### Resident Supervision Policy

**Name of Policy:** Resident Supervision  
**Policy Number(s):** IM – PC 7  
**UTMC:** 3364-86-025-00  
**Issuing Office:** Residency Office, Department of Internal Medicine  
**Scope of Policy:** Internal Medicine Residents  

**Effective Date:** 02/06/2007  
**Responsible Agent:** Director, Residency Program

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**POLICY**

Internal Medicine Residency provides an organized educational program with guidance and supervision of the resident, facilitating the resident’s ethical, professional and personal development while ensuring safe and appropriate care for patients.

**PURPOSE**

Graduate Medical Education (GME) sponsored programs must provide appropriate supervision for all residents that is consistent with safe and appropriate patient care, the educational needs of the residents, and the applicable program requirements.

**PROCEDURE**

1. All residents joining Internal Medicine Program at The University of Toledo will participate in an institutional orientation program and a program specific orientation. This orientation will provide the resident with:
   - Institutional GME policies and procedures
   - Program specific policies and procedures
   - Information about all associated/affiliated institutions in the program.

2. Supervision of residents is expected in all areas of all GME sites to assure consistently high standards of patient care. It is a cardinal principle that overall responsibility for the treatment of each patient lies with the attending physician to whom the patient is assigned and who supervises the resident physician. All inpatients and outpatients will have one attending physician listed as the physician in charge of the patient’s medical treatment. The name of this staff practitioner will be clearly designated on each patient’s medical record.

An attending physician will be involved in patient treatment to the degree necessary to assure consistently high standards of patient care. This attending physician will be responsible for, and must be familiar with, the care provided to the patient. The attending physician is expected to fulfill this responsibility, at a minimum, in the following manner:
• Direct the care of the patient and provide the appropriate level of supervision based on the nature of the patient’s condition, the likelihood of major changes in the management plan, the complexity of care, the experience and judgment of the resident being supervised and within the scope of the approved clinical privileges of the staff practitioner. Documentation of this supervision will be via progress notes, or countersignature of, or reflected within, the resident’s progress note at a frequency appropriate to the patient’s condition, according to each associated/affiliated institutions’ requirements.

• Meet the patient early in the course of care and document, in a progress note, concurrence with the resident’s initial diagnoses and treatment plan. At a minimum, the progress note must state such concurrence and be properly signed and dated.

• Participate in attending rounds. Participation in rounds does not require that the attending physician see every patient in person each day. It does require physical presence of the attending physician in the facility for sufficient time to provide appropriate supervision to residents. A variety of face-to-face interactions such as chart rounds, x-ray review sessions, pre-op reviews, or informal patient discussions fulfill this requirement.

• Assure that all technically complex diagnostic and therapeutic procedures which carry a significant risk to the patient are: Medically indicated, fully explained to and understood by the patient to meet informed consent criteria, properly executed, correctly interpreted, and evaluated for appropriateness, effectiveness and required follow-up. Evidence of this assurance must be documented.

• Assure that a high-risk or technically complex treatment modality (such as anti-arrhythmia medications, chemotherapy, radiation therapy electroconvulsive therapy, and the withholding/withdrawal of life sustaining treatment) is: the appropriate therapy properly prescribed/ordered, properly initiated or executed, and monitored as appropriate. Evidence of this assurance must be documented.

• Direct appropriate modifications of care as indicated in response to significant changes in diagnosis or patient status. Evidence of this assurance must be documented.

3. Graduated Levels of Responsibility: As part of their training, residents may be given progressive responsibility for the care of the patient. A resident may act as a teacher assistant to less experienced residents. Assignment of the level of responsibility must be commensurate with the residents’ acquisition of knowledge and development of judgment and skill, and consistent with the requirements of the accrediting body.

Based on a locally developed process (competency score card) of assessing the achievement in the areas of the six educational competencies such as a resident’s knowledge, skill, experience and judgment, residents may be assigned graduated levels of responsibility to perform procedures or conduct activities without a supervisor present and/or act as a teaching assistant will be based on documented evidence of the resident’s clinical experience, judgment, knowledge and technical skill. We use a competency score card of all the six
educational competencies where the minimum score required at each level of training is clearly identified.

4. Supervision of Residents Performing Invasive procedures: The inherent risks associated with all types of surgery and invasive procedures require that staff practitioners provide appropriate levels of supervision of all residents performing such procedures.

Attending physicians supervising residents will review the indications for the performance of each procedure which should be documented by a written notation in the patient’s medical record stating their concurrence with both the performance and with the interpretation of the results and complications, if any.

Residents must have the approval of an attending physician prior to an invasive procedure and so document in the patient’s medical record. This supervision must be reflected in progress notes made by staff practitioners at appropriate times in the course of each patient’s hospitalization.

We use the E-Priv (electronic privilege) system where the PD and APD decide based on the number and quality of procedures performed if the resident achieved competency in certain procedures. The responsible nurse caring for the patient verifies the E Priv. Unless competent to perform independently the resident cannot perform the procedure

As residents advance in their education and training, they may be given progressively increasing levels of responsibility. The degree of responsibility will depend upon the individual’s general aptitude, demonstrated competence, prior experience with similar procedures, the complexity and degree of the risks involved in the anticipated invasive procedure. An important aspect of a resident’s learning experience is the opportunity of a senior resident to supervise more junior residents. As a general rule, senior residents, when acting in the role of a teaching assistant to less experienced residents, may supervise the performance of invasive procedures of lesser or more routine complexity. This however, does not release the staff practitioner’s responsibility for the oversight of the patient’s care. The use of the simulation lab is encouraged and bonus points are given for the participation in the lab exercises.

Documentation of a resident’s assigned level of responsibility will be filed in the resident’s record and will include: A specific statement identifying the evidence on which such a determination is made; the types of diagnostic or therapeutic procedures the resident may perform and those for which the resident may act as a teaching assistant; and the concurrence of the service chief.

When a resident is acting as a teaching assistant, the attending physician is responsible for the quality of care of the patient, providing supervision and meeting medical recorded documentation requirements as defined with this policy.

Program Director

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