

**MARTIN LUTHER KING, JR.
OUTPATIENT CENTER
POLICY AND PROCEDURE**

DIVISION: Clinical	NUMBER: 2.327
SUBJECT: SUPERVISION OF RESIDENTS	
SECTION: Provision of Services	PAGE: 1 OF: 4
APPROVED BY: POLICY AND PROCEDURE COMMITTEE OPC MEDICAL EXECUTIVE COMMITTEE	EFFECTIVE DATE:
TO BE PERFORMED BY: SUPERVISING PHYSICIANS	APPROVAL DATE: 8/29/2018

PURPOSE:

This policy on supervision of Residents from is established to promote patient safety, enhance quality of patient care and improve post-graduate education consistent with the Accreditation Council for Graduate Medical Education requirements.

These requirements include, but are not limited to supervision of interns/residents: There must be sufficient institutional oversight to assure that Residents are appropriately supervised. Residents must be supervised by teaching staff in such a way that they assume progressively increasing responsibility according to their level of education, ability and experience. Designated schedules for teaching staff must be structured to ensure that supervision is readily available to all residents while on duty in clinic. The level of responsibility accorded to each resident must be determined by the responsible teaching staff.

Definitions:

Attending - A member of the organized medical staff with specific privileges to provide clinical care and perform invasive/operative procedures. The clinical division in conjunction with the Program Director designates the attending staff qualified to supervise residents in the care of patients...

Resident - All trainees enrolled in a residency-training program.

Disposition - Discharge of a patient from the ambulatory surgical center or from a unit therein.

Invasive Procedure - Any procedure requiring informed consent.

POLICY:

The supervising physician's responsibility to residents include but is not limited to the following:

- Conduct teaching sessions and provide supervision to ensure proper implementation of all recommendations made for optimal patient care.
- Provide regular supervision of patient care activities performed by the residents.
- Provide appropriate supervision for procedures performed and/or ordered written by residents to ensure the quality of medical care and proper utilization of resources.
- Supervise and ensure the quality of instruction residents provide for medical students.
- Supervise the residents in the timely completion of the medical records in accordance with established procedures and deadlines
- Provide instruction on culturally competent professional system-based patient care and supervise resident compliance with institutional policies.

PROCEDURE:**General Coverage**

1. The supervising lines of responsibility for care of patient must incorporate, at minimum, the following:
 - a. An attending physician shall be available to the Resident all the time during their duty hours
 - b. An attending physician shall be available to participate in direct patient care and teaching for all clinical activities
 - c. The attending physician shall remain engaged in the care provided to each patient including prompt review of all major diagnostic and therapeutic decisions and when clinical status changes significantly.
 - d. The attending physician will provide instructions to residents and supervise compliance with institutional policies on patient safety, well-being and the patient's right to quality care.
2. The Residency training program, shall establish policies on the supervision of interns and residents through explicit written descriptions of supervisory responsibilities for the care of patients. Such guidelines must be communicated to all members of the program's teaching staff and the interns and residents.
3. The attending physician remains fully accountable for supervision of all residents.
4. Although residents provide patient care, ultimate responsibility for patient care and supervision rests with the attending physician. The departmental policies and procedures shall define the attending staff responsibility for resident supervision to include the following:
 - a. The specific procedures, consultations or services that require direct attending physician supervision.
 - b. The specific procedures, consultations or services for which supervision by residents is acceptable.
 - c. The name of the responsible attending physician by service or function.
5. The duty hour requirements for residents must be adhered to and monitored by the Residency Training Program Director:

Invasive and Operative Procedures

1. An attending physician shall see and evaluate each patient prior to any invasive procedure and shall document this evaluation in the medical record (See Appendix A).
2. An attending physician is responsible to assure the execution of an appropriate informed consent for operative and invasive procedures with consent form and progress note documenting the discussion of risk and benefits of the procedure in the medical record.
3. An attending physician is responsible to assure appropriate supervision of residents during all operative or invasive procedures.
4. An attending physician shall be present with the patient for all operative or invasive procedures.
5. The attending physician present for the operative or invasive procedure must document in the medical record that he/she has evaluated the patient and authorized the procedure.
6. An attending physician must assure a short operative or procedure note is written immediately after the operations or procedure. Also the attending must assure that an operative note must be dictated within 24 hours of the procedure and shall sign the record of operation in all situations for which direct attending physician

supervision is required.

Diagnostic/Therapeutic Studies and Procedures

1. An attending physician shall supervise and document the performance and interpretation of invasive diagnostic/therapeutic procedures in accordance with "Invasive and Operative Procedures" section above.
2. An attending physician shall review and sign or co-sign the final interpretive reports of diagnostic studies prior to dissemination.
3. An attending physician shall concurrently supervise a resident physician for an immediate interpretation prior to the written report or diagnostic studies whenever results are necessary for immediate patient care decisions, or studies are performed on patients when the clinical service requires immediate interpretation.
4. The immediate interpretation shall be documented in the medical record prior to the written report.
5. Where diagnostic instruments are used in the evaluation of patients (e.g. Hysteroscopy exams, pelvic US, among others), an attending physician shall supervise the resident when such instruments are used to evaluate patients and when the output of such instruments is interpreted.

Consultations

1. The attending physician from the treating service shall assure that in all instances where consultations are requested, that they are communicated to the consulting service in a timely manner.
2. The attending physician from the consulting service shall assure that responses to consultation requests are completed in a timely manner.
3. The attending physician from the consulting service shall supervise and document the performance of consultations.
4. The attending physician from the consulting service shall document his/her evaluation of the patient in the medical record.
5. The attending physician from the consulting service shall write a note documenting his/her evaluation and recommendations (in addition to co-signing the resident's note). Clinical recommendations should be documented with evidence based references as appropriate.
6. The attending physician shall review the consultant's documented recommendations and not of his/her rationale for implementing or not implementing a suggested management plan. The patient management should be supported by specific citations (medical literature) that are evidence based.

Measurement of Performance of residents in Patient Care

1. The department or clinical service shall develop policies and procedures for measuring and documenting the performance by residents in patient care. The evaluation of resident's performance should be sufficiently documented to support a systematic review of the resident's competence.
2. The department or clinical service shall include a systematic review of the resident's patient care activities as an integral part of the departmental quality management process and the evaluations for reappointment and promotion of each resident.

NOTED AND APPROVED:

Lessie Barber, R.N. Nursing Director

Date

Ellen Rothman, M.D., Chief Medical Office

Date

Yolanda Vera, Chief Medical Officer

Date

Signature(s) on File.

Approved