NEUROLOGY RESIDENCY PROGRAM
RESIDENT SUPERVISION POLICY
University of North Dakota School of Medicine & Health Sciences (UNDSMHS)
Academic Year: 2022-2023
Revised April 25, 2022

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 physicians.

B. Application

This policy applies to all residents and faculty members in the UND Neurology Residency program. Residents who do not comply with the policy are subject to the corrective action in accordance with the University of North Dakota policy on Discipline of Residents.

C. Levels of supervision

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

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.

D. Policy

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 review committee) who is ultimately responsible for that 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.

1. Progressive authority and responsibility:

    a. The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident will be assigned by the program director and faculty members.
    b. The program director will evaluate each resident's abilities based on specific criteria, guided by the Neurology milestones.
    c. Faculty members functioning as supervising physicians will delegate portions of care to residents, based on the needs of the patient and the skill of the residents.
    d. Senior residents will serve in a supervisory role of junior residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident.
    e. Patient management competencies for which indirect supervision is allowed (PGY-1):
        1. Evaluation and management of patients admitted to the hospital, including initial history and physical examination, and formulation and implementation of indicated diagnostic tests and treatment plan
        2. Transfer of patients between hospital units or hospitals
        3. Discharge of patients from the hospital
        4. Interpretation of laboratory results
        5. Interpretation of radiographs
        6. Consultation of appropriate inpatient services
    f. Procedural competencies for which indirect supervision is allowed (PGY-1):
        1. Performance of basic venous access procedures, including establishing intravenous access
        2. Placement and removal of nasogastric tubes and Foley catheters
        3. Arterial puncture for blood gases
    g. Patient management competencies for which direct supervision (PGY-1) is required until competency is demonstrated:
        1. Initial evaluation and management of patients in urgent or emergent situations, including urgent consultations, and emergency department consultations
        2. Evaluation and management of critically ill patients in the intensive care unit, including the conduct of monitoring, and orders for medications, testing, and other treatments
        3. Management of patients in cardiac or respiratory arrest
    h. PGY-1 and PGY-2 residents will be supervised with indirect or direct supervision immediately available for the care of patients for initial admission, ongoing hospital care and discharge under the supervision of a senior resident (PGY-3 to PGY-4) and/or attending.

i. PGY-2 thru PGY-4 residents will have direct or indirect supervision depending on their competency level for their year of training based on the Neurology milestones and the level of comfort of supervising attending physician.
j. In the outpatient setting all general and subspecialty rotations, the resident will be expected to perform the initial evaluation of as many patients as deemed appropriate for the level of training and competency.
k. In the outpatient setting the resident will be expected to develop a treatment plan and discuss it with the attending, who will be expected to see the patient and confirm or modify the residents plan through a discussion with the resident.
l. In the inpatient setting, the resident will be expected to initially evaluate the patient and develop a treatment plan. The attending physician will be expected to consult with the resident, discuss the resident's assessment and plan and confirm or modify the plan based on his own exam and imaging evaluations. The attending physician will be expected to see and examine each patient under his/her care.
m. The residents will be supervised in such a way that they assume progressively increasing responsibility, including that for teaching and supervising junior residents, according to their level of training:
    1. Individual residents will gradually assume greater responsibilities in the care of patients as the level of their knowledge, skills and abilities increase. These qualities will be continuously assessed by the attending physicians. Despite this progressive responsibility, the attending physician retains ultimate supervisory responsibility and maintains his/her direct involvement based upon the nature of the patient's condition, the likelihood of major change in the management plan, the complexity of care, and the capabilities and level of training of the resident involved.
    2. More advanced and experienced residents may perform procedures or conduct certain aspects of care with indirect supervision if the attending physician grants that permission after discussion of each patient.
    3. Though the residents will be given increasing responsibility of obtaining informed consent on patients it is the responsibility of attending physicians to assure that patients understand the procedure, its risks, benefits, and alternative methods of treatment.
n. When a senior resident (PGY-3 to PGY-4) is supervising a junior resident (PGY-1 or PGY-2) the senior resident is expected to see and evaluate each patient and to communicate with the junior resident about the plan of care at least daily.
o. Any patient scheduled for discharge should be discussed with the attending prior to discharge.

p. Residents may perform minor procedures without direct supervision, with agreement of the attending physician who is responsible for assessing the resident's competence to perform such procedures (e.g., drawing venous blood, peripheral IV catheter) that are typically performed by non-physicians in the hospital.
q. 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.

2. Must communicate circumstances

    a. Any resident may request the physical presence of an on-call attending at any time and will never be refused. An on-call attending physician will be physically present in the hospital and immediately available for direct supervision at all times.
    b. 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:
        1. Admission of an unstable patient to the hospital.
        2. Unanticipated discharge, including a patient leaving against medical advice.
        3. Unexpected death.
        4. Need to transfer a patient to an intensive care unit.
        5. Transfer of patient to another service of care.
        6. Development of clinical problem that requires urgent or emergent consultation.
        7. Urgent and emergent situations which includes compartment syndromes, infections and other conditions requiring urgent/emergent interventions.
        8. Uncertainty on the part of the resident as to the appropriate plan of care.

3. Neurology Resident Continuity Clinic

    a. Each patient evaluated by a resident in the ambulatory setting 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 clinical encounter. The attending physician may not be responsible for the supervision of more than four residents. 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. For (PGY-2, PGY-3, and PGY-4) residents the minimum level of supervision that is required is indirect supervision with direct supervision immediately available.

Any resident may request the physical presence of the attending physician at any time and is never to be refused.

c. The attending is not required to see patients cared for by the resident if 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):
    1. The resident has demonstrated the minimum level of competency expected as judged by the attending physician.
    2. The encounter is relatively uncomplicated.
    3. 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.

E. Faculty supervision assignments

Faculty supervision assignments should be a minimum of one month in duration to assure sufficient duration to assess the knowledge and skills of each resident and delegate to him/her the appropriate level of patient care authority and responsibility.