

Title: RESIDENTS AND MEDICAL STUDENTS SUPERVISION

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POLICY:

1. The organized medical staff at Saint Joseph Regional Medical Center- Plymouth has a defined process for supervision by a licensed independent practitioner with appropriate clinical privileges of each member in the program in carrying out his or her patient care responsibilities. The management of each patient’s care (including patients under the care of participants in professional graduate education programs) is the responsibility of a Licensed Independent Practitioner (LIP) with appropriate clinical privileges.
2. Essential Functional elements of Performance:
 - A. The organized medical staff has a defined process for supervision by an LIP with appropriate clinical privileges of each participant in the program carrying out patient care responsibilities.
 - B. Written descriptions of the roles, responsibilities, and patient care activities of the participants of graduate educational programs are provided to the organized medical staff and hospital staff.
 - C. The descriptions include identification of mechanisms by which the supervisor(s) and graduate educational Director of Medical Education make decisions about each participant’s progressive involvement and independence in specific patient care activities.
 - D. Organized medical staff rules and regulations and this policy delineates those participants in professional education programs who may write patient care orders, the circumstances under which they may do so (without prohibiting LIP’s from writing orders) and what entries, if any must be countersigned by a supervising LIP.
 - E. There is a mechanism for effective communication between the credentials committee who is responsible for professional graduate education and the organized medical staff and governing body.
 - F. There is responsibility for effective communication whether training occurs at the organization that is responsible for the professional graduate educational program or in a participating local or community organization or hospital.
 - G. The professional graduate medical education committee (GMEC) must communicate with the medical staff and governing body about the safety and quality of patient care provided by, and the related educational supervisory needs of, the participants in professional graduate education programs.
 - H. If the graduate medical education program uses a community or local participating hospital or organization, the persons(s) responsible for overseeing the participants from the program communicates to the organized medical staff and its governing body about the patient care provided by, and the related educational and supervisory needs of its participant in the professional graduate education programs.

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- I. There is a mechanism for an appropriate person from the community/local hospital or organization to communicate information to the GMEC about the quality of care and educational needs of the participants.
- J. Information about the quality of care and educational needs is included in the communication that the GMEC has with the governing board of the sponsoring organization.
- K. Participants in graduate education programs if properly supervised by LIP's may provide emergency care.
- L. Medical staff demonstrates compliance with residency review committee citations*

* Graduate medical education programs accredited by the Accreditation Counsel of Graduate Medical Education, the American Osteopathic Association, or the American Dental Association's Commission on Dental Accreditation are expected to be in compliance with the above requirements; the organization should be able to demonstrate compliance with any residency review committee citations related to this standard.

- 3. Supervision begins with the resident/student's initial contact with the attending physician and the patient, and is completed when all the documentation of the hospital stay is collected and completed for the permanent medical record.
- 4. SPECIAL PRECAUTIONS/ CONSIDERATIONS: Residents/Students occasionally provide care to patients hospitalized at Saint Joseph Regional Medical Center Plymouth in a variety of teaching services and preceptorship rotations, with supervision provided by privileged attending physicians. Resident/Student training involves allowing (and requiring) house staff to participate in patient care with increasing degrees of independence. Although all of the residents/students care is supervised and the attending physician is ultimately responsible for the care of the patient, the proximity and timing of supervision, as well as the specific tasks delegated to the residents/students depend on a number of factors, including:
 - A. The level of training (i.e., year in residency) of the resident/student.
 - B. The skill and experience of the resident/student with the particular care situation,
 - C. The familiarity of the supervising physician with the resident/students abilities, and,
 - D. The acuity of the situation and the degree of risk to the patient
 - E. The Bylaws/ Rules and Regulations.
- 5. The Director of Medical Education according to the affiliation agreements supervises the medical student program.
- 6. Medical Students are not members of the medical staff and may practice only under the supervision of members of the medical staff with like privileges for the care being provided and in no case shall it exceed the scope of privileges awarded supervising physicians fully trained in the same specialty.
- 7. DUTY HOURS: Duty hours must be limited to eighty hours per week, averaged over a four week period, inclusive of all in-house call activities. It is further a requirement that residents be provided with one day in seven free from all education and clinical responsibilities. In house call may occur no more frequently than every third night averaged over a four-week period. Oversight and monitoring with each program is required to frequently monitor duty hours to assure compliance.

PROCEDURE:

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- A. Residents/Students are expected to interact with patients in Saint Joseph Regional Medical Center Plymouth with the permission, and under the direction of admitting/attending physicians (community family physicians or specialists) who delegate to residents/students some defined portion of that medical care responsibility. Medical care begins with admission of the patient, continues through the daily progress of the hospitalization, and concludes with discharge of that patient from the hospital with completion of the permanent medical record on that patient.
- B. Specific resident/student responsibilities and responsibilities of the supervising attending physician are listed below:
- 1) The Director of Medical Education/ supervising physician shall submit a written curriculum to the Medical Credentials Committee.
 - 2) Licensed, independent practitioners with appropriate clinical privileges must supervise residents in their patient care responsibilities. Supervising physicians must request/obtain special privileges per the established process in order to supervise residents. The supervising medical staff member shall be an active or associate member of the medical staff. He/she will possess like privileges that they are allowing/supervising the medical student, resident, or fellow to perform.
 - 3) Resident physicians shall have either a temporary medical permit or a medical license and be enrolled in postgraduate medical training under the supervision of members of the medical staff as outlined.
 - 4) Selection and enrollment of resident physicians shall be made annually by procedures determined by the Director of the residency program.
 - 5) The Director of the Residency program of the medical center shall maintain a system of supervision that ensures that all resident physicians are supervised in a manner consistent with demonstrated levels of competence as well as consistent with any relevant affiliation agreements. The director of the Residency Program shall maintain documentation of the resident physician's progress and required levels of supervision. The MCC and the service chiefs of the medical staff department encompassing that specialty ensure that the director of the residency program maintains appropriate supervision of resident physicians. No member of the medical staff shall be required to supervise residents as a condition of medical staff membership or clinical privileges.
 - 6) Prior to starting any rotation in the hospital, the resident/student must complete an orientation program specifically designed for residents/students. At the completion of the orientation, the resident/student shall sign a form stating he/she will follow the Bylaws, Rules and Regulations and code of conduct as well as abide by all hospital policies and procedures.
 - 7) The admitting/attending/supervising physician shall evaluate the patient in person and be in a position to confirm the findings of the resident/student and discuss the care plan in the following time table: immediately as soon as possible for unstable and deteriorating patient; within one hour for a patient in Critical Care; or within 12 hours for a stable medical patient admitted to a general hospital bed.
 - 8) The supervising admitting/attending physician confirms the subjective and objective findings of the resident/student, reviews the differential diagnosis, and discusses patient care management with the resident/student.
 - 9) For an obstetrical admission, after consulting the prenatal record available on the labor unit, and after examining the patient, the resident/fellow will contact the admitting/attending physician with obstetric privileges to describe the findings and discuss the plan of care. The attending physician shall evaluate all acute or high-risk patients as soon as possible.
 - 10) At a minimum on a daily basis (more often as the needs of the individual patient may dictate), the resident/student and the admitting/attending/supervising physician will review progress of the patient, make the necessary modification in the plan of care, plan family conferences as needed, and agree on the type and scope of documentation for the medical record.
 - 11) The admitting/attending/supervising physician must countersign all orders written by residents who are unlicensed physicians (i.e., first year residents and medical students). Medical staff members may write patient care orders on patients who are cared for in part by a resident.

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- 12) When either a medical patient or an obstetrical patient develops a condition that the resident/fellow feels is potentially dangerous for the patient, the resident will contact the admitting/attending/supervising physician and report these developments. The resident/fellow may identify the need for that physician to see the patient at an agreed upon time to assist with the evaluation and treatment of such a patient.
- 13) As the level of skill and knowledge increases for residents/fellow, admitting/attending/supervising physicians may delegate increasing levels of responsibility and allow increasing levels of participation in patient care, including the performance of procedures.
- 14) As with patient care in general, admitting/attending/supervising physicians may teach procedure skills to the resident/student. Because medical students/residents are not formally, at any point in their training, privileged for independent practice of medicine, including the performance of procedures, members of the medical staff must provide supervision for each procedure they delegate to a medical student/resident. Members of the medical staff must provide supervision for each procedure performed by the fellow in their fellowship training.
- 15) At the time of discharge, the admitting/attending/supervising physician may delegate some of the discharge planning to the resident/fellow, and should review any discharge documents generated by the resident/fellow and must sign any attestation statements required.
- 16) The admitting/attending/supervising physician should ensure the completeness of the medical record by offering suggestions to the resident/student or by making additional comments in the progress notes.
- 17) The principal documents of each hospital stay that is prepared by the resident/student- the history and physical and the discharge summary, for example must be reviewed for completeness by the admitting/attending/supervising physician, and pertinent suggestions should be offered to the resident/student about form, content, or both.
- 18) These documents are to be countersigned by the admitting/attending/supervising physician or his or her coverage. The admitting/attending/supervising physician remains responsible for the completeness and accuracy of the medical record generated by residents/students.
- 19) Upon completion of the rotation, the resident/student and the supervising physician shall submit an evaluation of the rotation.
- 20) The professional Graduate Education Committee/ Credentials Committee and the medical staff must regularly communicate and must include as an agenda item a yearly discussion/ evaluation of the safety and quality of patient care provided by residents and their related educational and supervisory needs. The professional Graduate Education Committee/Credentials Committee must periodically communicate with the governing board about the educational needs and performance of residents/students. At least annually a comprehensive report on the educational needs and performance of residents will be presented to the governing board for consideration.
- 21) Residents and students shall wear picture identification at all times while in the hospital.
- 22) Supervising Physicians are limited to teaching only those procedures contained in their established core privileges of the LIP's primary specialty. No special request type procedures will be taught.
- 23) Medical Students may not directly perform any patient procedures other than those outlined in attached job description.

C. JOB DESCRIPTION- MEDICAL STUDENT

- 1) Overview
 - a) Medical students provide care to patients hospitalized at SJRMC Plymouth in a variety of teaching services and preceptor rotations, with supervision provided by privileged attending physicians.
 - b) Attending/supervising physicians with appropriate hospital privileges congruent with the functions to be performed by the student supervise all medical student patient care. Guidelines for supervising attending physicians are provided in the previous "procedure" section of this policy. As the skill and knowledge level increases for individual medical students, supervising attending

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physicians may delegate increasing levels of responsibility and allow medical students increasing levels of participation in patient care, as delineated.

- c) Patient care provided by medical students and supervising attending is assessed by the same established quality review mechanisms to evaluate the quality of patient care in the hospital. The Professional Graduate Education Committee/Credentials Committee supervises an evaluation program, designed to assess community and program faculty supervision of medical students. Problems with inadequate supervision are discussed with individual attending and specific plans outline for remediation.

2) Medical Student- General Responsibilities:

- a) Patient services a medical student may provide under the supervision of attending physicians include:
 - (1) May participate in wound closure in suturing during surgery. Attending physician must be physically present in the operating room.
 - (2) May not be used as first assistants in major surgical procedures.
 - (3) May not have direct responsibilities in patient care without the direct preceptorship and guidance of the supervising physician.
 - (4) May write progress notes on patient charts that will be countersigned by the attending physician who has seen and evaluated the patient.

D. JOB DESCRIPTION- RESIDENT

1) Overview

- a) Residents provide care to patients hospitalized at SJRMC Plymouth in a variety of teaching services and preceptor rotations, with supervision provided by privileged attending supervising physicians.
- b) All resident patient care is supervised by attending physicians with appropriate hospital privileges congruent with the functions to be performed by the student as well as special privileges for supervising residents. Guidelines for supervising attending physicians are provided in the previous “procedure” section of this policy. As the skill and knowledge level increases for individual residents, supervising attending physicians may delegate increasing levels of responsibility and allow residents increasing levels of participation in patient care, as delineated.
- c) Patient care provided by residents and supervising attending is assessed by the same established quality review mechanisms to evaluate the quality of patient care in the hospital. The Professional Graduate Education Committee/Credentials Committee supervises an evaluation program, designed to assess community and program faculty supervision of residents. Problems with inadequate supervision are discussed with individual supervising attending and specific plans outline for remediation.

2) Resident- General Responsibilities:

- a) Patient services a resident may provide under the supervision of attending physicians include:
 - (1) Initial and ongoing assessment of patient’s medical, physical, and psychosocial status;
 - (2) Perform history and physical;
 - (3) Develop assessment and treatment plan;
 - (4) Perform rounds;
 - (5) Record progress notes;
 - (6) Order diagnostic tests, examinations, medications, and therapies;
 - (7) Arrange for discharge and after care;
 - (8) Write/dictate admission notes, progress notes, procedure notes, and discharge summaries;

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- (9) Provide patient education and counseling covering health status, test results, disease processes, and discharge planning;
 - (10) Perform procedures;
 - (11) Assist in surgery; and
 - (12) Perform/assist in the Emergency Department with procedures as appropriate within training and as approved by the attending/supervising physician. A qualified physician must be present. The emergency services physician may provide supervision.
- b) Note: All resident care is supervised and the attending/supervising/ physician are ultimately responsible for the care of the patient. All resident orders must be countersigned by the attending physician immediately on post-operative orders and within 24 hours for all other orders on the floor. The proximity and timing of supervision, as well as the specific tasks delegated to the resident physician depend on a number of factors, including:
- (1) The level of training (i.e. year in residency) of the resident.
 - (2) The skill and experience of the resident with the particular care situation.
 - (3) The familiarity of the supervising physician with the resident's abilities, and
 - (4) The acuity of the situation with the degree of risk to the patient.

E. JOB DESCRIPTION- FELLOW'S - Who are not Members of the Medical Staff

1. Overview

- a) Fellows provide care to patients hospitalized at SJRMC Plymouth in a variety of teaching services and preceptor rotations, with supervision provided by privileged attending/supervising physicians.
- b) Attending/supervising physicians with appropriate hospital privileges congruent with the functions to be performed by the fellow supervise all fellow patient care. Guidelines for supervising attending physicians are provided in the previous "procedure" section of this policy. As the skill and knowledge level increases for individual fellows, supervising attending physicians may delegate increasing levels of responsibility and allow fellows increasing levels of participation in patient care, as delineated.
- c) Patient care provided by fellows and supervising attending is assessed by the same established quality review mechanisms to evaluate the quality of patient care in the hospital. The Professional Graduate Education Committee/Credentials Committee supervises an evaluation program, designed to assess community and program faculty supervision of fellows. Problems with inadequate supervision are discussed with individual attending and specific plans outline for remediation.

2. Fellows- General Responsibilities:

- a) Patient care services a fellow may provide under the supervision of attending physicians include:
 - (1) May do history and physicals and necessary work-ups.
 - (2) May cover for their preceptor in the emergency department. However, all care, including follow-up care from the emergency department is the responsibility of the attending physician.
 - (3) May perform Emergency Department procedures under the direction of the attending physician.
 - (4) Must discuss specific patients and problems with attending/supervising physician.
- b) Note: All fellows' care is supervised and the attending/supervising physician is ultimately responsible for the care of the patient. All fellows' orders must be countersigned by the attending physician immediately on post-operative orders and within 24 hours for all other orders on the floor. The proximity and timing of supervision, as well as the specific tasks delegated to the fellow physician depend on a number of factors, including:

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- (1) The level of training (i.e. year in fellowship) of the fellow
 - (2) The skill and experience of the fellow with the particular care situation
 - (3) The familiarity of the supervising physician with the fellow's abilities, and
 - (4) The acuity of the situation with the degree of risk to the patient.
- c) Supervision of fellows who are credentialed medical staff members will receive levels of supervision as deemed appropriate by the supervising physician on an individual basis.

B. Director of Medical Education Responsibilities

1) Overview:

- a) The Director of Medical Education for the SJRMC Plymouth Graduate Medical Education Program serves as a liaison/coordinator between the Graduate Medical Education Department and Committee at South Bend and the Plymouth Medical Staff Credentials Committee (MCC)/Board to provide oversight, communication and supervision of all Graduate Medical Education programs at the Plymouth campus. The Director of Medical Education is appointed by the MCC to serve in this capacity.

2) General Responsibilities:

- a) The Director of Medical Education will provide at a minimum of an annual report from the Graduate Medical Education Committee (GMEC) to the board and medical staff credentials committee (MCC) which outlines an evaluation of the program to include but not limited to performance of residents/students, issues related to patient safety and quality of patient care as well as any issues or recommendations related to educational and supervisory needs of residents/students.
- b) The Director of Medical Education will receive reports or communications per the established SJRMC Plymouth Performance Improvement processes for Risk/Patient Relations/Quality monitoring and reporting. The Director of Medical Education will communicate relevant reports to the GMEC for informational purposes or any further action required.
- c) The Director of Medical Education will provide day-to-day oversight of all Graduate Medical Education Activities.
- d) The Director of Medical Education will provide oversight to ensure that relevant orientation/education to all supervising physicians occurs prior to the start of the educational experience regarding their role and responsibilities as the supervising physician.
- e) The Director of Medical Education will provide oversight to ensure that all residents/students receive a general orientation to the Plymouth campus including but not limited to review of the medical staff bylaws/Rules and Regulations as well as organizational policies and procedures.

C. CREDENTIALS PROCESS

- 1) A training rotation will be formalized by arrangements made by his/her primary training institution and the Graduate Medical Education Department at South Bend with approval by the credentials committee of SJRMC Plymouth.
- 2) Shall have a supervising physician who is a member of the medical staff in good standing who shall agree to supervise the resident/student training member according to this policy and the medical staff bylaws and the rules and regulations of SJRMC Plymouth. This supervising physician will request and receive approval for special privileges to supervise Residents.
- 3) A designated resident/student application must be completed and signed by each applicant and maintained by the affiliated school or the Graduate Medical Education Department at South Bend. Period of rotation/observation must be indicated. The credential application/file must include all necessary components as outlined by the affiliated school. Licensure and professional liability coverage verification is required.

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- 4) Approval Process
 - a) The Service Chief of the appropriate service, President of the medical staff, as well as the Executive Vice President must sign temporary privileges form for granting approval.
 - b) Notice of Resident/Student name and period of rotation will be provided from the Graduate Medical Education Department and reported to the Medical Staff Credentials Committee through the program director. This information will also be distributed to the appropriate hospital departments for information.
 - c) Upon approval of the rotation assignment, the resident/student will participate in the orientation process as outlined in the medical staff office. Documentation of this orientation will be maintained in the medical staff office.
- 5) Disciplinary Actions
 - a) The steps followed for disciplinary action are followed as stated in medical staff bylaws/ rules and regulations:
 - (1) Any violation of these bylaws, rules and regulations shall be addressed by suspension and/or termination of the educational experience.
 - (2) Such discipline may be initiated by the Physician Supervisor and/or the President of the medical staff, and/or the Executive Vice President of Saint Joseph Regional Medical Center Plymouth; by report to the program director/director of the residency program for further action.
 - (3) The Resident/Fellow is not covered by the Fair Hearing Plan of these bylaws, rules and regulations.

References/Standards:

- ACGME Final Resident Duty Standards
- Joint Commission Accreditation Manual for Hospitals
- General Requirements for Residency Training, Accreditation Council for Graduate Medical Education, 1990, Section 5.1.3
- Credentialing and Peer Review; Legal Insider”, June 2002
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