

SECTION TWO – RESIDENTS/FELLOWS

POLICY NO: 2.5

SUBJECT: RESIDENT/ FELLOW SUPERVISION

I. PURPOSE

To ensure that attending physicians will actively supervise residents and document this supervision in the medical record. Within the scope of the residency training program, all physicians-in-training 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. A responsible attending must be immediately available to the resident in person or by telephone and able to be present within a reasonable period of time, if needed. Each program will publish and widely distribute call schedules indicating the responsible attending(s) to be contacted.

II. DEFINITIONS

Designated Institutional Official (DIO): The individual who, in collaboration with a Graduate Medical Education Committee, must have authority and responsibility for the oversight and administration of the Sponsoring Institution's ACGME- accredited programs, as well as responsibility for ensuring compliance with the ACGME Institutional, Common, and specialty/subspecialty-specific Program Requirements¹¹

Graduate Medical Education Committee (GMEC): Committee which, in collaboration with the Designated Institution Official (DIO) has the authority and responsibility for the oversight and administration of the Sponsoring Institution's ACGME-accredited programs, as well as responsibility for ensuring compliance with ACGME Institutional, Common, and specialty/sub-specialty-specific Program Requirements.

Attending physician: An appointed physician in the "Active Category" of the Medical Staff; who may be from the community, private practice, or SPUH faculty.

Levels of Supervision: To ensure oversight of resident supervision and graded authority and responsibility, the program must use the following classification of supervision¹²:

- **Direct Supervision:** The supervising physician is physically present with the resident and patient.
- **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.
 - *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.

Oversight: The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered

Trainees: Resident physicians, interns, and fellows in an accredited teaching program overseen by the Program director in collaboration with the DIO and GMEC

III. RESPONSIBILITIES/ REQUIREMENTS

A. General.

Saint Peter's University Hospital adheres to accreditation requirements as set forth by the Accreditation Council for Graduate Medical Education (ACGME), American Dental Association (ADA), The Joint Commission accreditation, Health Care, Certification (JC)) or other applicable organizations for all matters pertaining to the training programs, including the level of supervision provided. It is also expected that the requirements of the various certifying bodies will be incorporated into training programs and fulfilled to ensure that each graduate of a program will be eligible to sit for a certifying examination.

Appropriate resident competency checklists will be made available to patient care staff to accurately reflect the resident's progression. These will be updated by the training programs at least annually. These competencies reflect the patient care services that may be performed by the resident and the level of supervision required.

Each ACGME-accredited program will establish a written supervision policy consistent with the Institutional policy and their respective ACGME Common and specialty/sub-specialty specific Program Requirements.

B. Program Director Responsibilities.

1. Supervision Policy.

Each Program Director, in consultation with the Department Chair, is responsible for the quality of overall residency education and for ensuring that 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.

There must be sufficient oversight to assure that trainees are appropriately supervised. Appropriate supervision means that a trainee is supervised by the teaching faculty in such a way that trainees assume progressively increasing responsibility according to their level of education, proven ability, and experience.

On-call schedules for teaching faculty must be structured to ensure that supervision is readily available to trainees on duty at all times.

The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident must be assigned by the program director and faculty members

2. Faculty/Trainee Ratio.

In developing the annual schedule for supervision of the trainees the Program Director shall ensure that there is a sufficient number of faculty

with documented qualifications to properly instruct and supervise the trainees in the Postgraduate Program.

Back up shall be available at all times through more senior trainees, faculty and attending physicians.

3. Level of Supervision.

Each training program will be structured to encourage and permit trainees to assume increasing levels of responsibility commensurate with their individual progress in experience, skill, knowledge and judgment. Program Directors will review each trainee's performance and supervise progression from one year of training to the next based on ACGME guidelines and program curriculum. As the trainees advance, they may be given increasing responsibilities to conduct clinical activities with limited supervision or to act as teaching assistants for less experienced residents.

Based on documented evidence (including evaluations by Attending Physicians and Program Directors, procedure logs and other clinical practice information reflecting a trainee's knowledge, skill, experience and judgment) Trainee will be assigned graduated levels of responsibility.

C. Attending Physicians.

1. Responsibility and Educational Experience

The attending physician is responsible for, and is personally involved in, the care provided to patients. When a trainee 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 judgment and experience of the trainee being supervised. The attending physician should bear in mind that Trainees attain knowledge at different rates and levels during the course of their training, and that their supervision must adapt to these variations in order to maintain quality patient care.

2. Reserved Responsibilities.

- (a) The following responsibilities are reserved solely for the attending physician who has been credentialed and granted privileges by the Board of Trustees.
- (b) authorizing the admission of a patient;
- (c) authorizing the discharge of a patient;
- (d) authorizing a "Do Not Resuscitate" order;
- (e) authorizing consultations;
- (f) using high-cost, high-risk diagnostic tests and procedures;
- (g) providing medical clearance for surgical procedures;
- (h) authorizing transfers to intensive care units;
- (i) authorizing disposition to long-term care facilities;
- (j) authorizing visiting nurse services for home care;

- (k) reviewing, correcting, and countersigning Trainee discharge summaries; and
- (l) signing and completing the hospital face sheet.

D. Supervision of Procedures.

Trainee shall not be delineated with certain clinical privileges, however, any and all procedures performed by a trainee shall be under the appropriate supervision of a Medical Staff member privileged to perform such procedures, and never without his or her immediate knowledge. It is expected that Trainee will gradually be able to assume full responsibility for performing these procedures, and that they will eventually be able to perform them independently, albeit under the continued supervision of the attending physician. Trainees must be aware of their limitations and not attempt to perform 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.

E. Medical Records.

1. Countersignatures.

Medical records shall reflect supervision of Trainee by attending physicians. More specifically, all notes written by Trainee shall be reviewed by an attending physician and all reports dictated by Trainee shall be reviewed and signed by an attending physician. History and physical examinations, consultations, operative reports, and discharge summaries by first-year Trainee (PGY1), shall be countersigned by (i) the supervising attending physician; or (ii) a physician of PGY-2 level or higher to demonstrate appropriate supervision of Trainee in the medical record. The medical record must document that the attending physician has seen the patient and concurs with the diagnosis and ongoing treatment plan, as outlined in the progress notes.

Any order by a practitioner who is neither licensed nor a permit holder must be countersigned by a *member of the Medical and Dental Staff*, licensed physician or permit holder *within 48 hours*.

Orders for high risk medications as defined by Hospital Policy and DNR orders, that are written by non-licensed or registered residents, shall not be carried out unless the order includes a reference to concurrence by a member of the medical and dental staff or licensed physician whose name must be specified with the order.

Medical records shall be completed and signed by the attending physician within the timeframe established by Health Information Management policies.

2. Documentation by Trainee.

- (a) Trainee shall develop comprehensive diagnostic and treatment plans, and request laboratory, radiology, and other modalities for patients under the supervision of the attending physician. Trainee shall also document in the progress notes the rationale for these interventions. Entries made in the medical record by

Trainee can be edited or amended by the attending physician, if indicated, prior to countersignature.

- (b) Trainee shall record progress notes on each patient as appropriate.
- (c) Trainee shall record the treatment plan in the progress notes as part of the multidisciplinary treatment plan.

F. Monitoring Supervision.

In the event of a deviation from this policy or a critical instance of breakdown of supervision, such deviation shall be reported immediately to the applicable Program Director and Department Chair. The Program Director and the Department Chair shall investigate such reports and discuss the situation with the parties involved. The Program Director and the Department Chair shall recommend corrective action and monitor the performance of the affected individuals to ensure that the recommended action is taken. All instances of deviation from this policy, or breakdown in supervision, including the corrective action which is recommended, shall be reported promptly to the GMEC.

The GMEC shall review the Postgraduate Program policies governing supervision of Trainee periodically at its regular meetings in order to ensure that the goals and objectives of SPUH and of the GMEC are being met. Deviations from this policy, as well as critical instances of breakdown in supervision shall also be reviewed at the GMEC meetings.

The GMEC and the medical staff shall communicate regularly about the quality and safety of patient care provided by, and the related educational and supervisory needs of the participants in professional graduate medical education programs. The GMEC shall also periodically communicate to the Executive Committee of the Medical and Dental Staff, and the Board of Trustees, an assessment of the educational needs and performance of the participants in the program.

G. Emergency Department Supervision.

When functioning in the Emergency Department, Trainees are under the immediate and direct supervision of the Emergency Department attending physician on-duty.

H. Compliance with SPUH Policies and Procedures.

Trainees shall function in a manner consistent with, the Medical Staff Bylaws and Medical Staff Rules and Regulations, which are available in the Medical Staff Office, SPUH GME Policies and Procedures, and Rules and Regulations of the appropriate Department. In addition, Trainee and attending physicians shall comply with SPUH Medical Record Rules and Regulations and Policies for Medical Records.

Evidence of approved or pending licensure to practice medicine in the State of New Jersey, as well as evidence of current Drug Enforcement Administration (DEA) and Controlled Drug Substances (CDS) numbers, as appropriate, shall be maintained by the appropriate Departments at SPUH. The Director of Graduate

Medical Education shall be responsible for ensuring valid licensure, where applicable, and malpractice liability insurance coverage for Trainee at SPUH.

Approved: 4/2004 Revised 3/21/05
Revised/Approved: 11/7/200
Reviewed & Approved: 6/2010
Revised 5/2017