Policies and Procedures

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 Creighton University Urology Residents.

POLICY

The following leave is outlined below, along with a link to access Creighton University policy.

The types of supervision are defined as:

- **Direct Supervision** means that the supervising physician is physically present with the house staff physician and patient.
- **Indirect Supervision** is divided into two types -- either the supervising physician is immediately available in the facility or is immediately available by telephonic or electronic means and is available to provide direct supervision.
- **Oversight supervision** means that the supervising physician is available to evaluate patient care and provide feedback after that care is delivered. Each program must ensure that house staff physicians receive adequate supervision at all times.

In a health care system where patient care and the training of health care professionals occur together, there must be a clear delineation of responsibilities to ensure that qualified practitioners provide patient care, whether they are trainees or full-time staff. As resident trainees acquire the knowledge and judgment that accrue with experience, they are allowed the privilege of increased authority for patient care.

a. The training programs follow the institutional requirements of the Accreditation Council for Graduate Medical Education (ACGME). ACGME states that the Residency Program Director and faculty are responsible for providing residents with direct experience in progressive responsibility for patient management. The process of progressive responsibility is the underlying educational principle for all graduate medical and professional education, regardless of specialty or discipline. The responsibility of attending is to enhance the knowledge of residents while ensuring patient safety and quality care. Such responsibility is exercised by observation, consultation, and direction, and includes the imparting of knowledge, skills, and attitudes/behaviors to the residents and the assurance that care is delivered in an appropriate,
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Policy: Resident Supervision

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...timely, and effective manner. Supervision may be exercised in many ways including face-to-face contact with residents in the presence of the patient, face-to-face contact in the absence of the patient, and through consultation via the telephone or other HIPPA compliant communication devices. If on-site supervision is not necessary, the staff physician must be able to arrive at the health care site within a reasonable period of time. Each program is responsible for training their clinician supervisors in their roles and responsibilities. Incumbent on the clinician educator is the appropriate supervision of the residents as they acquire the skills to practice independently.

Responsibilities: The provisions of this policy are applicable to patient care services including, but not limited to inpatient care, outpatient care, community and long-term care, emergency care, and the performance and interpretation of diagnostic and therapeutic procedures.

a. Supervising practitioners are responsible for the care provided to each patient and they must be familiar with each patient for whom they are responsible. Fulfillment of that responsibility requires personal involvement with each patient and each resident who is participating in the care of that patient. Each patient must have a supervising practitioner whose name is identifiable in the patient record. 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 residents. Other supervising practitioners may at times be delegated responsibility for the care of the patient and the supervision of the residents involved. It is the responsibility of the supervising practitioner to be sure that the residents involved in the care of the patient are informed of such delegation and can readily access a supervising practitioner at all times.

b. Within the scope of the training program, all residents must function under the supervision of supervising practitioners. Services that provide 24-hour, 7-day a week (24/7) resident coverage and call schedules must be provided to the medical center administration. Call schedules are to delineate both resident and attending coverage.

c. Each training program is constructed to encourage and permit residents to assume increasing levels of responsibility commensurate with the ACGME milestones experience, skill, knowledge, and judgment. The Clinical Competency committee of each program defines the levels of responsibilities for each milestone of training by submitting a description of the types of clinical activities each resident may perform under what type of supervision. The Residency Program Director ensures that this list of graduated levels of responsibility is available electronically to the health care site who will distribute it to other appropriate staff.

d. In order to ensure patient safety and quality patient care while providing the opportunity for maximizing the educational experience of the resident in the ambulatory setting, it is required that an appropriately-privileged supervising practitioner is physically present for supervision during clinic hours. Patients followed in more than one clinic must have an identifiable supervising practitioner for each clinic. Supervising practitioners are responsible for ensuring the coordination of care that is provided to patients.
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e. In each training program, there will be circumstances in which all residents, regardless of level of training and experience, must verbally communicate with appropriate supervising faculty. Programs must identify and set guidelines for these circumstances and these guidelines must be available in writing for all residents. At a minimum, these circumstances will include:

i. Emergency admission;

ii. Consultation for urgent condition;

iii. Transfer of patient to a higher level of care;

iv. Code Blue Team activation;

v. Change in DNR status;

vi. Patient or family dissatisfaction;

vii. Patient requesting discharge AMA, or;

viii. Patient death

Programs may set additional guidelines for circumstances and events in which residents must communicate with appropriate supervising faculty. Members with an addendum to this policy that should be filed with the GME office and kept in the respective department.

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

REFERENCES

https://www.acgme.org/

AMENDMENTS OR TERMINATION OF THIS POLICY

Creighton University reserves the right to modify, amend or terminate this policy at any time.

The GME policy supersedes all program level policies regarding this area/topic. In the event of any discrepancies between program policies and the GME policy, the GME policy shall govern.