

Policy for Supervision of Resident Physicians and Fellows at Blessing Hospital

PURPOSE:

To establish a policy regarding supervision for all graduate medical education trainees for Blessing Hospital

Section I. Definitions

Trainee: A physician who participates in an approved Graduate Medical Education (GME) program. This term includes interns, residents and fellows in any GME program approved by the SIU GMEC, regardless of ACGME accreditation status.

Attending Physician: A licensed, independent practitioner who holds admitting and/or attending physician* privileges consistent with the requirements delineated in the bylaws of the affiliated hospital and/or SIU School of Medicine.

Full Time Faculty: An attending physician who is employed by SIU School of Medicine and/or a member of the Academic Department responsible for a GME program.

Community Faculty: An attending physician who is not employed by SIU School of Medicine, and is not a member of the Academic Department responsible for a GME program, but has been granted privileges to teach and supervise residents by the individual residency program (also known as clinical faculty, voluntary faculty, or adjunct faculty).

*Occasionally, supervision is provided by a licensed, independent practitioner from a discipline other than medicine (i.e midwives, dentistry/oral surgery, etc). Supervision standards and expectations are the same as for Attending Physicians.

Section II. Policy:

In all clinical sites participating in GME training, the medical staff has a defined process for supervision of each trainee in carrying out patient care responsibilities. Such supervision will be provided by an attending physician with appropriate clinical privileges with the expectation that the trainee will develop into a practitioner who has the knowledge, skills, experience and abilities to provide care to patients within the scope of his/her training program.

The medical staff has overall responsibility for the quality of the patient care provided by individuals with clinical responsibilities. In this way, the medical staff assures that each participant in a GME program is supervised in his/her patient care responsibilities by a member

of the medical staff who has been granted clinical privileges through the appropriate medical staff process.

There is a continuous monitoring of patient care services provided by trainees to assure provision of quality patient care services within the scope of the privileges of the attending physician.

The supervising attending is ultimately responsible for the care of the patient who is under his/her plan of treatment. The level or type of supervision (direct, indirect, etc.) required by trainees in various levels of training must be consistent with progressively increasing resident responsibility during a training program as well as ACGME/AOA supervision requirements and common standards of patient care, based on the needs of the patient and the skills of the trainee.

The degree of attending involvement in patient care will be commensurate with the type of care that the patient is receiving and the level of training, education and experience of trainee(s) involved in the patient's care. The intensity of supervision required varies by specialty, level of training, the experience and competency of the trainee, and the acuity of the specific clinical situation. An attending physician may provide less direct personal care of a patient seen for routine care or when supervising a senior trainee, and should provide more direct personal care of a patient receiving complex care or when supervising a junior level trainee. An attending physician may authorize the supervision of a junior trainee by a more senior trainee who is receiving supervision based on the attending physician's assessment of the senior levels trainee's experience and competence, unless limited by regulation.

All patients seen by the trainee will have an assigned attending physician. At a minimum the attending physician is expected to:

1. Exercise responsibility and control over the care rendered to each patient by a trainee
2. Document the degree of participation in patient care in accordance with CMS, the Joint Commission and hospital/clinic policies.
3. Effectively role model safe, effective, efficient and compassionate care and provide timely documentation to program directors for their use in trainee assessment and evaluation.
4. Be knowledgeable of the individual program policies and procedures regarding resident supervision, assessment and advancement.
5. Provide timely feedback to the resident regarding their clinical interaction with the patient.

Procedures

Residents will be supervised by attending physicians who must be credentialed in that setting or hospital for the specialty care and diagnostic and therapeutic procedures for which they are providing supervision.

The program has written policies determining the level of competence in specific procedures sufficient to perform that procedure in the absence of direct supervision (i.e. resident credentialing). These policies include

1. The criteria by which the program will determine that the resident has successfully completed the procedure
2. The level of training in which residents are expected to achieve competency in doing each procedure
3. Whether the procedure requires direct supervision or indirect supervision
4. The method by which the resident will receive feedback about the procedure that communicates general competency strengths and areas needing improvement

Supervision of Trainees in the Inpatient Setting

The attending physician or provider has the primary responsibility for the medical diagnosis and treatment of the patient. Trainees may write daily orders on inpatients. These orders will be implemented without the co-signature of a staff physician. It is the responsibility of the resident to discuss their orders with their senior resident or attending staff physician as appropriate. Attending staff may write orders on all patients under their care. Trainees will follow Blessing hospital policies regarding the writing of both verbal and written orders.

The attending physician will see all hospitalized patients based on Blessing Hospital By Laws and frequently enough to ensure safe and appropriate patient care

The attending physician will, at a minimum:

- 1) Examine the patient within 24 hours of admission, when there is a significant change in patient condition or as required by good patient care.
- 2) Review the patient's history, the record of examinations and tests, and make appropriate reviews of the patient's progress.
- 3) Confirm or revise the diagnosis made by the trainee and determine major changes in the course of treatment to be followed
- 4) Either perform personally the physician services required by the patient or supervise the treatment so as to assure the appropriate services are provided by trainees and that the care meets the proper quality level
- 5) For surgical or other complex, high risk medical procedures, the attending physician must be immediately available to assist the trainee who is under the attending physician's direction.
- 6) Make decisions to authorize or deny any admissions, discharges or transfers
- 7) Sign all DNR orders, or document appropriate involvement in the decision
- 8) Assure that a properly completed, signed and witnessed consent form is obtained and placed in the patient's record prior to the performance of any operative or invasive procedure.
- 9) Assure that supervision of care for inpatients is documented in the patient record. It is the attending physician's responsibility to see that all documentation must be in

accordance with appropriate regulations and the standards of good patient care and must provide evidence in writing of supervisor concurrence with the admission, history, physical examination, assessment, treatment plan and orders.

10) Document appropriate attestation and/or sign all residents' notes in EHR.

Section VII: Supervision of Trainees in Outpatient Clinics

All outpatient visits provided by trainees will be conducted under the supervision of a staff provider who has full responsibility for the care provided. The extent and duration of the attendings physical presence will be variable, depending on the nature of the clinical situation and the level of training and capabilities of the trainee. The responsibility or independence given to trainees depends on their knowledge, skills and experience as judged by the responsible attending physician. The attending physician supervisor must be designated and be available in accordance with all ACGME and AOA (if applicable) institutional and program requirements and CMS standards and specific departmental policies.

Supervision of Trainees in the Emergency Department

All trainees within the Emergency Department must be under the supervision of qualified emergency medicine attendings. When residents from other services provide care to patients in the emergency department, they must be supervised by emergency medicine attendings or by faculty from their service.

Supervision of Trainees in the Operating Room

The attending physician must be present in the operating room for the key or critical portion of all cases and must remain in immediate proximity and available to return to the procedure immediately if needed. ("Immediate proximity" is generally defined as within the OR Suite and immediately available to return to the operating room if needed). If the attending physician leaves the OR Suite-after the completion of the key portion of the procedure or another case would prohibit him/her from returning to the original case, the attending physician must make arrangements with another physician to be immediately available for the original case.

It is the attending surgeon's responsibility to obtain written informed consent that is in compliance with all CMS, the Joint Commission and hospital regulations, including the role of the resident/fellow in the surgery or procedure.

Supervision of Trainees in Labor and Delivery

Supervision of labor and delivery must be immediately available. When risk factors are present there must be on-site supervision. If this supervision is provided by anyone other than an attending physician, there must be documentation of the skill of the non-attending physician supervisor to function competently in this capacity and backup plans or emergency consultative arrangements when the supervising provider encounters a clinical situation or emergency outside of the scope of his or her practice.

Supervision of Trainees via Telehealth

Resident supervision via Telehealth must meet all of the parameters outlined in this document. Instances of Telehealth supervision in which the resident and supervising physician are at physically distant sites must be approved by the Executive Director of SIU TeleHealth and the Associate Dean for GME.

Oversight of Supervision

Any trainee, attending, or staff member will have the opportunity to report instances of inadequate supervision in a protected manner that shall be free from reprisal. Concerns about inadequate supervision may be received via a number of mechanisms, including:

- Verbally, to program director, DIO or SIU HC CMO
- Via the Patient Safety reporting mechanism at the site at which the event occurred
- Via the Office of Residency Affairs website
- Via the CMO/CPE at site at which event occurred, following a critical incident, RCA or verbal or written report

Inadequate supervision will not be tolerated. Any instance of inadequate supervision that involves direct patient care will be addressed promptly, utilizing the existing policies, protocols and systems in place for standards of physician conduct at the clinical sites. Information will be shared between the clinical site and SIU SOM personnel (Department Chair, Human Resources staff, Program Director, DIO, etc.) as necessary and as allowed by law and by affiliation agreements to ensure that inadequate supervisory behaviors are addressed and resolved.

Any instance of inadequate supervision that does not involve direct patient care (i.e. unclear supervisory expectations, sub-par learning environment, etc.) will be addressed by the program director.

Supervision by SIU SOM faculty

If an instance of inadequate supervision by a SIU SOM faculty member occurs at a hospital site, it will be addressed utilizing the existing policies, protocols and systems in place for standards of physician conduct by the hospital. The SIU HC Chief Medical Officer will liaise with the hospital CMO/CPE to coordinate the most appropriate manner to address the behavior and to ensure that the appropriate SIU SOM personnel are informed of the resolution. Whenever possible, feedback given to SIU GME personnel will be confidential or in aggregate.

If an instance of inadequate supervision occurs at an SIU HC clinic, it will be addressed via SIU HC standards of conduct under the direction of the SIU HC CMO.

Supervision by SIU senior residents

Any instance of inadequate supervision by a senior resident will be addressed by the Program Director, who will work in conjunction with the hospital CMO/CPE to coordinate the most appropriate manner to address the behavior and to ensure that the appropriate SIU SOM personnel are informed of any resolution.

Supervision by community faculty

If an instance of inadequate supervision by a community faculty member occurs at a hospital site, it will be addressed utilizing the existing policies, protocols and systems in place for standards of physician conduct by the hospital. The hospital CMO/CPE will work in conjunction with the Program Director or DIO to coordinate the most appropriate manner to address the behavior and to ensure that the appropriate SIU SOM personnel are informed of any resolution.

Evaluation and Advancement

The evaluation and advancement of trainees is the responsibility of the program director. Such evaluation and advancement is conducted in accordance with the policies and procedures of the residency program. Attending supervising physicians may make decisions regarding progressive involvement and independence of trainees in specific patient care activities based upon direct observation of the trainee's level of expertise and competence.

Circumstance and Events When a Resident Must Contact the Attending Physician

- Patient admission to hospital
- Transfer of patient to a higher level of care or a significant change in clinical status
- A Patient codes or the Rapid Response Team is called and results in a transfer to higher level of care or a change in treatment plan
- Unexpected death
- Patient signs out AMA or other unplanned discharge
- Any time an office patient refuses transfer to the Emergency Department or Admission. If possible, talk to the attending before the patient leaves the office
- Active laboring patient
- Family, legal or system issues
- Medication/treatment error requiring intervention
- Patient experiences an adverse outcome regardless of cause
- Transfusion of blood products or requesting a consultation
- End of life decision or DNR not previously discussed
- Resident personally performing an invasive procedure
- Situation in which you feel that your safety, or patient safety is threatened
- Situation in which you personally feel impaired or witness others working while impaired
- Any time you need help or have a question

Trainees must communicate with the residency director or designated institutional officer for the following:

- Feels uncomfortable or unsure of their ability to perform a procedure or patient care activity with the level of supervision provided
- Situations in which they feel their safety is threatened
- Situations in which they personally feel impaired or witness others working while impaired
- Perceives that patient safety is at risk

Reporting

The Graduate Medical Education Committee of the Medical-Dental Staff of Blessing Hospital (hereinafter Blessing GMEC) shall meet regularly and make assessments in the following areas with respect to trainee involvement:

1. Patient safety issues
2. Quality of patient care
3. Educational needs of the trainees
4. Supervisory needs of the trainees

There will be regular communication with the Medical Executive Committee of the Medical-Dental Staff and there will also be regular communication between the Blessing GMEC and the Board of Trustees regarding the performances and educational need of the trainees. All minutes of the Blessing GMEC will be forwarded to the Office of Graduate Medical Education of the

SIU School of Medicine with the exception of minutes and other documents relating to privileged peer review activities. Any issue not heretofore exempted, which is essential to the ACGME/AOA institutional accreditation process, will be reviewed, discussed and/or approved by the SIU Graduate Medical Education Committee.

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