

COMPACT BETWEEN TRAINEES* AND THEIR TEACHERS

(Adopted from the AAMC Compact)

*Trainees include medical students, residents/fellows

Medical education is an integral component of the formal education of physicians. In order to practice medicine independently, physicians must receive a medical degree and successfully complete a supervised period of residency/ fellowship training in a specialty/subspecialty area. To meet their educational goals, trainees must participate actively in the care of patients and must assume progressively more responsibility for that care as they advance through their training. In supervising trainees, faculty must ensure that trainees acquire the knowledge and special skills of their respective disciplines while adhering to the highest standards of quality and safety in the delivery of patient care services. In addition, faculty members are charged with nurturing those values and behaviors that strengthen the doctor-patient relationship and that sustain the profession of medicine as an ethical pursuit.

Core Tenets of Medical Education

Excellence in Medical Education

Institutional medical education leadership and program faculty must be committed to maintaining high standards of educational quality. Trainees are first and foremost learners. Accordingly, a trainee's educational needs should be the primary determinant of any assigned patient care services. The learning objectives of the program should not be compromised by excessive reliance on trainees to fulfill non-physician service obligations. (Trainees however, must remain mindful of their oath and recognize that their responsibilities to their patients always take priority as the primary part of their educational considerations.)

Highest Quality Patient Care and Safety

Preparing future physicians to meet patients' expectations for optimal care requires that they learn in clinical settings epitomizing the highest standards of medical practice. Indeed, the primary obligation of institutions and individuals providing medical education is the provision of high quality, safe patient care. Program faculty must ensure that trainees are integrated and actively participate in interdisciplinary clinical quality improvement and patient safety programs. By allowing trainees to participate in the care of their patients, faculty accepts an obligation to ensure high quality medical care in all learning environments.

Respect for Trainee Well-Being

Fundamental to the ethic of medicine is respect for every individual. Trainees are especially vulnerable and their well-being must be accorded the highest priority. Given the uncommon stresses inherent in fulfilling the demands of their training program, trainees must be allowed sufficient opportunities to meet personal and family obligations, to pursue a balance of work and life activities, and to obtain adequate rest.

Commitments of Faculty

1. As role models for our trainees, we will maintain the highest standards of care, respect the needs and expectations of patients, and embrace the contributions of all members of the healthcare team.
2. We pledge our utmost effort to ensure that all components of the educational program for trainees are of high quality, including our own contributions as teachers.
3. In fulfilling our responsibility to nurture both the intellectual and the personal development of trainees, we commit to fostering academic excellence, exemplary professionalism, cultural sensitivity, and a commitment to maintaining competence through life-long learning.
4. We will demonstrate respect for all trainees, without regard to gender, race, national origin, religion, disability or sexual orientation; and we will cultivate a culture of tolerance among the entire staff.
5. We will do our utmost to ensure that trainees have opportunities to participate in patient care activities of sufficient variety and with sufficient frequency to achieve the competencies required to earn their medical degree. We also will do our utmost to ensure that trainees are not assigned excessive clinical responsibilities and are not overburdened with services of little or no educational value. The learning objectives of the *educational* program *will* be accomplished through an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events and will not be compromised by excessive reliance on trainees to fulfill non-physician service obligations.
6. In fulfilling the essential responsibility we have to our patients, we will ensure that trainees receive appropriate supervision for all of the care they provide during their training. In the clinical learning environment, each patient will have an identifiable, appropriately-credentialed and privileged attending physician who is ultimately responsible for that patient's care. We will provide trainees with opportunities to exercise graded, progressive responsibility for the care of patients, so that they can learn how to practice medicine and recognize when, and under what circumstances, they should seek assistance from colleagues. Faculty members functioning as supervising physicians *will* delegate portions of care to trainees based on the needs of the patient and the skills of the trainee.
7. We will do our utmost to prepare trainees to function effectively as members of healthcare teams. We will provide an environment that maximizes effective communication and the opportunity for trainees to work as members of effective inter-professional teams that are appropriate to the delivery of patient care.

8. We will evaluate each trainee's performance on a regular basis, provide appropriate verbal and written feedback, and document achievement of the competencies required to meet all educational objectives.
9. We will ensure that trainees have opportunities to partake in required conferences, seminars and other non-patient care learning experiences and that they have sufficient time to pursue the independent, self-directed learning essential for acquiring the knowledge, skills, attitudes, and behaviors required for entering residency and subsequent independent practice.
10. We will ensure a culture of patient safety and professionalism by educating our faculty members and our trainees concerning the personal responsibility of physicians to appear for duty appropriately rested and fit so that they may provide the services required by their patients.
11. We will use trainee-centered advising to support trainees in their career explorations and career choice while actively avoiding disparaging comments or inducing pressure upon trainees.
12. We will nurture and support trainees in their role as teachers of more junior trainees when appropriate.
13. We will not provide health services for trainees we are evaluating, except in cases of a true medical emergency.

Commitments of Trainees

1. We acknowledge our fundamental obligation is to place our patients' welfare uppermost; quality health care and patient safety will always be our prime objectives.
2. We pledge our utmost effort to acquire the knowledge, clinical skills, attitudes and behaviors required to fulfill all objectives of the educational program and to achieve the competencies deemed appropriate for earning a medical degree.
3. We embrace the professional values of honesty, compassion, integrity, and dependability.
4. We will adhere to the highest standards of the medical profession and pledge to conduct ourselves accordingly in all of our interactions. We will demonstrate respect for all patients and members of the health care team without regard to gender, race, national origin, religion, economic status, disability or sexual orientation.
5. As trainees we learn most from being involved in the direct care of patients and from the guidance of faculty and other members of the healthcare team. We understand the need for faculty to supervise all of our interactions with patients.

6. We accept our obligation to secure direct assistance from faculty or appropriately experienced residents/fellows whenever we are confronted with high-risk situations or with clinical decisions that exceed our confidence or skill to handle alone.
7. We welcome candid and constructive feedback from faculty and all others who observe our performance, recognizing that objective assessments are indispensable guides to improving our skills as physicians.
8. We also will provide candid and constructive feedback on the performance of our fellow trainees, and of faculty, recognizing our life-long obligation as physicians to participate in peer evaluation and quality improvement.
9. We recognize the rapid pace of change in medical knowledge and the consequent need to prepare ourselves to maintain our expertise and competency throughout our professional lifetimes.
10. We will embrace a culture of patient safety and professionalism by understanding and accepting our personal responsibility to appear for duty appropriately rested and fit so that we may provide the care required by our patients.

We believe that the relationship between faculty and trainees should reflect the highest standards of ethical conduct in all educational settings. Interactions between faculty and trainees must be conducted without abuse, humiliation, harassment or exploitation of relationships for personal gain or advantage. (Any trainee or faculty member who experiences mistreatment or who bears witness to unprofessional behavior must report such incidents according to the policies and procedures provided by the School of Medicine and the Office of Graduate Medical Education. See 3.d for Student Mistreatment, 3.e. for Faculty, Staff and Student Relations, and 3.f. for Prohibition of Sexual Harassment and Sexual Assault).

This compact serves both as a pledge and as a reminder to trainees and their teachers that their conduct in fulfilling their obligations to one another is the medium through which the profession perpetuates its standards and inculcates its ethical values.

For more information about the Compact, go to www.aamc.org/residentcompact

Revised: 9/2011, 1/2013, 6/2019, 7/2022, 7/2024

Approved by Education Council: 4/12/2006, 1/17/2013, 7/18/2019, 7/21/2022, 7/18/2024

The *Compact* is reviewed annually by the Committee on Undergraduate Medical Education (CUME) and Education Council (EC) as part of the annual review, approval, and publication of the APP.