

RESIDENT SUPERVISION

Originator: Chief Medical Officer

Approved By: Mark T. Steele, M.D., Chief Medical Officer/Chief Operating Officer

Policy: Those enrolled in graduate medical education training programs who are providing patient care at Truman Medical Centers (TMC) will be subject to Supervision in their care of patients commensurate with their training needs and their level of training and competency. All patient care and Resident Supervision is the ultimate responsibility of the Licensed Independent Practitioners (LIP) who are members of the Medical Staff and attending the patient. The aims of Resident Supervision are to promote professional development and ensure patient safety. The desired features of Supervision are normative (highlighting standards of care), formative (providing feedback for improvement), and supportive (providing reflection and assistance).

This policy provides direction to Residents and Providers who are participating in training programs at TMC regarding the level of Supervision required to assure appropriate patient care while providing the Resident with progressive levels of responsibility in the patient care process.

Scope: Corporate Facility Department

Hospital Hill	Lakewood	Long Term Care	University Health Surgery Center
X	X	X	X

Procedure:

I. Provider Responsibilities:

- A. In all settings, patient care is the ultimate responsibility of the Attending and any Consultants, and care rendered by a Resident shall be rendered under Provider Supervision.
- B. Providers directly responsible for the supervision of patient care services provided by Residents should be available to participate in that care as if Residents were not involved and must be available to participate in a patient's care when requested by a Resident.
- C. Attendings remain ultimately responsible to: examine and interview; admit or discharge their patients; write orders, progress notes, and discharge summaries; and obtain or provide consultations where appropriate.
- D. The Provider should review entries made by the Residents in the medical record, ensure entries accurately reflect the patient and care situation, and make any necessary corrections and/or addenda in the entries in accordance with medical record policies.
- E. Providers functioning in their supervisory capacity may entrust portions of patient care to Residents, based on the need of the patient and the competency of the Resident, provided that the care provided by the Resident is still supervised.

II. Resident Responsibilities:

- A. When Residents are involved in the care of a patient, it is the Residents' responsibility to communicate with and escalate to their Providers regarding the findings of their evaluation, physical examination, interpretation of diagnostic tests, and intended interventions on a continual basis.
- B. Residents shall notify the appropriate Provider upon patient admission, if there is any significant change in a patient's condition and prior to initiating significant changes in a patient's treatment including patient discharge. Should Residents be unable to reach their supervising physician or covering Provider, they will contact their Program Director, Department Chair, or the Chief Medical Officer/Associate Chief Medical Officer and/or follow the [Chain of Command – Escalating Patient Care Concerns](#) policy. Failure to do so may result in a report to the Program Director and appropriate Department Chair for formal review.
- C. Residents may perform history and physical examinations under the Supervision of the Attending. It is the responsibility of Residents to discuss their findings with the Attending upon completion of their examination. Admitting history and physical examinations shall be attested by the Attending.
- D. Residents may act as Consultants under the Indirect Supervision of a Consultant as outlined in the [Consultations](#) policy.
- E. Admissions from the Emergency Department must be seen by the Resident, discussed with the Attending and have orders for admission written within 90 minutes of initiation of the request for admission.
- F. Residents may evaluate hospitalized patients and write daily progress notes under the Supervision of the Attending. It is the responsibility of both the Resident and the Attending to discuss their findings and document treatment plans on a daily basis, or more often when a patient's condition changes, or prior to initiating significant changes in a patient's treatment.
- G. Residents may write daily orders for patients. These orders will be implemented without the co-signature of a Provider. When pursuant to Section IV of this policy a Resident is determined to have the competency to do so, the Resident may control the ordering, preparation, and administration of medications without Direct Supervision. It is the responsibility of Residents to discuss their treatment plans with the Provider.
- H. All outpatients seen by Residents will be conducted under the Supervision of a Provider member who will have responsibility for the care of the patient and who will see the patient personally if requested by the patient or the Resident.
- I. Unless the Resident has achieved independent proficiency as provided for in this policy, procedures performed by a Resident will be under Direct Supervision
- J. Residents will be under Direct Supervision as follows, except in emergency situations:
 - 1. In Labor and Delivery, during the actual delivery.
 - 2. In the Operating Room Suite, including the C-section Suite, for the time out and during the critical or key portions of the case.
 - 3. In the GI Lab, for the time out and during the critical or key portions of the case.

4. In the Cath Lab, for the time out and from the time of initiation of sedation through completion of the critical or key portions of the case, including sedation recovery period as outlined in the [Moderate Sedation Analgesia with Addendum for Deep Sedation](#) policy.
- III. Non-physician LIPs acting within their scope of practice and privileges may provide Resident Supervision for practice and/or procedures as allowed by the ACGME and program-specific Residency Review Committee guidelines.
 - IV. Each residency program director will develop a list of procedures their Residents may perform without Direct Supervision. When the program has documented a Resident's competency in any of these procedures, the Resident may perform these procedures without Direct Supervision but with the permission of the Provider. Senior Residents with documented competency in the procedure may supervise other Residents in the performance of such procedures. The procedure list will be developed with input from members of the appropriate department or service and will be submitted to the Office of Graduate Medical Education. Each residency program director will review the list on an annual basis and assure review of competency for the individual Resident prior to submission of the information to the TMC Office of Graduate Medical Education.
 - V. Program-specific written descriptions of Resident roles, responsibilities, and patient care activities shall be distributed by program directors to their program Providers who supervise Residents. These descriptions shall include identification of the mechanisms by which the Resident's supervisors and program director make decisions about each Resident's progressive involvement and independence in specific patient care activities.
 - VI. The UMKC Graduate Medical Education Council chair will report to the Medical Executive Committee and Joint Conference and Quality Committee annually concerning Resident performance, safety and quality of patient care, treatment, and services provided by, and the related educational and supervisory needs of the Residents.

Definitions:

Attending: The LIP who is directly responsible for a patient's care and responsible to insure appropriate levels of Resident Supervision.

Consultant: An LIP who is requested to provide care to a patient in his or her specialized area of training.

Licensed Independent Practitioner (LIP): Any practitioner permitted by law and by the organization to provide care and services, without direction or Supervision, within the scope of the individual's license and consistent with individually granted clinical privileges.

Provider: An Attending or Consultant.

Resident: An individual at any level of training in a graduate medical education program approved by the Accreditation Council for Graduate Medical Education (ACGME), the UMKC Graduate Medical Education Council or sponsored by TMC. Participants in subspecialty training programs, commonly referred to as Fellows, are specifically included.

Supervision: The amount of Supervision required for each Resident shall vary according to the critical nature of each patient and be commensurate with the level of training, education, experience, and demonstrated skill of a Resident that is involved with the patient's care. Supervision may be provided by a senior Resident when provided for in this policy. Supervision may be exercised through a variety of methods:

1. Direct Supervision: The supervising Provider is physically present with the Resident and patient.
2. Indirect Supervision:
 - a. Supervision with Direct Supervision immediately available – the supervising Provider is physically within the hospital or other site of patient care and is immediately available to provide Direct Supervision.
 - b. Supervision with Direct Supervision available – the supervising Provider 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.
3. Oversight: The supervising Provider is available to provide review of procedures/encounters with feedback provided after care is delivered.