GRADUATE MEDICAL EDUCATION
SUPERVISION POLICY
OBSTETRICS AND GYNECOLOGY

Policy: A broad description and overview of progressive responsibilities accorded house officers and the faculty responsibility for supervision in the Department of Obstetrics and Gynecology.

Purpose: To outline the range of activities permitted house officers according to year of training and/or clinical experience. Any listed procedures should be areas of concentration for residents in a particular year. Involvement in procedures will not be strictly limited to those procedures listed.

Procedures and Privileges:
Supervisory Guidelines:
1. Each resident shall be directly supervised by assigned faculty in the clinic, operating room, labor and delivery, and emergency room, and for consultations.
2. Patient care in the ambulatory clinic is monitored by assigned faculty member whose only responsibility during that time is ambulatory clinic supervision. There will be no more than four residents assigned to a single faculty member per clinic. Residents present each patient to the assigned faculty member for teaching and patient care recommendations. The assigned physician may repeat parts of the history and physical as necessary. All examinations in the outpatient setting may be repeated by the assigned faculty for the first six months of residency pending competency assessment of the PGY I.
3. Assigned faculty members are present in all inpatient areas including the operating room, emergency room, and labor and delivery 24 hours a day, 7 days a week. All patients will be seen and presented to the assigned faculty member by the appropriate resident. The senior resident will also be responsible for guiding and teaching the junior resident in these instances. In the case of more complex patients, such as ICU transfers or end of life decisions, the senior resident will be actively involved and responsible for patient care in conjunction with the assigned faculty. Both the senior resident and the assigned faculty will be present and will be responsible for making decisions regarding management of these patients. The junior resident may be involved in gathering information and creating management plans.
4. Each resident shall have the privileges of his/her assigned faculty when performing procedures under direct supervision of that assigned faculty. The assigned faculty is responsible for the resident and his/her performance.
5. No patient is taken to surgery without an assigned faculty resent during the procedure, with rare exception.
6. Privileges and procedures are appropriated with progressive responsibility in patient care and resident experience through the four years of residency under the supervision of qualified staff.