



GOVERNMENT OF ODISHA
HEALTH & FAMILY WELFARE DEPARTMENT

File No. HFW-MEI-SR-0002-2018 31160 /H., Dated the 14-12-18

Copy of the "Guidelines for engagement of Junior Residents (JR)/ Senior Residents (SR) and Tutors in Government Medical/ Dental Colleges of the State of Odisha" forwarded to PS to Hon'ble Minister, Health & Family Welfare/ P.S. to Commissioner-cum-Secretary to Government, H & FW Deptt./ DMET(O), Bhubaneswar / Director, VIMSAR, Burla/ Director, AHRCC, Cuttack/ Director, RSIC, Cuttack/ All Dean & Principal of Government Medical Colleges/ All Superintendent, Government Medical Colleges/Principal, SCB Dental College Cuttack / Superintendent, SVPPGIP, Cuttack for information and necessary action.

Deputy Secretary
14-12-18
Deputy Secretary to Government

GOVERNMENT OF ODISHA
HEALTH & FAMILY WELFARE DEPARTMENT

RESOLUTION

No. HFW-ME1-SR-0002-18/3/00/ Dated the 13/12 December 2018

SUBJECT- Guidelines for engagement of Junior Residents (JR) / Senior Resident (SR) / Tutor in Government Medical/Dental Colleges in the State of Odisha.

In supersession of this Department resolution No. 1314- ME-I-IM- 12/2008-H, Dt. 11.01.2013, in order to make the guidelines for engagement of Junior Residents / Senior Resident and Tutors in Government Medical /Dental Colleges of the State of Odisha, in conformity with the "Minimum Qualifications for Teachers in Medical Institutions Regulations, 1998" of Medical Council of India notified from time to time, the following guidelines are formulated. This will be effective from the date of publication in the Odisha Gazette. All previous guidelines, executive instructions issued earlier in this context are hereby superseded.

1. **Title & Commencement:** The guidelines shall be called the "Guidelines for engagement of Junior Residents / Senior Residents / Tutor in the Government Medical / Dental Colleges of the State of Odisha".
2. **Introduction to the Guidelines:**
 - 2.1. Services of Junior Residents (JR), Senior Resident (SR) and Tutor in the field of patient care and for medical education are required as per the Medical Council of India (MCI) guidelines
 - 2.2. Keeping in view of the requirement of the services of JR / SR /Tutor, Government of Odisha created posts of JR/ SR /Tutor in different Medical Colleges and also contemplating enhancement of the sanctioned posts.

2.3. With this it was strongly felt that there has to be standard guidelines for engagement of JR/ SR/Tutor in all Government Medical Colleges of the State.

3. Objective and Applicability of the Guidelines :

3.1. Present guidelines are meant to strengthen and streamline the selection process and engagement of the JR / SR and Tutor in the Government Medical Colleges of the State of Odisha and would be applicable for all selection process and engagement of JR/SR/Tutor as per the sanctioned strength of the Government Medical Colleges of the State superseding earlier notifications made by Government in this regard.

3.2. Government may issue revised circulars/notifications from time to time, if so required, after careful examination of the outcome of these guidelines.

4. Appointing Authority:

The Director Medical Education & Training, Odisha will be the appointing authority for the JR/SR/Tutor. However if required in exigency the Director Medical Education & Training may direct the Dean & Principal of the concerned Govt. Medical Colleges to conduct the selection, issue appointment order and send the select list, appointment order along with the proceedings to DMET Odisha for post facto approval.

5. Eligibility and Qualifications for Junior Residents:

5.1. The age must be as prescribed by MCI in "Minimum Qualifications for Teachers in Medical Institutions Regulations, 1998". Such age condition must be fulfilled on the date of joining of the candidates in the institution, as directed in the appointment order. There shall be no further age relaxation in any category of candidates.

5.2. Qualification:

5.2.1. A candidate must possess a MBBS /BDS degree or equivalent degree recognized by MCI/DCI from a MCI/DCI recognized institution.

5.2.2. The candidate must have completed the compulsory one year rotating internship.

5.2.3. The above qualifications must have been obtained on or before the date of counseling.

5.3. Other eligibility conditions:

- 5.3.1. The candidate must be a citizen of India.
- 5.3.2. The Medical Graduates must have registered their Medical Qualification at Central/ State Medical /Dental Council. (Permanent Registration)
- 5.3.3. Candidates having post graduation in any discipline or are continuing or have completed the three years tenure as Junior Resident / Senior Resident / Tutor in any MCI /DCI permitted /approved/ recognized institute are not eligible to apply.

6. Eligibility and Qualifications for Senior Residents/Tutor:

- 6.1. The age must be as prescribed by MCI in "Minimum Qualifications for Teachers in Medical Institutions Regulations, 1998". Such age condition must be fulfilled on the date of joining of the candidates in the institution, as directed in the appointment order. There shall be no further age relaxation in any category of candidates.
- 6.2. For the post of Senior Residents in Clinical Departments the candidate must possess MD/MS/MDS/DNB or any Equivalent Degree in concerned discipline applied for, or as may be prescribed by Medical Council of India in "Minimum Qualifications for Teachers in Medical Institutions Regulations, 1998" notified or amended from time to time in force.
- 6.3. In case of superspecialty disciplines a candidate must have qualification of DM/M.Ch degree in concerned discipline. In-case of non-availability of DM / M.Ch. candidates, the MD in Medicine and MS in General Surgery can be considered but their Senior Resident ship will be counted in the concerned superspecialty subject only and not in broad specialty.
- 6.4. For the post of Tutors in Pre-clinical/Para-clinical departments (Anatomy, Physiology, Biochemistry, Pharmacology, FMT, Pathology, Microbiology & Community Medicine) MBBS is the basic qualification. However first preference will be given to the candidates having post graduate degree in concerned discipline and candidates with MBBS degree can only be considered if no MD/MS/MDS/DNB candidates are available in any category of the said discipline.
 - 6.4.1. If sufficient numbers of MBBS qualified candidates are not available, the candidates having M. Sc. Degree in Medical Anatomy, Medical Physiology,

Medical Bio-chemistry, Medical Pharmacology and Medical Microbiology along with any other additional qualification as may be prescribed by Medical Council of India shall also be considered in the concerned discipline only. However MBBS candidates shall be preferred to M.Sc. candidates.

6.4.2. MBBS candidates can apply for Tutor in more than one discipline in pre and para-clinical subjects using separate application form for each discipline.

6.5. All Qualifications as on the date of counseling shall be considered.

6.6. Other eligibility conditions:

6.6.1. The candidate must be a citizen of India.

6.6.2. The candidate must not be continuing or have completed the tenure as Senior Resident/Tutor in any MCI/DCI permitted/ approved /recognized Institute.

6.6.3. The candidate whose service as Senior Resident /Tutor has been terminated by any govt. Medical College in the State for whatsoever reason will not be considered for re-appointment.

7. Selection Process :

7.1. Selection shall be done in July/August of every year. In case vacancy still exists it may be done as and when required in view of MCI Inspection. DMET shall float advertisement keeping in view of stipulations made in these guidelines.

7.2. The selection will be conducted through a committee constituted for the purpose by the DMET, Odisha or by the Dean & Principal of the Medical College if permitted by the appointing authority i.e. DMET, Odisha in exigencies.

7.3. A panel Select List comprising of 1.25 times of the subject-wise notified vacancies of SR/Tutor will be prepared by the committee on the basis of merit which will remain valid for a period of one year from the date of its publication. In case any vacancy arises against the notified vacancy in the advertisement, it shall be filled up from the select list. If additional vacancies are created which were not notified in the advertisement, a separate selection process shall be done.

7.4. In case of non-availability of suitable candidates, to fill up the vacancies a fresh advertisement shall be published in the interest of the Institution.

7.5. **Reservation Policy:** As the Senior Resident / Tutor/JR posts are tenure posts there shall be no reservation. However to get sufficient candidates in both reserved and

unreserved category during recruitment of Assistant Professors, a vacancy based reservation for Scheduled Tribe, Scheduled Caste, Socially and Economically Backward Caste, Women and Physically Challenged candidates shall be maintained. In case of non availability of candidates in any reserved category the eligible candidates from unreserved category shall be considered.

7.6. Selection will be strictly on the basis of merit list prepared on basis of career marks.

Weightage for different examinations shall be as under:

HSC/Matriculation- 20% of total percentage of marks secured.

Intermediate Science- 20% of total percentage of marks secured.

MBBS/BDS/M.Sc. examination- 60% of total percentage of marks secured.

One mark will be deducted from the total Career Mark for each extra attempt taken to pass the examination.

7.7. The Selection Authority at their discretion may short-list the merit list to a reasonable number as per available vacancy.

7.8. In case of tie it will be resolved as follows: The candidate securing more mark in MBBS/BDS/ M.Sc. shall be placed in higher rank. In case of further tie the elderly candidates shall be placed higher in rank to the younger.

7.9. A **Select** List will be prepared and approved by the constituted committee and engagement will be made on the basis of the choice of institution /subject exercised by counseling on personal appearance.

(This Para may be deleted as similar provision has been incorporated in Para7.3)

8. Terms and Conditions :

8.1. The post of JR/SR/Tutor being resident in nature is purely non-practicing and if any JR/SR/ Tutor is found to be indulged in any kind of private practice, their services will immediately be terminated by the appointing authority. They must follow the job responsibility attached to this guideline in Schedule A. The candidate may be terminated for not fulfilling the responsibilities mentioned in the Schedule A.

8.2. The JR/SR/Tutor remaining absent unauthorisedly for more than **10** days will be terminated by the appointing authority by serving a notice of 30 days.

- 8.3. The JR/SR/Tutor whose tenure is terminated for any reason by the authority will be debarred from being selected as JR/SR/Tutor for a period of next three years.
- 8.4. The engagement shall be purely temporary and on year to year tenure basis and may be for a maximum period of three years subject to requirement and satisfactory performance.
- 8.5. Performance appraisal certificate is to be prepared by the Professor/HOD-of the concerned Departments and to be submitted to the Dean & Principal of the institution for renewal/extension of their tenure in the post for further continuance. During the tenure period and upon receipt of any unsatisfactory performance report at any point of time from the concerned Professor/HOD, the services of the concerned JR/SR/Tutor will be terminated by the appointing authority. Such decision shall be final and binding. Further the JR/SR/Tutor experience certificate in favour of the candidates shall only be issued by the Dean & Principal of the institution. Under no circumstances the Professor/HOD of the department shall issue the performance appraisal certificate directly to the candidates or issue teaching experience certificate.

8.6. Attendance and Leave

- 8.6.1. All the 365 days of the year are working days for Residents. The Resident should have the minimum percentage of attendance i.e. 80% per year or as prescribed by Medical Council of India from time to time. In case of candidates in regular Govt. service, all leaves shall be guided by leave rules of Govt. of Odisha.
- 8.6.2. **Casual leave:** Each Resident/ Tutor is eligible for entitlement of casual leave not exceeding 15 days in an academic year (i.e. May to April for broad specialties and August to July for super specialties) and not more than 10 days leave can be availed at a time including Sundays and holidays. The Head of the Department shall be the sanctioning authority for same.
- 8.6.3. **Special leave:** The Dean / Principal is the sanctioning authority. They are eligible for 15 days of Special Leave in one year for attending the Conference / Workshop/ CME / Fellowship etc. for updating knowledge and skill.

- 8.6.3.1. They shall submit a request letter through proper channel with a copy of the brochure/invitation/registration, at least 15 days prior to the date of the conference.
- 8.6.3.2. They are permitted to attend such programme without affecting the routine work of the department concerned.
- 8.6.3.3. They may be permitted for attending such event which is at the discretion of the Head of the Departments after assessing the genuineness of the programme and utility of the particular course/ conference for the training purpose.
- 8.6.3.4. A resident is permitted to attend for not more than two such events in an academic year.
- 8.6.3.5. At any point of time, not more than 50% of the Residents from each department shall be permitted.
- 8.6.3.6. The preference will be given to the residents of 2nd and 3rd years and who are presenting a paper/poster.
- 8.6.3.7. No TA/DA will be paid. The leave is granted for the actual days of conference and for journey depending upon the location. They must produce conference attendance certificate within one week from the date of return, failing which the special casual leave shall be treated as casual leave and in case the casual leave is already exhausted the period of such absence shall be repeated to obtain the teaching experience certificate.

8.6.4. Maternity leave / Medical leave:

- 8.6.4.1. The candidate will be eligible for "leave under exceptional circumstances", supported by medical certificate from the competent authority and recommended by the Head of the Department and sanctioned by the Dean & Principal /Head of the Institution. Maternity leave / Medical leave will be sanctioned with loss of stipend.
- 8.6.4.2. They have to repeat the period of extra leave for fulfilment of 80% of the attendance per year.


8.6.4.3. Payment of stipend, as admissible from time to time, shall be limited to 36 months (subject to attendance) and no extra stipend is payable for the extended period of training given for all other reasons.

8.7. General:

- 8.7.1. No Resident shall leave the country without prior sanction by the Institute. Any violation will be taken seriously, may even warrant termination of training.
- 8.7.2. No SR/Tutor/JR shall resign from the engagement without serving prior one month notice to the appointing authority.
- 8.7.3. Private practice: Residents shall not engage themselves in private practice of any sort during the tenure. They shall not refer patients under their care to outside institutions without approval of the Head of Department.
- 8.7.4. Stipend, as admissible from time to time, will be sanctioned as prescribed by Government from time to time.
- 8.7.5. Teaching experience of the JR/SR/Tutor shall be reckoned from the date of joining in such post and performing duties thereof. In every calendar year JR/SR/Tutor can avail maximum of 15 days Casual Leave. Any leave beyond this 15 days period will be compensated by repetition.
- 8.7.6. In no case, transfer from one institution to another will be allowed. JR/SR/Tutor terminated by any Government Medical College for whatsoever reason will not be considered for reappointment to any post of SR/Tutor/JR by other Government Medical College of the State for a period of three years.
- 8.7.7. Before engagement the JR/SR/Tutor will give declaration that they will not indulge in any kind of private practice/litigation/resort to strike/Cease of work/bargain with Government for their continuance beyond the permissible period. The candidates in regular Government service will also undertake to join at the place of posting as soon as their Senior Resident/Tutor/JR is completed after they receive the posting order from Government for the same.

8.8. The JR/SR/Tutors shall perform such duties as specified in the schedule appended to these rules and any other duties as may be specified by the Government from time to time by general or special orders.

By order of the Governor


13/12/2018
Dr. P. K. MEHERDA

Commissioner-cum-Secretary to Government

SCHEDULE - A

JOB RESPONSIBILITY OF JUNIOR RESIDENTS (JR) & SENIOR RESIDENTS (SR) / TUTORS

A. INTRODUCTION

Duties and responsibilities of Senior Residents shall be fixed from time to time by Government, if necessary and is subject to modification/addition.

B. WHO IS A RESIDENT / TUTOR

A resident means a Junior Resident or Senior Resident. All Post graduate students are Academic Junior Residents and candidates without Post Graduation are Non Academic Junior Residents. All superspecialty students are Academic Senior Residents and residents working after post graduation are Non-Academic Senior Residents. Non academic Residents in pre and para clinical departments are designated as Tutors.

Residency period provides a unique opportunity to the medical students to gain expertise in clinical workmanship and develop intimacy with the patient. It is a phase of transition from a mature student to a fully competent and confident faculty. This is the phase of accumulating clinical knowledge, acquiring skills, leadership, communication and counseling skills, developing positive attitude in clinical work, with confidence, competence and empathy to patients with best interpersonal relations in the complex hospital environment. It helps the Residents to understand the intricacies of health care system and national health programme. The Residency programme consists of Senior Residents and Junior residents.

C. THE BASIC RESPONSIBILITIES OF A RESIDENT

Patients entrust doctors with their lives and health. To justify that trust, a doctor must show respect for human life. The basic principles that must be followed are:

1. To take care of the patient as the first concern.
2. Protection and promotion of the health of patients and the public
3. Provision of a good standard of practice and care
4. To keep the professional knowledge and skills up to date
5. To recognise and work within the limits of the competence of self
6. To work with colleagues in the ways that is best for patients' interests
7. To treat patients as individuals and respect their dignity, and to treat patients politely and considerately.
8. To respect patients' right to confidentiality
9. To work in partnership with patients
10. To listen to patients and respond to their concerns and preferences
11. To give patients the information they want or need in a way they can understand
12. To respect patients' right to reach decisions about their treatment and care
13. To support patients in caring for themselves to improve and maintain their health
14. To be honest and open and act with integrity
15. To act without delay if you have good reason to believe that you or a colleague may be putting patients at risk
16. Never discriminate unfairly against patients or colleagues
17. Never abuse your patients' trust in you or the public's trust in the Profession.
18. To remain prepared to justify the decisions and actions as you are personally accountable for your professional practice.
19. To take care so that patients do not suffer from any physical, financial, psychological harassment by any of your act.
20. Must remember that avoidable mistakes are indefensible.

D. GENERAL DUTIES OF THE RESIDENT

The primary function of patient care lies with the doctors ranging from the Senior Faculty to the Senior and Junior Residents. After the patients are advised admission by the treating doctors, the patient reaches the ward and is admitted to the allotted bed in the ward. The Junior Residents in the ward work up the case and discuss their findings with the Senior Residents. After the final consultation with the faculty, the patient is advised investigations and treatment is commenced. The Resident in charge of a patient is directly responsible for the clinical care of the patient, but he/she would be under the supervision of his/her faculty or Head of the Department. He/ she shall follow-up patients under his/her care until the patient is discharged. The General Duties in brief are:

1. One Resident by rotation will be on duty for 24 hours. The duty roster will be issued by the concerned Heads of Departments.
2. All the Residents have to stay in the campus if accommodation within the campus is available.
3. For Pre-Clinical and Para-Clinical departments, suitable ward/ patient care duty can be assigned along with laboratory and other similar duties as decided by the Dean & Principal.
4. The Residency program is a Service-cum-Training program. The basis of training is "Learning by doing"
5. The course period of Residents shall be counted as teaching experience and a certificate to that effect shall be issued by the Dean at the end of the training

(i) Junior Residents (Academic & Non-Academic)

The duties of Junior Residents shall be patient care, teaching, learning and skill development under the guidance of faculties. The norms of patient care by Junior Residents shall include, but not limited to the following:-

1. Each Junior Resident shall be given the charge of a specific number of patients in a unit or ward by the Head of the Department / Unit Head and he/she has to plan and execute the requisite patient care in consultation with Unit Head /Senior Resident / Faculty Members on duty.
2. Examination of the patient and formulation of a diagnosis.
3. Planning and implementing the treatment protocol. It will be in concurrence with Unit Head/Senior Resident / Faculty on duty.
4. Ensure that the Medical Record of the patients are kept in proper order.
5. Nursing and Paramedical Staff are to be under the supervision of the Junior Residents for patient care. They are bound to execute orders /instructions of the Resident in this regard.
6. Declaration of deaths and issuing Death certificate in wards:
7. In case of death in medico legal / complicated cases, declaration and certification of death should be done by the non academic Resident or Faculty on-duty only.
8. Junior Residents (Academic) are not permitted to issue wound certificates, or any other medico legal certificates.
9. Tutors of pre-clinical and para-clinical departments shall adequately support the clinical services of the institution. Duty hours and working pattern shall be similar to clinical departments. They have to provide the necessary laboratory and other ancillary services in time. They shall involve in research activities and inter-departmental clinical discussions, journal clubs, seminars and other academic programs.
10. Junior Residents (Academic) may be directed to take classes for undergraduate Medical Students, Paramedical, Nursing, Physiotherapy,

Physician Assistant, M. Sc. students etc. The course period of Academic Residents shall be counted as teaching experience.

11. Duty of a Junior Resident during 24-hour duty

Beds in wards will be divided among Junior Residents. He will be responsible for the patients to whom he/she is assigned. He/she can be called upon by the resident on duty for matters pertaining to the patients to whom she/he is assigned, at any time of the day/night. All patients, operative or non-operative, seen by him/her may be referred to the appropriate faculty. In extreme emergency, the patient should be referred to whoever is physically present and in close proximity. At the end of duty the responsibility will be transferred to the incoming team without interruption in the patient care.

(ii) Senior Residents (Non-Academic)/ Tutor

1. The duty of Senior Residents (Non-Academic) will include patient care, teaching, research and handling of medico legal responsibilities.
2. Senior Residents (Non-Academic) will be actively involved in patient care and teaching with concurrence of senior staff members or unit Head or HOD.
3. All Junior Residents, House surgeons, nursing staff and paramedical staff will be under the supervision of Senior Residents in patient care. They are bound to execute orders of the Senior Residents.
4. The service period of Senior Residents shall be counted as teaching experience.
5. The Senior Residents (Non-Academic) shall involve in research activities.
6. The norms of patient care by Senior Residents(Non-Academic) shall include, but not limited to the following:

- a. Each Senior Resident (Non-Academic) shall be given the charge of a specific number of patients in a unit or ward by the HOD or Unit Head.
 - b. Examination of the patient and formulation of a diagnosis and treatment in OPD/OT/ICU/Labour Room etc.
 - c. Planning and implementing the treatment protocol. It will be done in consultation with the Unit Head /Senior staff members, if required.
 - d. Ensuring that the Medical Records of the patients care are kept in proper order.
 - e. In case of death in medico legal / complicated cases, declaration and certification of death should be done by the Senior Residents (Non- academic) or faculty member on-duty only.
 - f. Writing or issuing wound certificates, medical certificates, treatment certificates or any other medico legal document is the responsibility of the faculty member or the Senior Resident (Non-academic).
7. Tutors have to provide the necessary laboratory and other ancillary services in time. They shall involve in research activities and inter-departmental clinical discussions, journal clubs, seminars and other academic programs. They shall take classes of undergraduate students as and when advised by the Head of the Department /Senior Faculties.

(iii) Senior Residents (Academic)

The duties of Senior Residents (Academic) are patient care, research and teaching the Junior Residents and undergraduates. The norms of patient care by Senior Residents (Academic) shall include but not limited to the following:-

1. Each Senior Resident (Academic) shall be given the charge of a specific number of patients in a unit or ward by the Unit Chief and he has to plan

and execute the requisite patient care. It will be in concurrence with the Unit Head/HOD.

2. Examination of the patient and formulation of a diagnosis.
3. Planning and implementing the treatment protocol in OPD/OT/ICU/Labour Room etc. It will be in concurrence with Unit Head.
4. Junior Residents, House-surgeons, Nursing and Paramedical Staff are to be under the supervision of the Senior Residents (academic) also in patient care. They are bound to execute orders of the Senior Resident.
5. Declaration of deaths and issuing death certificate in wards.
6. In case of death in medico legal / complicated cases, in superspecialty departments, declaration and certification of death should be done by the non academic Senior Resident or Faculty member on-duty only.
7. Senior Residents (Academic) are not permitted to issue wound certificates, medical certificates, treatment certificates or any other medico legal documents.
8. The Senior Residents (Academic) may be directed to take classes for Undergraduates and Junior Residents.
9. The period of service as Residents shall be counted as teaching experience.
10. Senior Resident during 24-hour duty:
It is the duty of the Senior Residents to inform their whereabouts and their contact phone numbers. They should immediately attend the call and should not wait to finish off the OPD or ward round. Senior Residents should be available in their duty rooms during the night. Wherever, Junior Residents are not available, the Senior Resident shall be first on call and provide the required patient care. The Senior Residents will also seek the consultations from other departments when required.

(iv) Rotation

The duty assignment for each resident will be in the following areas under guidance of a senior faculty;

1. Casualty/Emergency Room /Trauma Care
2. Out- Patient Department
3. Ward
4. Medical/Surgical ICU
5. Sub-specialty units

(v) Evaluation of experience of Resident:

This will be done by intra unit presentations, seminars or assignment and evaluated by the Head of the Department.

(vi) Dress Guidelines

Professional appearance and demeanour are a demonstration of respect for the patient and the profession, and of self-respect and should be maintained at all times by residents. In general, clothing should be clean and in good repair. Shorts, T-Shirts and Exercise clothing are not permissible. A clean white coat, or other professionally appropriate attire, must be worn at all times while on duty. It improves the patient-doctor relationship and creates respect for the profession.

(vii) Conduct

1. Smoking and consumption of alcohol in hospital premises and duty hour is prohibited
2. He/she should maintain good relations with colleagues, faculty, paramedical / medical and administrative staff.
3. He/she should treat patients courteously and with respect. Any display of anger/ displeasure is to be avoided.

4. Physical misbehaviour with anybody in the hospital either with the staff, colleagues or patient is viewed seriously and warrants disciplinary action.
5. Computers/laptops are to be used in the hospital only for academic purposes.
6. Viewing/displaying material on computer/laptop which is offensive to a person, caste, race or religion is forbidden amounts violation and warrants disciplinary action.

(viii) Identity Cards

The Residents/Tutors should wear photo-identity card (ID card) issued by authority during the duty hours.

E. RESIDENTS' COMMITMENT:

It is expected that the Residents/ Tutors must adhere to the highest standards of ethics and professionalism in discharge of their duties in their relationships with their patients, faculty, colleagues and the staff of programmes and institutions associated with their training. The Residents' Statement of commitment is as under:

1. We acknowledge our fundamental obligation as physicians 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 behaviour required to fulfil all objectives of the educational programme and to achieve the competencies deemed appropriate for our chosen discipline.

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 our interactions. We will respect 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 physicians/surgeons in training, 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 whenever we are confronted with high-risk situations or with clinical decisions that exceed our confidence or skill to handle alone.
7. We recognize the need to be open and truthful to our patients, faculty, and colleagues about matters related to patient care including medical errors that may affect the safety and well-being of patients, the care team, or associated institutions.
8. We welcome candid and constructive feedback from faculty and all others who observe our performance, recognizing that objective assessments are indispensable guides for improving our skills as physicians/surgeons.
9. We also will provide candid and constructive feedback on the performance of our fellow residents, of students, and of faculty, recognizing our life-long obligation as physicians/surgeons to participate in peer evaluation and quality improvement.
10. 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.

11. In fulfilling our own obligations as professionals, we pledge to assist Medical, Paramedical, Nursing, Physician Assistant, M. Sc courses etc., Students and Fellow residents in meeting their professional obligations by serving as their teachers and role models.
12. We shall keep a scientific approach while discharging clinical duties, by applying the Principles of evidence based practice and use every opportunity to share our knowledge with colleagues and faculty.
13. We will try to involve in, assist and support all ongoing research activities in the institution or initiate new research under the supervision and guidance of senior faculties, with the permission of the Head of Departments.
14. We will not disclose any information regarding the patients, workplace or colleagues to anybody other than the persons legitimately concerned with this information as a part of the team in the department and by all means only for providing genuine benefit to the patient. Any disclosure of information to media or private investigating agencies will be with the prior permission of Head of the Dept.
