

INSTITUTIONAL POLICY ON RESIDENT SUPERVISION

Preamble:

The University of Tennessee Medical Center is dedicated to medical education. To fulfill this mission, it is recognized that trainees must participate in rendering services to patients. Trainees will be supervised as they perform diagnostic and therapeutic procedures to gain the skills and experience necessary to become qualified practitioners in their chosen field. The purpose of this mandatory educational method is to assure that all trainees demonstrate a progressive increase in proficiency to enable them to ultimately become a licensed independent practitioner.

However, it must be emphasized that under no circumstances will a trainee ever perform an invasive procedure for any purpose other than for the benefit of the patient or to achieve a diagnosis. This policy extends to include patients who are near death or have expired. [Post mortem examination or the securing of organs/tissue for transplantation/research purposes will require an additional (separate) consent form secured prior to those respective procedures.]

This document outlines the policy whereby the attending staff will provide supervision of residents in the various clinical settings of this institution.

Fee for Teaching Physician Services: In those instances in which the attending physician submits a bill for services as the teaching physician, supervision must be provided in keeping with CMS' Final Rule and its subsequent revisions.

Violation of compliance with this policy by any trainee could result in (immediate) dismissal from the program.

General Policy:

The program director of the resident and the chairman of the department to whom the resident is assigned is responsible for supervision of the resident. Responsibility for the specific supervision may be assigned to a faculty member supervising the resident on various academic rotations. Supervision may be exercised through a variety of methods. Some activities require the physical presence of the supervising faculty member. For many aspects of patient care, the supervising physician may be a more advanced resident or fellow. Other portions of 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 resident delivered care with feedback as to the appropriateness of that care.

Residents are members of the medical staff as defined in the hospital by-laws. In the clinical learning environment, all patients receiving care are assigned to an identifiable, appropriately-credentialed and privileged attending physician who is ultimately responsible for that patient's care. Residents may provide assistance in the care of patients of physicians on the service to which they are assigned.

Faculty supervision assignments should be of sufficient duration to assess the knowledge and skills of each resident. The faculty member responsible for the care of the patient will 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 experience and judgment demonstrated by the residents being supervised.

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

Direct Supervision – the supervising physician is physically present with the resident and patient.

Indirect Supervision:

(1) 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.

(2) 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.

In particular, PGY-1 residents should be supervised, by the supervising physician or an upper level resident, either directly or indirectly with direct supervision immediately available.

As part of the training program, residents will have the privilege of progressive responsibility for the care of patients and to act in a teaching capacity and provide supervision to less experienced residents and students. It is the decision of the faculty member, with advice from the program director, as to which activities the resident will be allowed to perform within the context of the assigned levels of responsibility, based on the needs of the patient and the skills of the resident. The overriding consideration must be the safe and effective care of the patient.

Documentation of supervision will be by progress note, signature, additional evaluation note by the attending physician, or reflected within the resident's progress notes of notification and will be consistent with the management plan previously agreed upon with the attending physician at a frequency appropriate to the patient's condition.

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