Policies and Procedures

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**PURPOSE**
The GMEC must monitor programs’ supervision of residents and ensure that supervision is consistent with:

a. Provision of safe and effective patient care;
b. Educational needs of residents;
c. Progressive responsibility appropriate to residents’ level of education, competence, and experience; and,
d. Other applicable Common and specialty/subspecialty-specific Program requirement.

**SCOPE**
This policy applies to all internal medicine residents in the Creighton University School of Medicine/Maricopa Medical Center (Phoenix) program.

**POLICY**
The Internal Medicine 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 assurance of safe patient care, and the resident’s maximum development of the skills, knowledge, and attitudes needed to enter the unsupervised practice of medicine. The program adheres to Creighton University Leave Policy.

**DEFINITIONS**
- **Supervising Faculty:** A faculty physician, or a more senior resident/fellow
- **Supervision:** Four levels of supervision are recognized. They are:
  - **Direct:** The supervising faculty is physically present with the resident and the patient.
  - **Indirect:** There are two types of indirect supervision:
    - **Indirect supervision with direct supervision immediately available:** The supervising faculty 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.
    - **Indirect supervision with direct supervision available:** The supervising faculty is not required to be present in the hospital or 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 to provide Direct Supervision within 15 minutes.
  - **Oversight:** The supervising faculty is available to provide review of procedures/encounters with feedback provided after care is delivered.

**PROCEDURE**
The principles which apply to supervision of residents include:

In the event of any discrepancies between program policies and the GME policy, the GME policy shall govern.
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- The Internal Medicine program establishes schedules which assign board certified faculty physicians, residents, or fellows to supervise at all times and in all settings in which residents of the Internal Medicine program provide any type of patient care. The type of supervision to be provided is delineated in the curriculum’s rotation description.

- The minimum amount/type of supervision required in each situation is determined by the definition of the type of supervision specified, but is tailored specifically to the demonstrated skills, knowledge, and ability of the individual resident. In all cases, the faculty member functioning as a supervising faculty should delegate portions of the patient’s care to the resident, based on the needs of the patient and the skills of the resident.

- Senior residents and fellows serve in a supervisory role of junior residents in recognition of their progress toward independence.

- All residents, regardless of year of training, must communicate with the appropriate supervising faculty member, according to these guidelines:
  - All residents are required to notify the team attending or the attending on call for any of the following situations:
    - Unstable patients manifesting vital signs including systolic BP<90 not immediately responsive to IV fluids, sustained respiratory rates > 30, initial need for mechanical ventilation, significant changes in metabolic or neurologic status, or any significant changes in a patient status where the resident requires additional attending input.
    - Complicated or difficult procedures such as an inability to obtain central venous or arterial vascular access, tube thoracostomy, pulmonary artery catheterization, dialysis or renal replacement procedures, surgical or other procedures requiring consultation by services such as surgery, radiology or anesthesiology.
    - Any consultations that are requested between the hours of 2200 and 0700.
    - Differences in opinion regarding management between other services or consultants.
    - Potential plans for withdrawal of care, brain death protocol, or organ donation.
    - Ethical, administrative or nursing issues, including matters related to family or patient consent.
    - Need for approval of non-formulary items.
    - Patients requesting to leave AMA.
    - Inclusion of patient in a research protocol.
    - Patients needing to be placed in restraints.

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