Covenant HEALTH | Methodist Family Medicine Residency

Policies and Procedures

Policy MFMR02	Resident Supervision
Effective Date:	09/26/2022
Reviewed/Revised Date:	
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References:	GMEC Supervision Policy

Purpose

The purpose of this policy is to ensure a defined process for supervision by an attending physician of Family Medicine residents in carrying out patient care responsibilities, it is the policy of the Methodist Medical Family Medicine Residency Program to follow common program requirements of the ACGME regarding supervision of residents in accredited training programs.

Policy

Explicit written instructions of lines of responsibility for the care of patients are available to all members of the teaching teams. All medical care provided by residents shall be under the supervision of qualified attending physicians or a more senior resident or fellow. The goal of such supervision is to promote assurance of safe patient care, and to maximize development of the skills, knowledge, and attitudes needed for the resident to enter the unsupervised practice of medicine. Residents and faculty members must inform each patient of their respective roles in that patient's care when providing direct care to the patient.

Supervision

All clinical services provided by resident physicians must be supervised appropriately to maintain high standards of care, safeguard patient safety, and ensure high quality education, based on patient acuity and a resident's graduated level of responsibility. The following classification of supervision are recognized:

Direct supervision: The supervising physician is physically present with the resident during the key portions of the patient interaction. The supervising physician and/or patient is not physically present with the resident and/or the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology.

Indirect supervision: the supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the resident for guidance and is available to provide appropriate direct supervision.

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

PGY- 1:
PGY-1 residents are primarily responsible for the care of patients under the guidance and supervision of the attending physician and senior residents. They should generally be the point of first contact when questions or concerns arise about the care of their patients. However, when questions or concerns persist, supervising residents and/or the attending physician should be contacted in a timely fashion. PGY-1 residents are initially directly supervised and when merited will progress to being indirectly supervised (see definitions above) by an attending or senior resident when appropriate based on the ACGME Milestones.

PGY- 2:
PGY-2 residents may be directly or indirectly supervised by an attending physician or senior resident but will provide all services under supervision. They may supervise PGY-1 residents and/or medical students; however, the attending physician is ultimately responsible for the care of the patient.

PGY- 3:
PGY-3 residents may be directly or indirectly supervised. They may provide direct patient care, supervisory care, or consultative services, with progressive graded responsibilities as merited. They must provide all services ultimately under the supervision of an attending physician. Senior residents should serve in a supervisory role of medical students, junior and intermediate residents in recognition of their progress towards independence, as appropriate to the needs of each patient and the skills of the senior resident; however, the attending physician is ultimately responsible for the care of the patient.

Availability of Supervising Physicians
Faculty schedules are structured to assure that support and supervision are readily available to residents on duty. Residents must know which attending physician is on call and how to reach this individual. Backup must be available at all times through more senior residents and appropriately credentialed attending physicians.

Roles and Responsibilities

Program Director

The Program Director, in conjunction with the CCC, defines the levels of responsibilities for each year of training by preparing a description for the types of clinical activities residents may perform and assures that these levels of responsibilities are communicated to residents, supervising physicians, and the medical staff. The Program Director, in conjunction with the CCC, evaluates each resident's abilities based on specific criteria guided by the written program description and Family Medicine Milestones.

The Program Director establishes schedules which assign qualified faculty physicians and residents to supervise at all times and in all settings in which residents provide patient care, and informs all members of the health care team of faculty members and residents currently responsible for each patient's care. The Program Director, and faculty, have established guidelines for circumstances and events in which residents must communicate with appropriate supervising faculty members.

All Methodist Medical Family Medicine residents must communicate with a supervising physician in the following circumstances:

1. Transfer of a patient to the ICU
2. Transfer of a patient to an outside facility for emergency care or other indicated reason
3. Transfer of a patient to Hospice
4. Transfer of a patient into a pain/controlled substance contract
5. Expiration of a patient
6. End-of-life discussions
7. Legal issues/HR Issues
8. Major changes to a patient's health status
9. Incidents where patient or family are dissatisfied with care being rendered

Supervising Physician

All patients are the direct responsibility of an attending physician. The attending physician of record is responsible for the quality of all of the clinical care services provided to his or her patients. Accordingly, when the attending staff physician accepts a resident on the service, the attending staff physician becomes the supervising physician responsible for the supervision of the resident's patient care.

Supervising physicians will direct the care of the patient and provide the appropriate level of supervision based on the complexity of care and the experience, judgment, and level of training of the resident being supervised. This responsibility is exercised by observation, consultation, and direction. Fulfillment of such responsibility requires personal involvement with each patient and each resident who is providing care as part of the training experience, with sufficient duration for the supervising physician to individually delegate authority. The supervising physician is expected to provide the resident with timely instruction, advice, support, and feedback. The supervising physician agrees to provide a comprehensive, written evaluation at the end of the rotation.

Residents are assigned a faculty supervisor for each rotation or clinical experience. The faculty supervisor shall provide to the Program Director a written evaluation of each resident's performance during the period that the resident was under his or her direct supervision. The Program Director structures faculty supervision assignments of 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.

Escalation of Care

Residents

Escalation of care for patients must take place. Each resident is responsible for communicating significant patient care issues to the supervising medical staff physician and such communication must be documented in the medical record. Individual residents must be aware of their limitations and not attempt to provide clinical services or do 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 services.

Failure to function within graduated levels of responsibility, communicate significant patient care issues to the supervising physician, or appropriately document the level of supervising physician oversight may result in corrective action, including the removal of the resident from patient care activities. Residents must inform the Program Director when appropriate attending physician supervision is not readily available. If PD not available then the APD would be notified and forward it on to the PD.

Documentation

The medical record must clearly document the involvement of the supervising medical staff physician in resident patient care. Coding and documentation of care provided by a resident, under the supervision of a teaching physician, must be entered into the medical record by supervising physician or reflected in the resident progress note or other appropriate entries in the medical record (e.g., consultations, procedure reports, discharge summaries, etc.)

Monitoring

The quality of resident supervision is monitored through periodic department reviews such as the annual program evaluation (APE), the residents' evaluations of their faculty and rotations, and faculty evaluation of the program.