemics, catastrophic natural disasters), program directors should consult with the designated institutional official (DIO) concerning the impact this event will have on resident education and the work environment. If the extreme emergent situation will cause serious, extended disruption to resident assignments, educational infrastructure, or clinical operations that might affect the programs' ability to conduct resident education in substantial compliance with ACGME standards, the DIO will report this situation to the Executive Director for the Institutional Review Committee (IRC). The rationale for such reporting is to explain any significant variations in resident clinical experience, case volume, or educational assignments identified in future program or institutional accreditation reviews.

## DEFINITIONS

**Designated Institutional Official (DIO):** The individual in a sponsoring institution, who has the authority and responsibility for all of the GME training programs.

**Disaster:** An event or set of events causing significant alteration to the residency/fellowship experience at one or more residency/fellowship programs. Hurricane Katrina is an example of a disaster.

**Extreme Emergent Situation:** A local event (such as a hospital-declared disaster for an epidemic) that affect resident education or the work environment but does not rise to the level of an ACGME-declared disaster as defined in the *ACGME Policies and Procedures*.

**Program Director:** The one physician designated with authority and accountability for the operation of the residency/fellowship program.

**Resident:** Any physician in an accredited graduate medical education program, including interns, residents, and fellows.

## PROCEDURE

- 1. Action Plan:** The DIO and Program Directors will develop an action plan for residents during these local extreme emergent situations after careful consider from the perspective of resident education in light of current ACGME standards and the overriding commitment of all physicians to patient care during an emergency.
- 2. Resident Involvement:** Residents are primarily physicians, whether they are acting under normal circumstances or in extreme emergent situations. Residents are 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. Many residents at an advanced level of training may hold a valid state medical license, and, therefore, are able to provide patient care independent of supervision. Decisions regarding a resident's involvement in local extreme emergent situations must take into account the following aspects of his/her multiple roles as a student, a physician, and a hospital employee:

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- 1) the nature of the health care and clinical work that a resident will be expected to deliver;
- 2) resident's level of post-graduate education specifically regarding specialty preparedness;
- 3) resident safety, considering their level of post-graduate training, associated professional judgment capacity, and the nature of the disaster at hand;
- 4) board certification eligibility during or after a prolonged extreme emergent situation;
- 5) reasonable expectations for duration of engagement in the extreme situation; and,
- 6) self-limitations according to the resident's maturity to act under significant stress or even duress.

**3. Supervision of Residents:** Residents are trainees and should not be first-line responders without appropriate supervision given the clinical situation at hand and their level of training and competence. If a resident is working under a training permit from the Texas Medical Board, they must work under the supervision of a licensed independent practitioner. Resident performance in extreme emergent situations should not exceed expectations for their scope of competence as judged by program directors and other supervisors. Residents should not be expected to perform beyond the limits of self-confidence in their own abilities. In addition, a resident must not be expected to perform in any situations outside of the scope of their individual license.

### DIO/ GME Office Process in the Event of an Extreme Emergent Situation

1. DIO contacts the Executive Director, Institutional Review Committee (ED-IRC);
2. After electronic confirmation of this communication with the ED-IRC is received by the DIO, the PDs may contact their respective EDs-RRCs if necessary to discuss any specialty-specific concerns regarding interruptions to resident education or effect on educational environment.
3. PDs are expected to update the DIO on the results of conversations with EDs-RRCs regarding any specialty-specific issues.
4. The DIO will notify the ED-IRC when the extreme emergent situation has been resolved.