

Supervision of Palmetto Health Resident Physicians

Effective: July 1, 2018
Reviewed by GMEC: April 10, 2018
Initial Approval by GMEC: February 5, 2002

Statement

In accordance with accreditation, regulatory, and other requirements, all residents will be actively supervised by independently-licensed attending physicians and/or senior level residents, as appropriate.

Associated Policy (ies)

Lewis Blackman

Responsible Positions (Title) Residents & Fellows Program Director
Program Coordinator GME Office

Equipment Needed

None

Procedure Steps, Guidelines, Rules, or Reference

- 1.1 Within the scope of the residency training program, all residents will function under the supervision of appropriately-credentialed attending physicians. Every residency program must ensure that adequate supervision is provided for residents at all times. In order to provide high quality and safe patient care, the responsible attending must be immediately available to the resident/fellow in person or by telephone and able to be present within a reasonable period of time, if needed. Each program will publish and make available in a prominent location, call schedules indicating the responsible attending(s) to be contacted.
- 1.2 Each residency program will be structured to encourage and permit residents to assume increasing levels of responsibility commensurate with their individual progress in the six general competencies, including experience, skill, knowledge, and judgment. Program Directors will review each resident/fellow's performance and supervise progression from one year of training to the next based on Accreditation Council for Graduate Medical Education guidelines and program curriculum. As the residents advance, they may be given increasing responsibilities to conduct clinical activities with limited supervision, to act as teaching assistants for less experienced residents, and/or to supervise less experienced residents, as appropriate.
- 1.3 Resident/fellow job descriptions (by year of training) and competency checklists are available on the intranet to accurately reflect the resident/fellow's progression. Competency checklists are updated by the training programs at least annually. (PGY 1 resident competencies are updated at least twice per year). These competencies reflect the patient care services that may be performed by the resident/fellow and the level of supervision required.
- 1.4 Throughout all clinic hours, there will be an attending physician present and immediately available to the resident/fellow.

Roles And Responsibilities:

- 1.1. The **Graduate Medical Education Committee (GMEC)** is responsible for establishing and monitoring policies and procedures with respect to the institution's residency programs.

- 1.2. Each **Program Director** is responsible for the quality of overall residency education and for ensuring the program is in compliance with the policies of the respective accrediting and certifying bodies. The Program Director defines the levels of responsibility for each year of training by preparing a description of types of clinical activities residents may perform and those for which residents may act in a teaching capacity. The Program Director monitors resident/fellow progress and ensures that problems, issues, and opportunities to improve education are addressed.
- 1.3 The **attending physician** is responsible for, and is personally involved in, the care provided to individual patients. When a resident/fellow is involved, the attending physician continues to maintain personal involvement in the care of the patient. 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/fellow being supervised. Attending physicians are responsible for determining when a resident physician is unable to function at the level required to provide safe, high quality care to assigned patients, and must have the authority to adjust assigned duty hours as necessary to ensure that patients are not placed at risk by resident physicians who are overly fatigued or otherwise impaired. Documentation of involvement includes at a minimum attending physician:
 1. Progress notes written at least daily on critically ill patients and those where there is difficulty in diagnosis or management of the clinical problem, and at least every two (2) days on all other patients;
 2. Countersignature on history and physical exams (to include current complaints, assessment of findings, and treatment plans);
 3. Countersignature on operative reports; and
 4. Countersignature on the discharge summaries.
- 1.4 **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. Failure to function within graduated levels of responsibility, respond appropriately to directions by the attending physician, or to communicate significant patient care issues to the responsible attending physician may result in remediation actions and the removal of the resident/fellow from patient care activities. Mechanisms are in place by which residents/fellows can report inadequate supervision in a protected manner that is free from reprisal.

Graduated Levels Of Responsibility:

- 1.1 As part of their training program, residents will be given progressive responsibility for the care of the patient. The determination of a resident/fellow's ability to provide care to patients without a supervisor being physically present, to act in a teaching capacity, and/or to supervise less experienced residents will be based on documented evaluation of the resident/fellow's level of achievement in the six general competency areas, including clinical experience, judgment, knowledge, and technical skill. Ultimately, it is the decision of the attending physician as to which activities the resident/fellow 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.
- 1.2 To ensure oversight of resident/fellow supervision and graded authority and responsibility,

programs must use the following classification of supervision, which must be based on documented evidence (e.g., evaluations by attending physicians and program directors, procedure logs, and other clinical practice information reflecting a resident/fellow's knowledge, skill, experience, and judgment):

- Direct Supervision – the supervising physician is physically present with the resident/fellow and patient (Level 1).
- Indirect Supervision 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 (Level 2).
- Indirect Supervision 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 (Level 3).
- Oversight – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered (Level 4).

- 1.3 The assignment of graduated levels of responsibility will be made available to other staff who have a need to know through the residency competency database on the Palmetto Health intranet. Updates are made at least annually.

Hospital Monitoring Of Supervision:

- 1.1 The DIO is responsible for ensuring that the institution fulfills all responsibilities identified within this section.
- 1.2 Along with the DIO, each Program Director is responsible for monitoring resident/fellow supervision, identifying problems, and devising plans of action for their remedy.
- 1.3 At a minimum, the monitoring process includes:
- a. A review of compliance with inpatient and outpatient documentation requirements, as part of medical record reviews;
 - b. A review of all incidents and risk events with complications to ensure that the appropriate level of supervision occurred;
 - c. A review of all accrediting and certifying bodies' concerns and follow-up actions;
 - d. A review of resident/fellow evaluations of their faculty and rotations;
 - e. An analysis of events where violations of graduated levels of responsibility may have occurred;
 - f. A review of all tort claims involving residents, to determine if there was an appropriate level of supervision.
- 1.4 Reviews pertaining to monitoring of resident/fellow supervision are communicated, at a minimum, on a yearly basis, to the MEC and Board of Palmetto Health.

Reference

ACGME Common Program Requirements VI.A.2

ACGME Institutional Requirements IV.I