

RESIDENT SUPERVISION POLICY

The Pikeville Medical Center (“PMC”) Family Medicine Residency program recognizes and supports the importance of graded and progressive responsibility in graduate medical education. This policy outlines the requirements to be followed when supervising residents. The goal is to promote safe patient care and the resident’s maximum development of the skills, knowledge, and attitudes needed to enter the unsupervised practice of medicine. Safe, effective, patient-centered care is one endpoint in determining if appropriate supervision is occurring. Another goal is safety for the patient while the resident is learning and safety for the resident while he/she is learning. The program must demonstrate that the appropriate level of supervision is in place for all residents who care for patients. Supervision may be exercised through a variety of methods. Some activities require the physical presence of the supervising faculty member. Other portions of the care provided by the resident can be adequately supervised by the immediate availability of the supervising faculty member or resident physician, either in the institution, or by means of telephonic and/or electronic modalities. In some circumstances, supervision may include post-hoc review of the resident-delivered care with feedback as to the appropriateness of that care. For many aspects of patient care, the supervising physician may be a more advanced resident or fellow.

Refer to GMEC Supervision Policy as residents and faculty are additionally under that supervision policy. This Resident Supervision policy is in addition to that policy and is more specific to the Family Medicine Residency.

Definitions

1. Supervising Physician—A physician faculty member or a more senior resident.
2. Supervision—Three (3) levels of supervision are recognized by the ACGME:
 - a. Direct—The supervising physician is physically present with the resident and the patient and prepared to take over the provision of patient care if/as needed. (Ex: a supervising faculty surgeon being scrubbed in in the operating room.)
 - b. Indirect—There are two (2) types of indirect supervision:
 - i. Indirect Supervision with Direct Supervision Immediately Available— The supervising physician is present in the hospital (or other site of patient care) and is immediately available to provide Direct Supervision. The supervisor may not be engaged in any activities (such as a patient care procedure) which would delay his/her response to a resident requiring Direct Supervision.

(NOTE: A qualified supervising physician must be in- house 24/7 whenever a resident potentially requiring Direct Supervision or Indirect Supervision with Direct Supervision Immediately Available is on duty.)

- ii. Indirect Supervision with Direct Supervision Available—The supervising physician is not required to be present in the hospital or other site of patient care, or may be in-house but engaged in other patient care activities, but is immediately available through telephone or other electronic modalities, and can be summoned and available to provide Direct Supervision.

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

Supervision of Residents

1. Residents in the PMC Family Medical Residency program are always under Direct Supervision during all procedures, whether inpatient or outpatient.
3. In each clinical learning environment, each patient must have an identifiable, appropriately credentialed and privileged attending physician who is ultimately responsible for the patient's care. The attending physician information should be available to the resident, faculty members, and patients. Faculty and residents should inform patients of their respective roles in each patient's care.
4. 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. The Program Director must evaluate the resident's abilities based on specific criteria.
5. The clinical responsibilities for each resident must be based on PGY-level, patient safety, resident education, severity and complexity of patient illness/condition, and available support services.
6. The program will follow the ACGME Institutional Requirements that supervision be consistent with the provision of safe and effective patient care, educational needs of residents, progressive responsibilities, level of education, competency, experience, ability, judgment, knowledge, technical skill, and other applicable common and specialty/subspecialty specific program requirements.
7. Supervising physicians will adhere to the ACGME requirements pertaining to the level of supervision for residents in a training program.
8. Residents will be assigned a supervisory physician for each rotation or clinical experience (inpatient or outpatient). The supervisory physician shall provide to the Program Director a written evaluation of each resident's performance during the period that the resident was under his/her supervision.
9. Supervisory physicians, in order to ensure patients safety and quality patient care, while providing the opportunity maximize the resident education experience, will supervise all patient care at each participating site and their schedules, including on-call schedules, will be structured so that adequate supervision is available at all times while resident is on duty.
10. Residents may only perform procedures for which his/her supervising physician is appropriately credentialed.

11. Residency training is an educational experience designed to offer residents the opportunity to participate in the clinical evaluation and care of patients in a variety of patient care settings. The goal of residency training is to develop each resident physician into an independent practitioner by allowing increasing responsibility in the assessment of patients and the development and implementation of therapeutic strategies. However, it remains the responsibility of all supervisory physicians to supervise residents in the care of patients. All aspects of patient care rendered by resident physicians must receive supervision.
12. The medical record must clearly demonstrate the involvement of the supervising physician in resident patient care. The supervisory physician must review all entries by a resident in the medical record, confirm or revise the diagnosis, determine the course of treatment to be followed, and make any necessary corrections or additions in the entries.
13. The resident must be aware of his/her level of training, clinical experience, judgment, knowledge, and technical skill, as well as the learning objectives for the rotation specific to his/her level of training and any associated limitations. The resident must not independently perform procedures or treatments that he/she is unauthorized to perform or lacks the skill and training to perform. It is the responsibility of the resident to communicate effectively with their supervising physician regarding the findings of their evaluation, physical examination, interpretation of diagnostic tests, intended interventions, and any significant issues regarding patient care.
14. The residency program must set guidelines for circumstances and events in which residents **must** communicate with the appropriate supervising faculty member(s), such as the transfer of a patient to an intensive care unit, or end-of-life decisions. All residents, regardless of year of training, must communicate with the appropriate supervising faculty member, according to these guidelines:

Under circumstances, as determined by the residency program, in which urgent judgments by highly experienced physicians are typically required, supervisory physicians must be immediately available on site. The Program Director assures that a schedule with the name and contact number of the responsible attending physician is available at all times to residency program residents.

Supervision of Medical Students

A resident may serve as the “supervising physician” for purposes of medical student supervision, but the rules for supervision of the resident are the same as if the resident were seeing the patient without the student.

Interactions with patients: medical students may interview and examine patients. However, the supervising physician for the student must repeat the key portions of the history with the patient, and must perform the entire physical exam in addition to the student exam. The student may discuss the plan of care with the patient, but must be either supervised directly, confirmed by the supervising physician with the patient, or repeated in its entirety by the supervising physician.