UND Family Medicine Residency, Fargo
Resident Supervision Policy

The UND Family Medicine Residency, Fargo recognizes and supports the importance of graded and progressive responsibility in graduate medical education. This policy outlines the requirements to be followed when supervising residents. The goal is to promote assurance of safe patient care, and to allow for the resident's maximum development of the skills, knowledge, and attitudes needed to enter the unsupervised practice of medicine.

A. General
   1. **Definition of supervising physician**: A faculty physician or a senior resident. During rotations with other hospital residencies/departments, the attending physician on duty is the supervising physician.
   2. In the clinical learning environment, each patient must have an identifiable, appropriately-credentialed and privileged attending physician (or licensed independent practitioner as approved by each ACGME Review Committee) who is ultimately responsible for that patient's care.
      a. This information should be available to residents, faculty members, and patients.
      b. Residents and faculty members should inform patients of their respective roles in each patient's care.
   3. **Levels of Supervision:** To ensure oversight of resident supervision and graded authority and responsibility, the program uses the following classification of **supervision**:
      a. **Direct supervision**- the supervising physician is physically present with the resident and patient.
      b. **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.
      c. **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 present for direct supervision.
      d. **Oversight**- the supervising physician is available to provide review of procedures/encounters with feedback after care is delivered.

B. Family Medicine Residency Clinic Supervision
   1. Faculty availability
      a. Faculty supervision is mandated whenever a resident is involved in patient care.
      b. The minimum ratio of faculty to residents actively involved in patient care is 1:4.
      c. Supervising faculty physicians are free from responsibilities that might prevent immediate availability.
      d. Regardless of a resident's assigned degree of independence, the faculty physician may obtain further history of perform a focused physical examination, if either determines additional evaluation is necessary.

2. PGY-1 residents or upper-level residents who are transferring into the Program will have **direct supervision**. Evaluation will be based upon the six core competencies mapped to appropriate milestones. Evaluations will be reviewed by the Clinical Competency Committee to permit advancement to **indirect supervision with direct supervision immediately available** within an outpatient setting.
3. Advancement are as follows:

    - **Tier 1** - All precepted and seen in real time.
    - **Tier 2** - All precepted in real time. Preceptors will determine which patients need to be seen based on requirements and assessments at that time.
    - **Tier 3** - All patients precepted but not in real time. "Batching" of patients is allowed for efficiency. Only required patients are precepted in real time.
    - **Tier 4** - Only required patients or those determined to be medically unstable need to be precepted and seen in real time.

Required to be precepted and/or seen: Medicare, procedures, pre-op, post-op, hospital follow up, OB, medically unstable

4. Clinic procedures will have **direct supervision.**
5. Residents provide continuity of obstetrical care, including prenatal and postnatal care, at the Family Medicine Residency Clinic.
    a. All residents, regardless of level, require preceptor approval of all obstetrical visits.
    b. A resident is required to be present on the labor floor while the patient is in second stage of labor, unless complications have occurred prior. This may be the resident who is the primary physician or the family medicine resident on labor and delivery service. A patient of the Family Medicine Residency Clinic will be supervised by the family medicine faculty on call for labor and delivery. If it is deemed appropriate, the supervising physician may be the OB doctor on deck (available 24/7 in house).
    c. Successful completion of Advance Life Support in Obstetrics is recommended prior to a resident's first rotation on labor and delivery service or delivery of a continuity patient, whichever comes first.

C. Nursing Home Supervision

1. A nursing home patient assigned to a resident will have an identifiable attending physician ultimately responsible for the patient's care though the resident is expected to function as an important member of the patient's healthcare team.
2. All residents will have **indirect supervision with direct supervision available.** PGY1 residents will not see nursing home patients until the second half of their first year.
3. Resident will provide continuity of care as long as the patient remains in the nursing home. Any major change in patient's status is required to be discussed with the attending physician.

D. Hospital Supervision
   1. Family Medicine Teaching Service
      a. Each patient on the teaching service will have an identifiable attending physician ultimately responsible for the patient's care.
      b. PGY-1 resident will initially have **direct supervision** during procedures and **indirect supervision with direct supervision immediately available** while involved in patient care by a faculty physician or senior resident who has previously qualified to function in a supervisory role. Graded and progressive responsibility is encouraged and **indirect supervision with direct supervision immediately available** is permitted for PGY-1 residents after thorough review of performance and evaluations at CCC meetings. Advancement will be documented within the resident file.
      c. All residents are permitted **indirect supervision with direct supervision immediately available.**
      d. PGY-3 residents serve on the teaching service with responsibility for assisting in supervision of residents, medical students, educational opportunities and management of service.
      e. Residents at all levels of training and independence are required to directly communicate with the attending physician any major change in patient's clinical status, transfer of care to a higher level of service (ICU, etc) or initiating end-of-life orders.
   2. Supervision of Labor and Delivery
      a. All patients of the labor floor will have an easily identifiable attending physician, either a member of the OB/GYN department or a family physician with obstetrical privileges.
      b. **Direct supervision** by an attending physician for residents at <u>all levels of training</u> is required at the time of delivery, for the third stage of labor, for any repairs, as well as at the discretion of the attending physician depending on the resident's experience and/or complexity of care required to manage the labor.
      c. Circumstances requiring direct notification of the attending physician, include, but not limited to: pregnancy related complications (i.e. pre-eclampsia, HELLP syndrome); non-reassuring maternal or fetal status; prior to initiating augmentation for labor dystocia; and postpartum hemorrhage.
      d. Senior residents are permitted to function in a supervisory role by successful completion of prior obstetrical rotations during the first year of training. Please see above 2b.

3. Emergency Department
    a. Emergency medicine rotation will have **indirect supervision with direct supervision immediately available** by the physician preceptor.
4. Specialty Rotations
    a. Specialty rotations will have **indirect supervision with direct supervision immediately available** by the physician preceptor or physician group for the rotation.