

OU MEDICAL CENTER
Hospital Policy and Procedure Manual

Subject: Resident Supervision in Graduate Medical Education

Section: 19-10

Page: 1 of 3

Origination Date: 1/2006

Revision Date:

Coverage: Resident Graduate Medical Education

Policy: To provide guidelines for resident supervision. Medical staff physicians supervising residents in graduate medical education programs have the simultaneous purposes of enhancing the professional functioning of the resident while monitoring the quality of patient care delivered. Supervision is exercised through observation, consultation, directing the learning of the resident, and via role modeling. Documentation of supervision is the written or computer-generated medical record evidence of a patient encounter that reflects the level of supervision provided by a supervising medical staff physician.

General Principles

1. OUMC will follow Accreditation Council for Graduate Medical Education (ACGME) institutional requirements and maintain accreditation by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).
2. Supervising medical staff physicians will adhere to the ACGME requirements pertaining to the level of supervision for residents in a training program.
3. To ensure patient safety and quality patient care while providing the opportunity to maximize the resident educational experience, supervising medical staff physicians will be available to the resident in person or by telephone 24 hours a day during clinical duty.
4. Residency program directors will ensure that residents know which supervising medical staff physician is on call and how to reach this individual.
5. Medical staff physicians will be responsible for determining when a resident is unable to function at the level required to provide safe, high quality care to assigned patients. They will have the authority to adjust duty hours downward to ensure that residents that are overly fatigued do not place patients at risk.
6. There will be regular communication between the OUMC medical staff and the OU College of Medicine Graduate Medical Education Committee to ensure joint and effective oversight of resident supervision. Supervising medical staff physicians will demonstrate compliance with any residency review committee citations related to this supervisory function.
7. Supervising medical staff physicians will demonstrate compliance with any residency review committee citations related to this supervisory function.
8. House Officers only performs privileges and procedures for which his/her Supervising Physician has been appropriately credentialed.

Levels of Supervision and Responsibility

1. Supervising Medical Staff Physician

Supervising practitioners are responsible for, and must be personally involved in, the care provided to individual patients in inpatient settings as well as outpatient settings where

applicable. When a resident is involved in the care of the patient, the responsible supervising physician must maintain personal involvement. The supervising physician oversees the care of the patient and provides the appropriate intensity of resident 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. All services must be rendered under the oversight of the responsible supervising physician or be personally furnished by the supervising physician.

2. Residents

Individual residents 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 supervising medical staff physician and such communication must be documented in the medical record. Failure to function within graduated levels of responsibility, communicate significant patient care issues to the supervising physician, or appropriately document the level of supervising physician oversight may result in the removal of the resident from patient care activities.

Graduated Levels of Responsibility

As they advance in their training program, residents should be given progressive responsibility for care of patients. The determination of a resident's ability to provide care to patients without a supervising physician present, or to act in a teaching capacity is based on the resident's clinical experience, judgment, knowledge, and technical skill. It is the decision of the supervising physician as to which activities the resident will be allowed to perform within the context of the assigned levels of responsibility.

1. The Residency Program Director defines the levels of responsibilities for each year of residency training by preparing a description of the types of clinical activities residents may perform. Graduated levels of responsibility will be in accordance with ACGME and JCAHO guidelines and this documentation will be made available to the OU MEDICAL CENTER Medical Staff Office.
2. Annually, at the time of promotion, or more frequently as appropriate, a list of residents assigned to each year or level of training, will be provided to the OU MEDICAL CENTER Medical Staff Office.
3. The level of supervision provided by supervising physicians to residents at various levels of training should be consistent with the requirement for progressively increasing resident responsibility during a residency program.

Documentation of Supervision of Residents

1. The medical record must clearly demonstrate the involvement of the supervising medical staff physician in resident patient care. Documentation of supervision must be entered into the medical record by the supervising physician or reflected within the resident progress note or other appropriate entries in the medical record (e.g., procedure reports, pathology reports, imaging reports, consultations, discharge summaries).
2. Examples of this documentation of supervision include the following:
 - a. Progress note or other entry into the medical record by the supervising physician.
 - b. Addendum to the resident progress note by the supervising physician.

- c. Countersignature of the resident progress note or other medical record entry by the supervising physician. The supervising physician's countersignature signifies that the supervising practitioner has reviewed the resident note, and absent an addendum to the contrary, concurs with the content of the resident note or entry.
- d. Resident progress note or other medical record entry documenting the name of the supervising physician with whom the case was discussed, a summary of the discussion, and a statement of the supervising physician's oversight responsibility with respect to the assessment or diagnosis and/or the plan for evaluation and/or treatment.

Note that all entries must be timed and dated.

3. Resident Supervision Surveillance

Resident supervision is an integral part of patient care. Documentation of that supervision is necessary to insure that it has occurred. The attending physician is ultimately responsible for all patients both medically and legally. This surveillance has nothing to do with teaching. It only addresses patient care. Anyone reviewing the chart for whatever reason should be able to get the sense that the attending physician is involved and aware of all aspects of the patient's care.

Patients in an **inpatient** setting must have documentation in the daily progress notes of adequate level of attending involvement. Adequate is defined as an indication in the progress notes of awareness by the attending of the patient's plan of treatment and course and that this has been communicated to the patient. It is understood that some patients will have a longer hospital course, and may not require **daily** documentation so long as adequate supervision is maintained. **Outpatient** records should at a minimum indicate the supervising attending.

Peer Review: Documentation of resident supervision will be monitored during the course of peer review. All cases reviewed by the peer review process including all screening will now be graded for quality of patient care, quality of documentation, and adequacy of resident supervision. Any case reviewed in which it appears there is inadequate resident supervision will be forwarded to the peer review committee. If over time it appears that there is lack of adequate supervision by a medical staff member, a letter will be sent to the departmental chair.

Supersedes:

Approved Policy and Procedure Committee: 2/9/2006
Approved Senior Operations: 2/20/2006
Approved Medical Executive Committee: 1/10/2006
Approved Board of Trustees: 1/23/2006