Introduction:

The need to educate post-graduate trainees in the performance of invasive, life-saving procedures is germane to the mission of residency training programs in preparing physicians to provide essential care to the community. Within the history of Medicine, the dying patient being resuscitated and the recently expired patient have provided a venue for the education of post-graduate trainees in the performance of invasive procedures. In keeping with the mission and values of NYU Winthrop Hospital and the initiatives set forth by the Council on Ethical and Judicial Affairs of the American Medical Association, this policy sets forth guidelines for the utilization of such venues in an ethical and respectful manner.

Policy:

1. The performance of indicated invasive procedures by a post-graduate trainee should represent a step in the successive educational process for each respective procedure.

2. NYU Winthrop Hospital prohibits the performance of invasive procedures in an expired patient without explicit consent of the next of kin. Note, although patients may make their preferences known, patients cannot legally give pre-mortem consent for post mortem procedures. Upon determination of death, the remains of the deceased and the right to give consent is conferred to the next of kin.

3. The involvement of post-graduate trainees in a resuscitative effort may provide an opportunity for education in the performance of indicated invasive procedures. The experience must adhere to the following principles:

   a) The procedure must be indicated in the care of the patient.

   b) Appropriate levels of supervision must be provided to post-graduate trainees who are not yet credentialed in the procedure being performed in accordance with Hospital policy.

   c) The resuscitative effort is not to be extended specifically for the purpose of practicing invasive procedures. The physician acting as code team leader is responsible for determining when resuscitative efforts should be terminated.

NYUWH Graduate Medical Education Committee: Approved 5/19/03

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