

Memorial Hospital at Gulfport				
<b>Policy/Procedure Title</b>	Resident Supervision and Accountability	<b>Manual Location</b>		GME
<b>Policy/Procedure #</b>	500.01	<b>Effective</b>	05/29/2019	Page 1 of 6
<b>Department Generating Policy</b>	Graduate Medical Education			
<b>Prepared By</b>	Gretchen Holmes, Ph.D., DIO	<b>Dept/Title</b>	GME/DIO	
<b>Dept / Committee Approval (If Applicable)</b>	Graduate Medical Education Committee	<b>Date/Title</b>	05/29/2019	
<b>Medical Staff Approval (If Applicable)</b>		<b>Date/Title</b>		
<b>Board Approval (If Applicable)</b>		<b>Date/Title</b>		
<b>Standard ACGME</b>	IR IV.I.; CPR VI.A.2			

### Purpose

To initiate program-specific standards regarding resident supervision in post-graduate medical education programs at Memorial Hospital at Gulfport (“MHG”) and to outline essential guidelines for program-specific supervision policies to meet which are in compliance with Accreditation Council for Graduate Medical Education (“ACGME”) regulations.

### Policy

Basic intent of supervision among all MHG residency programs is to provide a learning and work environment in which residents have the opportunity to raise concerns and provide feedback without intimidation or retaliations, and in a confidential manner.

Within this setting resident supervision includes aspects to ensure safe and effective care of patients; ensure each resident development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishes a foundation for continued professional growth.

Licensed independent practitioners including full-time and part-time clinical attending physicians or off-site approved attending physicians of the program provide ultimate supervision. Each program will develop and maintain program-specific policies consistent with the principles set forth in this policy and according to guidelines established by the common core standards and their respective Residency Review Committee (“RRC”) or residency accreditation standards.

### Accountability

It is the responsibility of program directors, attending physicians, supervising independent practitioners, and senior residents involved in the supervision and education of residents at the Facility and other training sites to act in accordance with this policy. Although the attending physician has ultimate responsibility for patient care, every physician shares in the responsibility and accountability for their efforts in the provision of care.

### Responsibilities of Memorial Hospital at Gulfport GMEC

Memorial Hospital at Gulfport GMEC is responsible for resident supervision in the following capacities:

- Monitor program’s supervision of residents and ensure that supervision is consistent with:

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- provision of safe and effective patient care;
- educational needs of residents; and
- progressive responsibility appropriate to residents' level of education, competence, and experience.
- Other applicable Common and Specialty-specific Program Requirements

### Responsibilities of Residency Program

The graduate training programs of MHG will afford each resident appropriate and sufficient supervision for all activities involved in patient care in order to help ensure patient safety as a priority. The following guidelines describe standards and responsibilities for residency training programs in supervision of their residents. Each program must:

- Share their policy with residents and attending physicians on an annual basis;
- Demonstrate the appropriate level of supervision is in place for all residents who care for patients;
- Each program must ensure residents will perform under the supervision of attending physicians or licensed independent practitioners who hold appropriate appointments and have been credentialed at the specific training site.
- Each program must demonstrate the appropriate level of supervision is in place for all residents and that the level is based on each resident's level of training and individual ability. Supervision may be exercised through a variety of methods, as appropriate to the situation. Graded authority and responsibility should be used to determine the appropriate level of supervision.
- Each program is responsible for setting guidelines for circumstances and events where residents must communicate with appropriate licensed independent practitioner/senior resident.
- A supervision plan must include actions to be taken in the event the supervising physician or independent practitioner is unavailable or cannot be reached.
- The program's policy should include procedures for providing feedback and notification in the event a supervising physician/licensed independent practitioner or resident identifies issues with supervision. Each program will establish methods for monitoring compliance with its supervision policies. Examples of processes used to monitor this include duty hour log reports, procedure logs, resident and attending physician feedback, evaluation questions regarding adequacy of supervision and quality improvement reports.

### Responsibilities of Residents/Supervisees

Clinical activities and procedures are conducted only by residents with the necessary knowledge, skill, and judgment, and only under proper supervision. Residents are responsible for performing their duties to the best of their abilities under the guidance and instruction of their supervisors and for promoting behaviors that lead to patient safety.

The following standards summarize the roles and responsibilities of residents regarding supervision in their training program:

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- Residents will ask for supervision from an attending physician or licensed independent practitioner if the resident has insufficient experience with the procedure and/or skill.
- Residents will inform each patient under his/her care of their trainee status and the name of the licensed independent practitioner physician who is supervising him/her.
- Residents will notify their supervisor if for any reason he/she is not able to carry out any assigned duties. The resident will also immediately report any concerns or issues he/she has regarding adequacy of supervision.
- Residents should aim to develop understanding and awareness of their limitations and areas of improvement and to request assistance when appropriate.
- Monitor supervision of residents at all participating sites.

### Responsibilities of Supervisors

When residents are involved in the care of patients, the ultimate responsibility for these patients lies with the supervising resident or fellow, attending physician, or licensed independent practitioner. The following are general responsibilities and expectations of attending physicians and licensed independent practitioners:

- In the clinical learning environment, each patient must have an identifiable, appropriately credentialed, and privileged attending physician or licensed independent practitioner who is ultimately responsible for the patients care.
- The supervising physician or licensed independent practitioner will maintain the appropriate level of privileges at each clinical site.
- The supervisor should make every effort to recognize signs of fatigue and sleep deprivation, and aid residents in avoiding and counteracting the negative effects of these.
- Each supervising physician or licensed independent practitioner supervisor will comply with the requirements of MHG for supervision and documentation of activities.
- Licensed independent practitioner supervisors will be knowledgeable of MHG policies.
- At the outset of each rotation, the supervisor should set expectations for circumstances and events in which residents must communicate with appropriate supervisors, such as the transfer of a patient to an intensive care unit or end of life decisions.
- The supervisor should recognize when a resident is not fit for duty and when the best interests of the patient may be served by transitioning that patient's care to another qualified and rested provider.
- The supervisor will inform patients of their role in the patient's care.

### Graduated Levels of Responsibility

As residents advance in their training program, they will be given progressive responsibility for care of patients. Residents are supervised by attending physicians and licensed independent practitioners in order for residents to assume progressively increasing levels of authority and responsibility, conditional independence, and the role of supervisor in patient care consistent with their level of education, ability, and experience.

Each program should be organized in a way that promotes and allows residents to assume increasing levels of responsibility consistent with their individual progress in their training

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program. Each program director will delineate the levels of progressive responsibility for each year of residency training. The amount of supervision will vary with the clinical circumstances and the training level of the resident. Objective criteria used to assess a resident’s aptitude to function independently in particular skill areas will be created and clearly described in the program’s policy. When appropriate, the program will set specific expectations for non-supervised clinical activity. The program will communicate the defined levels of responsibility to each resident.

Faculty members functioning as supervising physicians should delegate portions of care to residents, based on the needs of the patient and the skills of the resident. Senior residents or fellows will serve in a supervisory role of junior residents in recognition of their progress toward independence.

Each resident must know the limits of his/her scope of authority and circumstances under which he/she is permitted to act with conditional independence.

### **Direct and Indirect Supervision**

Unless specified further by the program’s respective residency accreditation requirements, PGL1 residents must have either Direct Supervision or Indirect Supervision in which the supervisor is immediately available and within the confines of the site of patient care. Each Review Committee will describe the achieved competencies under which PGL-1 residents’ progress to be supervised indirectly, with direct supervision available.

### **Direct Supervision**

When the resident receives direct supervision, the supervising physician or licensed independent practitioner supervisor must be physically present with the resident and patient.

### **Indirect Supervision**

When the resident receives indirect supervision, the licensed independent practitioner supervisor must be immediately available to the resident either in person or via telephone or pager. 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.

### **Indirect Supervision 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. The supervisor must also be capable of being physically present within a sufficient amount of time (within 30 minutes of being contacted by the resident), if necessary.

### **Oversight Supervision**

Supervision is being provided via oversight; the supervisor is available to provide review of procedures/encounters with feedback provided after care is delivered.

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### Documentation of Supervision

Documentation is a crucial element of the exchange of information between resident and supervising attending physician. Supervision of resident's activities must be documented appropriately and accurately in the patient record at all times. This guideline includes, but is not limited to, documentation of consultations, admitting notes, procedural activity, continuing care and progress notes, and discharge summaries for patient encounters.

The medical record must clearly indicate the involvement of the supervising physician in resident care of the patient. The supervising attending physician's documentation must comply with standards mandated by Memorial Hospital at Gulfport and The Joint Commission.

### Incident Requiring Immediate Attending Notification

All levels of residents will encounter situations which should require immediate participation of the attending physician. These include, but are not limited to:

- Patient death;
- Sudden decompensation;
- Error in care;
- Family request;
- Palliative care discussion;
- Admission and discharge;
- Transition of care within MHG;
- Code situation; and,
- Conflict with patient, family, or staff member.

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DATE OF ORINATION: 05/29/2020

AUTHORIZED BY: Memorial Hospital at Gulfport Board of Trustees

PREPARED BY: Gretchen Holmes, Ph.D., DIO

DATE OF REVISION:

DATES OF REVIEW BY BOARD:

AREAS AFFECTED: GME

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**(Family Medicine) Resident Supervision and Accountability Policy Addendum to MHG’s Resident Supervision and Accountability Policy.**

The Family Medicine Residency Program will abide by the rules and policies of Memorial Hospital at Gulfport’s – Resident Supervision and Accountability Policy.