Resident Supervision Policy

All clinical services provided by residents must be supervised appropriately to maintain high standards of care, safeguard patient safety, and ensure high quality education. Residents are supervised by attending physicians in such a way that the residents assume progressively increasing responsibility for patient care according to their level of training, their ability, and their experience. It is expected that the faculty are available 24/7 and that our reliable Provider Access Service will facilitate rapid communication with residents when faculty are off site. Hospitalist and ICU Physicians are also available in house 24/7.

All PGY1 residents in the program receive direct supervision from advanced level residents 100% of the time in the inpatient setting. Supervision at the level of the attending physician or fellow also occurs 100% of the time for these residents, but may vary from direct supervision to indirect supervision with direct supervision immediately available. In the continuity clinic setting attending preceptors see 100% of the patients cared for by PGY1 residents for the first six months of training, and at a minimum directly supervise via onsite point of care discussion of every case for the 2nd half of the year, and thereafter, with physical presence in the examination room per resident/attending discretion on a case by case basis.

On our inpatient medicine and MICU rotations we have hospitalist and intensivist coverage respectively 24/7, 365 days a year. This provides for direct supervision for every PGY2 and 3 level resident for every admission as well as for the ongoing care of patients already on the service.

On our cardiology and oncology teams direct supervision is an expectation during daylight hours. At night, fellows and attendings from these services are almost always present in the hospital to provide direct supervision. Occasionally, in very straight forward clinical situations, the fellow or attending may provide indirect supervision with direct supervision available when they are working with the resident who is deemed competent to have progressive authority and responsibility. In such cases residents understand guidelines for circumstances and events in which communication with supervising faculty is mandatory: patient death, abrupt change in patient's clinical conditions, transfer to an ICU setting, need for an invasive procedure, need for a consultation, or when a major change in management plan or code status has occurred.

In the inpatient setting faculty review rationale for admissions and hospital goals, review all written admission documentation, confirm and review clinical findings, discuss patient management plans and discharge planning coordination, and document ongoing supervision of patient care throughout the hospital stay. In addition faculty receive education in recognition of signs of fatigue in residents. In the continuity clinic setting, faculty responsibilities include detailed discussion of every case seen by the resident during a clinic session. Review of all written documentation, and availability for onsite supervision at all times ensure that faculty are

involved in patient management decisions and bedside teaching appropriate to the resident's level of training and ability.

Revised March 2013

For information on curriculum and the evaluation process, link to New Innovations:
https://www.new-innov.com/Login/Login.aspx