

**Mary R. Smith, M.D.**  
Associate Dean for Graduate  
Medical Education  
Designated Institutional Official  
Professor of Medicine and Pathology

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Graduate Medical Education

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Administrative Assistant  
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**COLLEGE OF MEDICINE**

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THE UNIVERSITY OF TOLEDO

**Graduate Medical Education**

The University of Toledo  
Health Science Campus  
Mulford Library Building  
3000 Arlington Avenue, MS 1050  
Toledo, Ohio 43614

Phone: 419-383-4244  
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Dear Doctor:

As an integral component of our commitment to excellence, we are asking for your endorsement of the *Compact between Resident Physicians and Their Teachers*. This compact is a declaration of the fundamental principles of graduate medical education and the major commitments of both residents and faculty to the educational process; to each other and to the patients they serve. The *Compact's* purpose is To provide institutional GME sponsors, program directors and residents with a model statement that will foster more open communication, clarify expectations and re-energize the commitment to the primary educational mission of training tomorrow's doctors. This compact was originated by the Association of American medical colleges and has been endorsed by many professional medical organizations.

**Please sign the attached Commitments of Residents form. We are asking all of our residents to sign the Commitment of Residents form as indication to your commitment to the principles of graduate medical education.**

Thank you for your support of our educational mission and your ongoing commitment to excellence. If you have any questions, please do not hesitate to contact our office at (419) 383-4244.

Sincerely,

Mary R. Smith, M.D.  
Associate Dean  
Graduate Medical Education



**COLLEGE of MEDICINE**

THE UNIVERSITY OF TOLEDO

**Compact Between Resident Physicians and Their Teachers**

**Commitments of Residents**

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 behaviors required to fulfill all objectives of the educational program and to achieve the competencies deemed appropriate for our chosen discipline.
3. We will 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 your interactions. We will demonstrate respect for all patients and members of the healthcare team without regard to gender, race, national origin, religion, economic status, disability or sexual orientation.
5. As physicians 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 interaction 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 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 will also provide candid and constructive feedback on the performance of our fellow residents, of students, and of faculty, recognizing our life-long obligations as physicians to participate in peer evaluations 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. In fulfilling our own obligations as professionals, we pledge to assist both medical students and fellow residents in meeting their professional obligations by serving as their teachers and role models.

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Signature of Resident

Date

Printed Name of Resident