University of Utah Health Care and Primary Children's Medical Center
Medicine-Pediatrics Residency Program
SUPERVISION POLICY

REVISED: March 2016

Key Principles:

1. Program directors direct and supervise the program.
2. An attending physician must be identified for each episode of patient care involving a resident.
3. The attending physician is responsible for the care provided to these assigned patients.
4. The attending physician is responsible for determining the level of supervision required to provide appropriate training and to assure quality of patient care.
5. Resident supervision must be documented.
6. The attending physician is responsible for meeting with the resident and discussing the goals and objectives at the start of each rotation

We adhere to the guidelines listed under "Accreditation Council for Graduate Medical Education (ACGME) Program Requirements."

1. Adequately supervised residents will be given patient care responsibility in progressive, graded fashion during their four-year training program, based on close, personal evaluation by faculty and the residency program director.
2. First-year residents will receive immediate supervision at all times by on-site, assigned second and third year residents with experience appropriate to the acuity, complexity, and severity of patient illness.
3. Attending faculty physicians will be available and on-call at all times for all residents (ie. immediately available by phone and able to come to the hospital for direct supervision within a reasonable time frame).
4. Attending physicians will review all admissions, make a note in patient charts, round with the residents and be readily available at all times via telephone to participate in management decisions, and sign the written discharge summaries of residents.
5. Trained personnel (attending physicians, fellows, or competent supervising residents) will be available within reasonable time intervals to supervise on site or perform necessary technical procedures.
6. Attending physicians will supervise all outpatient areas on site and review patient care.

II. <u>RESPONSIBILITIES</u>:

1. Associate Dean for GME. The Associate Dean for GME is responsible for establishing local policy to fulfill the requirements of this policy and the applicable accrediting and certifying body requirements.
2. Residency Program Director. The Residency Program Director is responsible for the quality of the overall education and training program in a given discipline (i.e., medicine, surgery, psychiatry, pediatrics, etc.) and for ensuring that the program is in compliance with the policies of the respective accrediting or certifying bodies. The Residency Program Director defines the levels of responsibilities for each year of training by preparing a description of the types of clinical activities residents may perform and those for which residents may act in a teaching capacity.

a. Assess the attending physician's discharge of supervisory responsibilities. At a minimum, this includes written evaluations by the residents and interviews with residents, other practitioners and other members of the health care team.
b. Structure training programs consistent with the requirements of the accrediting and certifying bodies (as identified above) and the affiliated sponsoring entity.
c. Arrange for all residents entering their first rotation to participate in an orientation to policies, procedures, and the role of residents within the affiliated training program
d. Ensure that residents are provided the opportunity to contribute to discussions in committees where decisions being made may affect their activities.

3. Attending Physician. The attending physician is responsible for and must be personally involved in the care provided to individual patients in inpatient and outpatient settings as well as long-term care and community settings. When a resident is involved in the care of the patient, the responsible attending physician must continue to maintain a personal involvement in the care of the patient. The procedure through which the attending physician provide and document appropriate supervision is outlined below in section 5.
4. Resident. The residents, as individuals, must be aware of their limitations and not attempt to provide clinical services or do procedures for which they are not trained. They must know the graduated level of responsibility described for their level of training and not practice outside of that scope of service. Each resident is responsible for communicating significant patient care issues to the attending physician. Such communication must be documented in the record. Failure to function within graduated levels of responsibility or to communicate significant patient care issues to the responsible attending physician may result in the removal of the resident from patient care activities.

III. <u>SUPERVISION</u>:

1. Resident Supervision by the attending physician. Attending physicians are responsible for the care provided to each patient, and they must be familiar with each patient for whom they are responsible. Fulfillment of such responsibility requires personal involvement with each patient and each resident who is providing care as part of the training experience. Each patient will be assigned an attending physician whose name will be clearly identified in the patient's record. It is recognized that other attending physicians may, at times, be delegated responsibility for the care of a patient and provide supervision instead of, or in addition to, the assigned practitioner. Such a delegation will be documented in the patient's record. The attending physician is expected to fulfill this responsibility, at a minimum, in the following manner:
    a. The attending physician will 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, and the experience and judgment of the resident being supervised. Medical or mental health services must be rendered under the supervision of the attending physician or be personally furnished by the attending physician. Documentation of this supervision will be by progress notes entered into the record by the attending physician or reflected within the resident's progress note at a frequency appropriate to the patient's condition. The medical record should reflect the degree of involvement of the attending physician, either by staff physician progress note, or the resident's description of attending involvement. The resident note shall include the name of the attending physician with whom the case was discussed as well as a summary of that discussion. The attending may choose to countersign and add an addendum to the resident note detailing his/her involvement and supervision. Attending physicians will be responsible for following the

admitting procedures required by the institutions at which they are admitting patients is association with resident physicians.

b. For patients admitted to an inpatient team, the attending physician must meet the patient within 24 hours of admission. This supervision must be personally documented in a progress note within 24 hours of admission. The attending physician's progress note will include findings and concurrence with the resident's initial diagnosis and treatment plan as well as any modifications or additions. The progress note must be properly signed, dated, and timed. Attending physicians are expected to be personally involved in the ongoing care of the patients assigned to them in a manner consistent with the clinical needs of the patient and the graduated level of responsibility of the trainee.
c. The attending physician, in consultation with the resident, will ensure that discharge or transfer of the patient from an inpatient team or clinic is appropriate, based on the specific circumstances of the patient's diagnoses and therapeutic regimen. This may include physical activity, medications, diet, functional status, and follow-up plans. At a minimum, evidence of this assurance will be documented by the attending physician's countersignature of the discharge summary or clinic discharge note.
d. For outpatients, all new patient evaluations to the clinic for which the attending physician is responsible will be supervised by the attending physician on site. This supervision must be documented in the chart via a progress note by the attending physician or the resident's note and include the name of the attending physician and the nature of the discussion. New patients should be supervised as dictated by graduated level of responsibility outlined for each discipline. Unless otherwise specified in the graduated levels of responsibility, new patients should be seen and evaluated by the attending physician at the time of the patient visit. Return patients should be seen by or discussed with the attending physician at such a frequency as to ensure that the course of treatment is effective and appropriate. This supervision must be documented in the record via a note by the attending physician or the resident's note that indicates the nature of the discussion with the attending physician. The medical record should reflect the degree of involvement of the attending physician, either by staff physician progress note or the resident's description of attending involvement. The attending may choose to countersign and add an addendum to the resident note detailing his/her involvement. All notes must be signed, dated, and timed.
e. The attending physician is responsible for official consultations on each specialty team. When trainees are involved in consultation services, the attending physician will be responsible for supervision of these residents. The supervision of residents performing consultation will be determined by the graduated levels of responsibility for the resident. Unless otherwise stated in the graduated levels of responsibility, the attending physician must meet with each patient who received consultation by a resident and perform this personal evaluation in a timely manner based on the patient's condition. The patients seen in consultation by residents must be discussed and/or reviewed with the attending physician supervising the consultation within 24 hours of initial consultation by the resident. The attending physician must document this official consultation supervision by writing a personal progress note or by writing his/her concurrence with the resident consultation note by the close next working day. The attending may choose to countersign and add an addendum to the resident note detailing his/her involvement.

f. Emergency room consultations. Emergency room consultations by residents may be supervised by a specialty attending physician or the emergency room attending physician. All emergency room consultations by residents should involve the attending physician supervising the resident's discipline specific specialty consultation activities for which the consultation was requested. After discussion of the case with the discipline-specific attending physician, the resident may receive direct supervision in the emergency room from the emergency room attending physician. In such cases where the emergency room attending physician is the principal provider of care for the patient's emergency room visit, the specialty-specific attending physician does not need to meet directly with the patient. However, the specialty-specific attending physician's supervision of the consultation should be documented in the medical record by co-signature of the consultation note or be reflected in the resident physician consultation note.

g. Assure all Do Not Resuscitate (DNR) orders are appropriate and assure the supportive documentation for DNR orders are in the patient's medical record. All DNR orders must be signed or countersigned by the attending physician.

2. Assignment and Availability of Attending Physicians.
    a. Within the scope of the training program, all residents, without exception, will function under the supervision of attending physicians. A responsible attending physician must be immediately available to the resident in person or by telephone and able to be present within a reasonable period of time (generally considered to be within 30 minutes of contact), if needed. Call schedules indicating the responsible attending physician(s) to be contacted is published on AMION.
    b. In order to ensure patient safety and quality patient care while providing the opportunity for maximizing the educational experience of the resident in the ambulatory setting, it is expected that an appropriately privileged attending physician will be available for immediate supervision during clinic hours.
3. Graduated Levels of Responsibility.
    a. Each training program will be structured to encourage and permit residents to assume increasing levels of responsibility commensurate with their individual progress in experience, skill, knowledge, and judgment.
    b. As part of their training program, residents should be given progressive responsibility for the care of the patient. The determination of a resident's ability to provide care to patients without a supervisor present or to act in a teaching capacity will be based on documented evaluation of the resident's clinical experience, judgment, knowledge, and technical skill. Ultimately, it is the decision of the attending physician as to which activities the resident will be allowed to perform within the context of the assigned levels of responsibility. The overriding consideration must be the safe and effective care of the patient that is the personal responsibility of the attending physician.
    c. The Residency Program Director will define the levels of responsibilities for each year of training by preparing a description of the types of clinical activities residents may perform and those for which residents may act in a teaching capacity. This is documented in the individual rotation curriculum documents. These guidelines include the knowledge, attitudes, and skills which will be evaluated and must be present for a resident to advance in the training program, assume increased responsibilities (such as the supervision of lower level trainees), and be promoted at the time of the annual review.
4. Supervision of Procedures.

a. Diagnostic or therapeutic procedures require a high level of expertise in their performance and interpretation. Although gaining experience in performing such procedures is an integral part of the education of the resident, such procedures may be performed only by residents with the required knowledge, skill, and judgment and under an appropriate level of supervision by attending physicians. Attending physicians will be responsible for authorizing the performance of such procedures, and such procedures should only be performed with the explicit approval of the attending physician. NOTE: Excluded from the requirements of this section are procedures that, although invasive by nature, are considered elements of routine and standard patient care. Examples are the placing of intravenous lines and routine radiologic and laboratory studies. All other procedures should be discussed with the attending prior to being performed except in life-threatening situations.
b. During the performance of such procedures, an attending physician will provide an appropriate level of supervision. Determination of this level of supervision is generally left to the discretion of the attending physician within the context of the previously described levels of responsibility assigned to the individual resident involved. This determination is a function of the experience and competence of the resident and of the complexity of the specific case.

5. Emergency Situation. An "emergency" is defined as a situation where immediate care is necessary to preserve the life of, or to prevent serious impairment of the health of a patient. In such situations, any resident, assisted by other clinical personnel as available, shall be permitted to do everything possible to save the life of a patient or to save a patient from serious harm. The appropriate attending physician will be contacted and apprised of the situation as soon as possible. The resident will document the nature of that discussion in the patient's record.