

RESIDENT SUPERVISION POLICY

Revised July 1, 2011

A. Purpose

The purpose of this policy is to ensure that the program will provide sufficient support, mentorship, and guidance in the supervision of physicians-in-training to facilitate education and the provision of safe and excellent patient care, while providing sufficient autonomy for residents to develop into independent practitioners

B. Application

This policy applies to all residents in the UND internal medicine and transitional year residency programs. Residents who do not comply with the policy are subject to the disciplinary policies of the residency program.

C. Policy

1. Inpatient Services

- a. Each patient admitted to inpatient teaching services will have an identifiable, appropriately credentialed and privileged attending physician who is ultimately responsible for the patient's care. The attending physician is expected to personally see and evaluate each patient, to communicate with the responsible resident(s) about the plan of care, and to document the care provided at least daily.
- b. First-year residents (PGY-1) may provide care for patients hospitalized on inpatient services, including initial admission, ongoing hospital care, and discharge, under the supervision of a senior resident (PGY-2 or PGY-3) and/or an attending physician. The minimum level of supervision of first-year resident that is required is indirect supervision with direct supervision immediately available—the supervising physician must be physically within the hospital and immediately available to provide direct supervision.
- c. Senior residents (PGY-2 or PGY-3) may provide care for patients hospitalized on inpatient services, and may supervise the care provided by first-year residents, under the supervision of an attending physician. The minimum level of supervision of senior residents required is indirect supervision with direct supervision available—the attending physician is not required to be physically present within the hospital, but must be immediately available by means of telephonic and/or electronic modalities and available to provide direct supervision.
- d. When a senior resident is supervising a first-year resident, the senior resident is expected to see and evaluate each patient and to communicate with the first-year resident about the plan of care at least daily.
- e. Any patient scheduled for discharge should be discussed with the attending prior to discharge. Discussion should include the discharge diagnosis, patient's condition at discharge, discharge medications, and follow-up plan.
- f. Residents at all levels of training may perform procedures on their patients with direct supervision—the supervising physician is physically present with the resident and patient—by an attending physicians. The supervising attending physician must have privileges for the procedure being performed. Residents may perform minor procedures without direct supervision with agreement of the attending physician who is responsible for judging the resident's competence to perform such procedures without direct

- supervision. Minor procedures are those that are minimally invasive with a low risk of complications, such as drawing venous blood or insertion of a peripheral intravenous catheter, that are typically performed by non-physicians in the hospital.
- g. Residents at all levels of training may act in the best interests of patients in emergency situations, subject to subsequent review by the attending physician and the medical staff of the hospital.
 - h. Any resident may request the physical presence of an on-call attending physician at any time and is never to be refused. An on-call attending physician will be physically present in the hospital and immediately available for direct supervision at all times.
 - i. Any significant change in a patient's condition must be reported immediately (within 30 minutes maximum but as soon as possible) to the attending physician by the responsible resident. Situations that require immediate notification of the attending physician include:
 - admission of an unstable patient to the hospital
 - unexpected death
 - need to transfer a patient to an intensive care unit
 - need for endotracheal intubation or ventilator support
 - cardiac arrest or development of hemodynamic instability
 - development of significant neurological changes
 - development of any clinical problem that requires an urgent invasive procedure
 - development of any clinical problem that requires urgent consultation
 - development of any medical error or iatrogenic complication that results in patient harm or requires urgent intervention
 - unanticipated discharge, including a patient leaving against medical advice
 - significant changes in the goals of care, such as a decision to withdraw life support or limit care to comfort measures only
 - any situation when the resident does not feel comfortable or is unfamiliar with the diagnosis or treatment plan
 - signs of excessive stress, fatigue, or other impairment that appears to be impacting the performance of a team member
 - uncertainty about the presence of any of the above criteria

2. Internal Medicine Resident Continuity Clinic

- a. Each patient evaluated by a resident in the ambulatory setting or emergency department has a member of the medical staff as his/her attending physician who is ultimately responsible for the patient's care. The attending physician is expected to be physically present at the clinical site and readily available during the entire clinical encounter. The attending physician may not be responsible for the supervision of more than four residents, and no more than one resident with less than six months of training. The attending physician must not have responsibilities other than supervision of the residents while the clinic is in session if more than one resident is being supervised.
- b. First-year residents (PGY-1) will provide care for continuity clinic patients under the supervision of an attending physician. During the resident's first six months of training, the minimum level of supervision that is required is direct supervision for the critical or key portions of the services provided by the resident and indirect supervision with direct

supervision immediately available at all other times. This means that the supervising attending physician must be physically present in the room for the critical or key portions of the encounter.

- c. For first-year residents (PGY-1) who have completed six months training and for senior residents (PGY-2 or PGY-3) the minimum level of supervision that is required is indirect supervision with direct supervision immediately available. The attending is not required to see patients cared for by the resident provided that all of the following conditions are met (if any of the criteria are not met, the minimum level of supervision required is direct supervision for the critical or key portions of the encounter):
 - the resident has demonstrated the minimum level of competency expected at the completion of six months of training as judged by the attending physician
 - the encounter is relatively uncomplicated (new patients can be billed with an Evaluation and Management (E/M) code of 99203 or less; established patients can be billed with an E/M code of 99213 or less)
 - The attending must review the care provided by the resident during or immediately after each visit. This must include a review of the patient's medical history, the resident's findings on physical examination, the patient's diagnosis, and treatment plan (i.e., record of tests and therapies); ensure that the care provided is reasonable and necessary; and document the extent of his/her own participation in the review and direction of the services furnished to each patient.
 - The patient considers the center to be their primary location for health care services.
- d. Any resident may request the physical presence of the attending physician at any time and is never to be refused.

3. Other Ambulatory Sites and Emergency Department

- a. Each patient evaluated by a resident in the ambulatory setting or emergency department has an appropriately credentialed physician or licensed independent provider as his/her provider who is ultimately responsible for the patient's care. The supervising clinician is expected to be physically present at the clinical site and readily available during the entire clinical encounter.
- b. For all residents in the emergency department and at ambulatory sites other than the internal medicine continuity clinic, the minimum level of supervision that is required is direct supervision for the critical or key portions of the services provided by the resident and indirect supervision with direct supervision immediately available at all other times. This means that the supervising clinician must be physically present in the room for the critical or key portions of the encounter.