

<p>Name of Policy: <u>Resident supervision</u></p> <p>Policy Number: 3364-87-26</p> <p>Approving Officer: Chief of Staff</p> <p>Responsible Agent: Chief Medical Officer</p> <p>Scope: All University of Toledo Campuses</p>	 <p>Effective Date: 09/01/2023</p> <p>Initial Effective date: 03/14/01</p>
<p><input type="checkbox"/> New policy proposal</p> <p><input type="checkbox"/> Major revision of existing policy</p>	<p><input type="checkbox"/> Minor/technical revision of existing policy</p> <p><input checked="" type="checkbox"/> Reaffirmation of existing policy</p>

(A) Policy statement

Each participant in a professional graduate education program is supervised in his/her patient care responsibilities by a member of the Medical Staff who has been granted clinical privileges through the medical staff process.

(B) Purpose of policy

Supervision of residents is expected to ensure consistently high standards of patient care.

(C) Procedure

- (1) 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.
- (2) An attending physician will be involved in patient treatment to the degree necessary to ensure consistently high standards of patient care. The attending physician will be responsible for, and must be familiar with, the care provided to the patient. This includes all consultations provided by residents in in-patient, out-patient and emergency department settings. The attending physician is expected to fulfill this responsibility, as a minimum, in the following manner:
 - (a) 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 the University of Toledo Medical Center's requirements.

- (b) Discuss the patient early in the course of care, including all consultations provided by residents 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.
- (c) Participate in attending rounds. (Participation in rounds does not require that the attending physician see every patient in person each day with the resident and/or team.) It does require physical presence of the attending 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. PAYMENT FOR PHYSICIAN SERVICES IN TEACHING SETTINGS: Medicare pays for services furnished in teaching settings through the Medicare Physician Fee Schedule (PFS) if the services meet one of these criteria: • They are personally furnished by a physician who is not a resident • They are furnished by a resident when a teaching physician is physically present during the critical or key portions of the service or • They are furnished by a resident under a primary care exception within an approved Graduate Education (GME).
- (d) Ensure 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 insurance must be documented.
- (e) Ensure 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 insurance must be documented.
- (f) Direct appropriate modifications of care as indicated in response to significant changes in diagnosis or patient status. Each residency program has guidelines for circumstances and events in which residents must communicate with appropriate supervising faculty members, such as the transfer of a patient to an intensive care unit, or end-of-life decisions (GME policy # 3364-86-025-00). Evidence of this insurance must be documented.

- (3) Supervision of Residents Performing Invasive Procedures or Surgical Operations: 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 or assisting with such procedures.

The attending physician who is supervising residents will review the history and physical examination and indications for each procedure, and will provide a signature in the patient's medical record indicating their concurrence with both the performance and with the interpretation of the results and complications of the procedure, if any.

Residents must have the approval of an attending physician prior to participation in surgery or an invasive procedure and so document in the patient's medical record. Staff practitioners will closely supervise the work-up of patients, scheduling of cases, assignment of case priorities, the preoperative preparation, and the intra-operative and postoperative care of surgical patients and patients undergoing invasive procedures. This supervision must be reflected in progress notes made by staff practitioners at appropriate times in the course of each patient's hospitalization. The surgical/invasive procedure schedule will be approved by the appropriate clinical service chief, or his/her designee.

- (4) Written descriptions of the role, responsibilities, and patient care activities of participants in professional graduate education programs will be provided to the Medical Staff by the Office of Graduate Medical Education. These descriptions will include identification of the mechanisms by which the participant's supervisor(s) and graduate education program director make decisions about each participant's progressive involvement and independence in specific patient care activities.
- (5) Medical staff policies (#3364-87-42; #3364-87-03; #3364-87-04; #3364-100-53-06) delineate those participants in professional education programs who may write patient care orders, the circumstances under which they may do so, and what entries must be countersigned by a supervising member of the Medical Staff.

