SPOKANE TEACHING HEALTH CENTER

Empire Health Foundation - Providence Health Care - Washington State University

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Graduate Medical Education Committee

SUPERVISION OF A RESIDENT
Approved August, 2016

The residency/fellowship programs that are sponsored by Spokane Teaching Health Center are:

1. Family Medicine Residency Spokane
2. Family Medicine Rural Training Track Residency
3. Internal Medicine Residency Spokane
4. Transitional Year Residency Spokane
5. Sports Medicine Fellowship Spokane

In general, and depending on the composition of the physician care team, the lines of supervision for that physician care team are in the following ascending order:

1. Medical Student
2. Junior Resident or Intern (R1)
3. Senior Resident (R2 - RS)
4. Attending Staff Physician

The attending staff physician assumes the ultimate patient care responsibilities. Accordingly, when the attending staff physician accepts a resident on the service, the attending staff physician becomes responsible for the supervision of the resident's patient care. Any deviation of professional standards must be reported to the resident's program director. The program director, in cooperation with the attending, will then determine a course of action to correct the problem.

The attending physician is responsible to review the clinical records of all patients on his or her service, checking the work up and progress notes of the resident. The program director has the ultimate responsibility to certify that the resident meets the standards set by the ACGME with regards to these basics.

The attending physician is also responsible to monitor the ability to structure a differential diagnosis and diagnostic plan. The attending staff physician will review therapeutic options with the resident and approve all medications and therapies prescribed by the resident. Do not resuscitate orders or their equivalents require the attending physician's signature to be complete. The individual program director will provide the resident with any remedial help in regard to any problems in these areas.

The attending physician agrees to provide each resident with a comprehensive, written evaluation at the end of each rotation. This may include a terminal interview, but this is at the discretion of the attending. The program director is required to meet with the resident at least

twice yearly, to discuss these evaluations. The program director is responsible to address any perceived deficit.

The individual program directors take responsibility to supervise the scheduling of the residents and providing each of them a satisfactory educational program. They also must schedule the resident in a manner that provides adequate educational benefits, but recognizes the need for personal time for study and relaxation away from the hospital.

The attending physicians are responsible for notifying the individual program directors of any behavioral issues that deviate from professional standards. The program directors then have the responsibility to counsel the resident and seek outside help if deemed necessary.

Not all patients in the participating hospitals are covered by the preceptor type of teaching. If the resident staff is called to see a patient on an emergency basis, their care comes under the direct supervision of the staff physician who is responsible for the patient. Staff physicians should approve the resident's involvement and assume total patient care responsibilities as soon as possible after the patient is stabilized. These occurrences should be brought to the attention of the senior or chief resident staff immediately or as discussed, as soon as possible during the resident's report.

Senior resident staff on Medicine, Obstetrics and Pediatrics rotations are responsible for monitoring and instructing first year residents while on their service. They will be requested to evaluate the residents to the staff physician. Any concerns on their part should be voiced directly to the resident's program director.

The attending staff physician also has the responsibility to sign off the chart at discharge, approving the discharge and follow-up plan for the patient as written by the resident. The resident should follow the recommended format for this summary and modify it at the request of the attending. Each program has the responsibility to orient the residents to the recommended principles of an effective Discharge Summary.

The attending physician is responsible to report the resident when the resident is delinquent from the service. Any tardiness or absenteeism without appropriate explanation should be referred to the individual program director. If there is any question about the resident's absence, the attending should contact the program office. It is also the attending's responsibility to report a resident's non-availability to the individual's program. It is then the program's responsibility to correct this problem.

The attending physician is responsible to assist the resident in developing an approach to ordering tests that incorporates the concern for cost containment. Program directors will provide cost data yearly to the residents. The attending should correct any inappropriate ordering of tests and approve all scans, special procedures, or out-of-town lab tests.

Attending staff physicians agree to participate in those program situations requiring staff input, such as certain counseling situations, grievance proceedings, on-site surveys, and yearly program review activities.

Attending staff physicians agree to supervise the resident during procedures on their patients. All procedures are to be staffed by a physician holding participating hospital staff privileges for the procedure. This responsibility may be delegated to senior residents, fellows or other attending staff **MDs.** Concern for sterile technique, lack of experience, poor anatomical knowledge, or poor dexterity, etc. should be voiced to the individual program director for correction.

Family Medicine Residency

Supervision Policy

Purpose

The purpose of this policy is to establish standards for independent health care practitioners engaged in the supervision and teaching of family medicine residents and to establish guidelines for resident responsibilities.

Scope

This policy applies to all independent health care practitioners engaged in the supervision and teaching of residents enrolled in the family medicine post-graduate medical education program at Providence Sacred Heart Medical Center. This policy, unless otherwise stated, is applicable to resident supervision at all training sites.

Role Definitions

Resident: refers to an unlicensed or licensed intern or resident enrolled in a University of Washington post-graduate program, which is accredited by the Accreditation Council for Graduate Medical Education (ACGM E). The resident must be aware of his/her level of training, his/her specific clinical experience, judgment, knowledge, and technical skill, and any associated limitations. The resident must not independently perform procedures or treatments, or management plans that he/she is unauthorized to perform or lacks the skill and training to perform. The resident is responsible for communicating to the attending physician any significant issues regarding patient care.

Attending Physician: refers to a credentialed and privileged attending physician who is responsible for enhancing the knowledge of the resident and to ensure the quality of care delivered to each patient by the resident. They also are ensuring that patient care is delivered in an appropriate, timely, and effective manner. This category includes attending physicians who have faculty appointments with the University of Washington and Pacific Northwest University of Health Sciences.

Program Director : refers to a member of the faculty responsible for overseeing the program and its compliance with ACGME or equivalent institutional and program requirements.

Supervision Definitions:

PFMRS ensures the appropriate level of supervision is in place for all patients cared for by all residents. These levels of supervision include:

1. Direct Supervision -- the supervising physician is physically present with the resident and patient
2. Indirect Supervision

a. 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.
b. 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

3. Oversight - the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered

Resident Responsibilities

The responsibilities for each resident are based on PGY-level, patient safety, resident education, severity and complexity of patient illness/condition and available support services. The general roles of each resident regarding specific patient care responsibilities are clarified below:

PGY1: First year residents are primarily responsible for the care of patients under the guidance and supervision of the attending physician and senior residents who should be the point of first contact when questions or concerns arise about patient care. PGY1 residents are initially directly supervised and when merited will progress to being indirectly supervised with direct supervision immediately available by an attending or senior resident when appropriate. During the PGY1 orientation, they are directly supervised in the clinic for 5 patient encounters with direct written feedback. They also have direct supervision on one patient admission-discharge, also with direct written feedback.

PGY2: Second year residents may provide direct patient care, supervisory care or consultative services, with progressive graded responsibilities as merited. They must provide all services ultimately under the supervision of an attending physician. The supervision of PGYl residents and medical students is allowed; however, the attending physician is ultimately responsible for the care of the pat ient.

PGY3: Senior residents may be directly or indirectly supervised. They may provide direct patient care, supervisory care or consultative services, with progressive graded responsibilities as merited. They must provide all services ultimately under the supervision of an attending physician. Senior residents should serve in a supervisory role of medical students, PGY1 and 2 residents in recognition of their progress towards independence, as appropriate to the needs of each patient and the skills of the senior resident; however, the attending physician is ultimately responsible for the care of the patient.

Attending Physician Responsibilities

In each care setting every patient must have an identifiable, appropriately-credentialed and privileged attending physician who is ultimately responsible for that patient's care. The attending physician is responsible for assuring the quality of care provided and for addressing any problems that occur in the care of patients and thus must be available to provide direct or indirect supervision when appropriate for optimal care of the patient. The availability of the attending to the resident is expected to be greater with the less experienced residents and with increase d acuity of the patient's illness. The attending must notify all residents on his or her team of when he or she should be called regarding a patient's status. In addition to these situations, the attending should include in his or her notification to residents all situations that require attending notification.

The attending may specifically delegate portions of care to residents based on the needs of the patient and the skills of the residents and in accordance with hospital and/or clinic policies. The attending may also delegate partial responsibility for supervision of junior residents to senior residents assigned to the service, but the attending must assure the competence of the senior resident before supervisory responsibility is delegated. Over time, the senior resident is expected to assume an increasingly larger role in patient care decision making. The attending remains responsible for assuring that appropriate supervision is occurring and is ultimately responsible for the patient's care. Resident's and attending should inform patients of their respective roles in each patient's care.
The attending and supervisory resident are expected to monitor the competency of junior residents and medical students through direct and indirect observation, and review of the medical records of patients under their care.

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

General Guidelines

1. The Program Director, with the assistance of faculty and attending physicians, assure that residents are appropriately supervised. Residents are permitted to take on progressively greater responsibility throughout the course of a residency, consistent with individual growth in clinical experience, judgment, knowledge and technical skill. Residents are supervised by attending physician so that the residents assume progressively increasing responsibility according to their level of education, ability, and experience.

2. Resident supervision will be monitored and ultimately enforced by Providence Family Medicine Residency Spokane and Rural Training Track through attending, peer, staff and patient reviews; resident documentation, and if necessary the resident disciplinary process.

Non-compliance

Non-compliance with supervision responsibilities or performance problems are generally discovered and addressed in one of several ways:

1. Isolated problems with specific individuals may be addressed by the attending physician or resident noting the problem. The problem and corrective actions are documented by the attending or resident noting the problem and are submitted to the program director.
2. Each resident has a faculty advisor who meets with his/her advisee a minimum of three times a year to review evaluations and provide career counseling. The mentor may be invoked to provide counseling to his/her mentee if supervisional issues are apparent
3. The program director and faculty reviews all resident evaluations. Any identified problems are discussed and remediation plans are implemented.
4. Annual and summary evaluations are completed on each resident in accordance with PFMRS and PFMRS-RTT requirements.

Promotion

In order to be promoted to senior resident status by the end of the PGYI year, the resident must have demonstrated the ability to independently make appropriate management decisions. Written evaluations must reflect satisfactory performance in patient care and in professionalism.

Models of Supervision

It is recommended that attendings adhere to the **SUPERB** model when providing supervision. They should:

1. **Set** Expectations-set expectations on when they should be notified about changes in patient ' s status
2. Uncertainty is a time to contact-tell residents to call when they are uncertain of a diagnosis, procedure or plan of care
3. Planned Communication-set a planned time for communication (i.e. each evening, on call nights)
4. Easily available-make explicit your contact information and availability for any questions or concerns
5. Reassure residents to not be afraid to call-tell theresident to call with questions or uncertainty
6. Balance supervision and autonomy

It is recommended that residents seek supervisor (attending or senior resident) input using the **SAFETY** acronym:

1. **Seek** attending input early
2. **Active** clinical decisions-call the supervising resident or attending when you have a patient whose clinical status is changing and a new plan of care should be discussed. Be prepared to present the situation, the background, your assessment and your recommendation
3. Feel uncertain about clinical decisions-seek input from the supervising physician when you are uncertain about your clinical decisions. Be prepared to present the situation, the background, your assessment and your recommendation
4. End-of-life care or family/legal discussions-always call your attending when a patient may die or there is concern for a medical error or legal issue.
5. Transition of care-always call the attending when the patient becomes acutely ill and you are considering transfer to the intensive care unit (or have transferred the patient to the ICU if patient safety does not allow the call to happen prior to the ICU becoming involved)
6. Help with the system/hierarchy-call your supervisor if you are not able to advance the care of a patient because of system problems or unresponsiveness of consultants or other providers

Revised 9/7/2016 dkb

REVIEWED AND APPROVED: 8/23/16 BY Graduate Medical Education Committee

Resident Supervision Policy - Internal Medicine Residency Spokane

All residents providing patient care as required for completion of the Internal Medicine Residency Spokane Program work under the direction of a board certified physician who is responsible for supervision of the residents' patient care activities. When first year residents are assigned to clinical rotations that also have senior level internal medicine residents, the senior resident is responsible for overseeing the intern's history and physical examinations, diagnostic and therapeutic plans and all orders written by the intern. Second and/or third year internal medicine residents or other appropriate supervisory physicians are available at all times on site to supervise first-year residents.

The intern and senior residents' patient care is supervised both directly and indirectly by a board certified attending physician assigned to the clinical rotation. The attending physician rounds with the residents daily and provides direct oversight and input regarding diagnostic and management decisions on the residents' patients. Following rounds, direct supervision is immediately available for further resident management decisions and discussions about patient care. Finally an attending physician is immediately available to the intern and/or resident via phone to provide supervision.

All new admissions/ consults and transfers from the ICU to the floor must be discussed with the supervising faculty member. In addition, transfer from the floor to the ICU or other substantive changes in patient status or plans of care must be communicated in a timely fashion to the supervising attending.

Supervision for Invasive Procedures

The following procedures require the immediate presence of a credentialed health care provider who has privileges to perform the specific procedure. The resident may participate in the consent process but the attending staff member must perform the consent.

- Bone marrow aspiration and/or biopsy
- Chest tube placement
- Exercise Treadmill Test
- Liver or Renal Biopsy
- Pulmonary Artery Catheterization (Swan Ganz Catheter)

The fo llowing procedures can be performed by an RI resident in the presence of a senior resident (R2 or R3) approved to supervise the procedure OR an attending physician. When the RI resident has performed the procedure a sufficient number of times (in parentheses), the RI is then promoted to perform the procedure independently AND act as a supervisor. Informed consent must be obtained by the resident for procedures they perform independently or with the supervising resident or attending.

- Arterial line placement-radial (3)
- Arthrocentesis (3)
- Central venous line placement (5)
- Elective (non-emergent) endotracheal intubation (20)
- Lumbar puncture (3)
- Paracentesis (3)
- Skin/Punch biopsy (2)
- Thoracentesis (5)

The following procedures may be performed by an R1 without direct supervision:

- Arterial puncture for blood gas analysis
- Foley catheter placement
- Incision and drainage, simple
- Nasogastric tube placement
- Peripheral IV placement
- Suturing of simple, non-cosmetic lacerations that do not involve the face
- Venipuncture

Clinic Supervision

Clinic will have one or more supervising board certified teaching physicians. We will always maintain at least 1:4 ratio of faculty to residents. All patients **new to the practice must be seen by the supervising teaching physician** at the end of the complete H&P. Patients being seen in follow-up from a hospital admission are considered established patients; however the faculty should be given the opportunity to see these patients.

All patients must be discussed with the supervising teaching physician. During the first 6 months of each academic year all Medicare patients whether new or established seen by an R1 **must** also be seen by the supervising physician. Arthrocentesis on clinic patients requires the same supervision noted above. For billing purposes, a faculty physician must be present for any and all procedures done on Medicare patients [this may apply to other insurances as well, so please check with the preceptor]. This includes routine Pap and/or pelvic exams, liquid nitrogen lesion destruction, joint injection, anoscopy etc. To ensure patient safety, before any invasive procedure is done, residents must review the Procedure Check List and patients must sign a consent form.

Supervising faculty are available to personally evaluate any patient.

Patients in our HIV clinic are seen in a joint visit with our HIV specialist. With experience residents are able to assume more management responsibility but always with support present. These patients are also precepted with faculty.

STHC Transitional Year Intern Supervision Policy

Definitions

Supervision:

To ensure oversight of resident supervision and graded authority and responsibility, the following levels of supervision are recognized:

1. Direct Supervision - the supervisor (attending, licensed independent practitioner, or senior resident with documented supervisory capability) is physically present with the resident and patient.
2. Indirect Supervision
    a. With direct supervision immediately available - the supervisor is physically within the hospital or other site of patient care and is immediately available to provide Direct Supervision
    b. With direct supervision available - the supervisor is not physically present within the hospital or other site of patient care, but is immediately available by means of telephone and/or electronic modalities and is available to come to the site of care in order to provide Direct Supervision
3. Oversight - the supervising physician is available to provide review of patient care with feedback provided after care is delivered.

Supervision of Transitional Year Interns

Transitional Year Interns will be 100% supervised (either directly or indirectly) by senior residents and/or attending physicians. In general, elective, pediatric surgery, general surgery, in patient pediatric, ER, and ambulatory rotations are overseen by "direct supervision" or "indirect supervision with direct supervision immediately available" by attending staff.

Housestaff, ICU, and night float, the senior resident is responsible for overseeing the intern's history and physical examinations, diagnostic and therapeutic plans and all orders written by the intern. The intern and senior residents patient care is supervised by a board certified attending physician assigned to the clinical rotation. The attending physician rounds with the residents daily and provides oversight and input regarding diagnostic and management decisions on the residents' patients. Resident management decisions are reviewed by the attending physician and discussed with the residents. An attending physician is available either in person or by phone to the intern 24 hours a day, seven days a week.

The Transitional Year Program complies with all ACGME Supervision Guidelines.

Supervision for Invasive Procedures

The following procedures can be performed by a TY intern in the presence of a senior resident (R2 or R3) approved to supervise the procedure OR an attending physician.

- Arterial line placement (radial)
- Arthrocentesis
- Central venous line placement
- Endotracheal intubation
- Lumbar puncture
- Paracentesis
- Skin/punch biopsy
- Thoracentesis

The following procedures may be performed by a TY intern without direct supervision:

- Arterial puncture for blood gas analysis
- Foley catheter placement
- Incision and drainage, simple
- Nasogastric tube placement
- Peripheral IV placement
- Suturing of simple, non-cosmetic lacerations that do not involve the face
- Venipuncture

The Program Director, with the assistance of faculty and attending physicians, assure that residents are appropriately supervised. Residents are permitted to take on progressively greater responsibility consistent with individual growth in clinical experience, judgment, knowledge, and technical skill.

Revised and approved by GMEC August 2016