



POLICY & PROCEDURE MANUAL

SECTION: 100 – 200 ADMINISTRATION

SUBJECT: RESIDENT SUPERVISION POLICY

GENERAL

1. All residents provide patient care under the auspices of an attending physician appropriately credentialed and privileged in their specialty and who serves as the **physician of record or the treating physician for the patient.**
2. There must be a readily identifiable and accessible attending physician for all services available 24/7. The resident must provide the patient with the attending physician's name whenever requested, including the name of the covering attending. In order to facilitate safe, reliable, rapid patient care in the context of resident training the following is required:
 - a. **Each service must have a single consistent-on-call number 24/7.**
 - b. Each service chief (or designee) is responsible for maintaining an accurate calendar of the resident-on-call and the responsible supervising attending physician for days, nights, and weekends.
 - c. The calendar must contain the resident-on-call, the supervising attending, and their contact numbers. If the resident carries the service pager, then the attending's contact number (not an office number) must be provided so that the attending can be reached urgently by their residents or other health care providers.
 - d. If the attending physician is not reachable, then the service chief (or program director) should be called to support the resident. Thus, each monthly calendar must also include the Service Chief's 24/7 contact number.
3. In all instances, the resident (level as designated by each program) must notify the attending physician for
 - a. a patient death or other adverse event;
 - b. an identified patient error;
 - c. the transfer of a patient to a higher level of care;
 - d. for consultation when the resident believes is a difference of opinion or concern about patient care that requires attending involvement.
 - e. a patient to be designated DNR/DNI.

A service may designate additional times when their residents are required to notify the attending physician.

4. All programs must delineate what level of supervision is required for each level of resident training and each resident experience, consistent with specific ACGME requirements and with a progressive level of responsibility over the sequence of training. The following definitions of supervision should be used.



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Direct Supervision: The supervising physician is present with the resident and patient.

Indirect Supervision: The supervising physician is available in-house, or by phone and readily able to come in to evaluate the patient with the resident.

Oversight Supervision: The supervising physician is available to give feedback on a procedure or patient care AFTER care has already been given by the resident.

- a. The program must delineate whether **direct**, **indirect** (available in house or at home), or **oversight** supervision is required for each resident and experience, and whether this is provided by an attending or another higher level resident.
- b. PGY1 residents should be supervised **directly**; or **indirectly with direct supervision immediately available (on premises)**.
- c. Each program, in compliance with their ACGME program requirements, must delineate when a PGY1 may be supervised indirectly with direct supervision immediately available.

PROCEDURAL (INCLUDES "OPERATING") PHYSICIAN SERVICES

1. **Surgical Independence:** Graded Responsibility must be accorded surgical or procedural trainees in order for them to advance to independent practice at the completion of their training program. Each program is responsible for defining the level of competence for each resident, and communicating this to the appropriate site of care delivery (i.e. operating room, endoscopy suite, etc).
2. **Pre and Post Operative Patient Care:** The attending physician is responsible for the decision to perform an invasive procedure/surgery, the patient's readiness for discharge, and the post-op follow-up. However, it is appropriate to delegate some aspects of the post-op outpatient follow-up to the resident. The program must delineate which aspects of follow-up care may be delegated to the resident with only *oversight* supervision.

OUTPATIENT SUPERVISION

1. General guidance for residency supervision in the outpatient setting may be provided by specific ACGME program guidelines. As a rule, it is expected that the attending physician must be physically present (**direct supervision**) during the critical or key portions of the patient service for all residents. See below for exceptions.
2. Primary care programs (family medicine, internal medicine, geriatrics, pediatrics) may request an exemption that allows attendings to provide oversight supervision, documented in the chart soon after each visit, if programs meet the following requirements:



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- a. patient care is provided in a hospital-based primary care center
 - b. the attending supervises no more than four residents and is the attending of record for the patients.
 - c. the resident has completed more than six months of a primary care residency program.(as defined above).
3. Some advanced residents (in final years of training) may see uncomplicated patients, routine follow-ups, or long-standing continuity patients **without direct attending supervision**. The ability for advanced residents to practice in this manner may not be appropriate for all services, clinics, or practice sites.

For advanced residents to practice in this manner, all of the following must be met:

- a. The program director should clearly define the trainee as competent to do so (according to PGY level competencies or milestones);
- b. The program director must outline under what circumstances and the types of patients the trainee may see without **direct** attending supervision;
- c. If this is to occur at JMH facilities, the program must receive prior approval from the both the JMH Ambulatory Care Medical Director and the JMH Chief Administrative Officer of Ambulatory Care.
- d. An attending must be available at all times for **indirect** or **oversight** supervision.
- e. The attending remains responsible for the overall care of the patient and must see the patient at regular intervals (for continuity) or when there is a change in patient status.

MONITORING OF RESIDENT SUPERVISION

1. Adequacy and timeliness of resident supervision, as defined in this policy, must be tracked at regular intervals. The program must determine its criteria and schedule for tracking supervision. It is inadequate to use resident satisfaction with supervision, as determined on the annual GME survey or the ACGME survey, as the only measure of resident supervision.
2. It is in the interest of all sites where residents practice to work with program directors to track resident supervision. The use of electronic medical records facilitates tracking of resident supervision.
3. The GME office will oversee adequacy and appropriateness of supervision through regular review of hospital data, program data, and the program's annual program review.

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AUTHORIZATION:

A handwritten signature in blue ink, appearing to read "Carlos A. Migoya". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Carlos A. Migoya, President and CEO, Jackson Health System