


Name of Policy: Resident Supervision	 Effective date: 06/06/17
Policy Number: 3364-86-025-00	
Approving Officer: Dean, College of Medicine and Life Sciences	
Responsible Agent: Director, Graduate Medical Education	
Scope: UT College of Medicine Residents	
<input type="checkbox"/> New policy proposal	<input checked="" type="checkbox"/> Minor/technical revision of existing policy
<input type="checkbox"/> Major revision of existing policy	<input type="checkbox"/> Reaffirmation of existing policy

POLICY

Graduate Medical Education (GME) exists to provide 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

GME sponsored programs must provide appropriate supervision for all residents that is consistent with proper patient care, the educational needs of the residents, and the applicable program requirements.

PROCEDURE

All residents joining GME program at The University of Toledo will participate in an institutional orientation program and a program specific orientation. This orientation must provide the entering resident with:

- Institutional GME policies and procedures
- Program specific policies and procedures
- Information about all associated/affiliated institutions in a program.

Supervision of residents is expected in all areas of all GME sites to assure consistently high standards of patient care.

Supervision of Residents

In the clinical learning environment, each patient must have an identifiable, appropriately-credentialed and privileged attending physician (or licensed independent practitioner as approved by each Review Committee) who is ultimately responsible for that patient’s care.

This information should be available to residents, faculty members, and patients.

Residents and faculty members should inform patients of their respective roles in each patient’s care.

The program must demonstrate that the appropriate level of supervision is in place for all residents who care for patients.

Supervision may be exercised through a variety of methods. Some activities require the physical presence of the supervising faculty member. For many aspects of patient care, the supervising physician may be a more advanced resident or fellow. Other portions of care provided by the resident can be adequately supervised by the immediate availability of the supervising faculty member or resident physician, either in the institution, or by means of telephonic and/or electronic modalities. In some circumstances, supervision may include post-hoc review of resident delivered care with feedback as to the appropriateness of that care.

Levels of Supervision

To ensure oversight of resident supervision and graded authority and responsibility, the program must use the following classification of supervision:

Direct Supervision – The supervising physician is physically present with the resident/fellow and patient.

Indirect Supervision:

with direct supervision immediately available – the supervising physician is physically within the hospital or other site of patient care, and is immediately available to provide Direct Supervision.

with direct supervision available – the supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide Direct Supervision.

Oversight – The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

Oversight with Delegated Teaching: The resident/fellow may be delegated by the attending teaching physician to provide Direct or Indirect supervision to another resident/fellow.

The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident must be assigned by the program director and faculty members.

The program director must evaluate each resident's abilities based on specific criteria. When available, evaluation should be guided by specific national standards-based criteria.

Faculty members functioning as supervising physicians should delegate portions of care to residents, based on the needs of the patient and the skills of the residents.

Senior residents or fellows should serve in a supervisory role of junior residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow.

Each resident must know the limits of his/her scope of authority, and the circumstances under which he/she is permitted to act with conditional independence.

In particular, PGY-1 residents should be supervised either directly or indirectly with direct supervision immediately available. *[Each Review Committee will describe the achieved competencies under which PGY-1 residents progress to be supervised indirectly, with direct supervision available.]*

Faculty supervision assignments should be of sufficient duration to assess the knowledge and skills of each resident and delegate to him/her the appropriate level of patient care authority and responsibility.

Circumstances Requiring Faculty Notification

The following circumstances require documentation in the medical record and faculty notification by the residents/fellows:

Immediate Notification

- Unexpected death
- Suicide attempt
- All admissions and inpatient consultations
- Cardiac or Respiratory Arrest, or Rapid Response Team called
- Unplanned intubation, worsening gas exchange requiring significant escalation of FIO₂ or PEEP, or ventilator support (e.g. BiPAP, CPAP)
- Unexpected cardiovascular support (e.g. addition of vasoactive drugs, anti-arrhythmics)
- Admission to or unplanned transfer to the ICU or more monitored setting (e.g. escalating care/increased severity of illness)
- Any procedure or treatment that requires informed consent
- Development of any clinical problem that requires invasive procedure/operation for treatment
- Iatrogenic event: serious complications from medical and/or surgical interventions
- Development of significant neurologic changes (e.g. mental status changes, suspected CVA, seizure, new onset paralysis)
- New significant bleeding (e.g. requiring or contemplating transfusion or requiring fluid resuscitation)
- At another physician/provider request
- At care team member request/recommendation
- At patient or family request
- Patient falls
- All emergency department consultations

Notification By the Conclusion of Resident's Shift

- All discharges
- Signing out against medical advice (AMA)
- Initiation of restraints

Programs may set additional guidelines for circumstances and events in which resident/fellows must communicate with appropriate supervising faculty members that are specific to the program.

Clinical Responsibilities

The clinical responsibilities for each resident must be based on PGY-level, patient safety, resident education, severity and complexity of patient illness/condition and available support services.


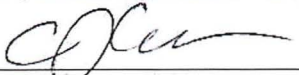
[Optimal clinical workload will be further specified by each Review Committee.]

Teamwork

Residents must care for patients in an environment that maximizes effective communication. This must include the opportunity to work as a member of effective interprofessional teams that are appropriate to the delivery of care in the specialty.

[Each Review Committee will define the elements that must be present in each specialty.]

Each Residency program must be in compliance with its own RRC requirements for resident supervision.

<p>Approved by:</p> <p> Chair, Graduate Medical Education Committee</p> <p> Dean, College of Medicine and Life Sciences</p> <p>Review/Revision Completed by: Graduate Medical Education Committee</p>	<p>Policies Superseded by This Policy:</p> <p><i>None</i></p> <p>Initial Effective Date: 02/1997</p> <p>Revision/Review Date: <i>Reviewed 5/03, Revised 5/05, Reviewed 2/06/07, Reviewed 2/3/09, Revised 4/5/11, Reviewed 4/2/13, Revised 3/4/14, Revised 11/3/15, Revised 6/6/17</i></p> <p>Next Review Date: 6/2019</p>
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