

**Legacy Emanuel/Good Samaritan Hospitals
Graduate Medical Education**

Policy #2.15

SUBJECT: Supervision of Residents and Clinical Fellows

PURPOSE: To define the responsibility of and the process for supervision of residents and clinical fellows on the inpatient and outpatient services at Legacy Emanuel and Good Samaritan Hospitals.

A. Scope of Policy

This policy applies to residents and clinical fellows in Legacy-sponsored training programs, residents and clinical fellows enrolled in integrated or affiliated programs, and/or residents and clinical fellows from other teaching hospitals who are temporarily assigned to Legacy Emanuel and Good Samaritan Hospitals for clinical training purposes.

B. Definitions

Attending Physician – a licensed independent practitioner with appropriate clinical privileges who teaches and supervises residents and/or clinical fellows. As per the medical staff rules and regulations, “each patient admitted to the hospitals or the teaching clinics at Legacy Emanuel and Good Samaritan Hospitals shall be the responsibility of a medical staff member who may also supervise the care provided to his/her patient by a resident”. A medical staff member who has been authorized by a program director to teach and supervise a resident and/or clinical fellow is defined as an “attending physician” for the purposes of this policy. Because no one attending physician is expected to be available at all times, any physician who is designated to provide coverage for the attending physician’s patients becomes the attending physician and assumes the responsibilities set forth in this policy.

Program Director – Legacy medical staff member who is appointed by Legacy Health System to direct a given training program. The program director has primary responsibility for supervision of all aspects of the training program, including the selection and supervision of teaching faculty and residents and clinical fellows. The program director also has primary responsibility for ensuring the continued accreditation and/or certification of his/her training program.

Resident: A physician enrolled in a post-graduate training program. For purposes of this policy, both residents and clinical fellows are covered by the term “resident(s).”

Supervise: To have charge and direction of (American Heritage Dictionary, 3rd ed.). For purposes of this policy, the attending physician must be available to the resident at all times both to direct patient care and to enhance the resident's educational experience.

C. Preamble

The development of mature clinical judgment requires that residents, properly supervised, be given responsibility for patient care commensurate with their ability. Residents must be given the responsibility for decision making and for direct patient care in all settings, subject to review and approval by senior residents and attending physicians, to include the planning of care, and the writing of orders, progress notes and relevant records.

D. Policy – Inpatient Rotations

1. The program director has primary responsibility for the oversight and organization of his/her educational program in all institutions that participate in the program. This includes monitoring appropriate resident supervision at all participating institutions to ensure that residents are afforded appropriate faculty supervision during all training experiences. An attending physician who has questions or concerns regarding the supervision of a resident should contact the resident's program director.
2. A junior resident may be directly supervised by a more senior resident, however, the ultimate responsibility for each patient admitted to the resident service is the attending physician's responsibility.
3. The attending physician must be available to the resident at all times via phone or pager. The attending physician must have the capability to be physically present in the hospital within thirty minutes of notification if his/her presence is required to care for his/her patient. For procedures performed in the operating room, the attending physician should be in the operating room suite and scrubbed during key parts of the case and present in the operating room department with scrubs on and immediately available during the balance of the case. The cath lab is considered the operating room equivalent.

4. Residents must be supervised by the attending physician in such a way that the residents assume progressively increasing responsibility according to their level of education, ability, and experience.
5. The attending physician must determine the level of responsibility accorded to each resident. At no time may a resident's scope of practice exceed the scope of practice established by his/her attending physician's hospital privileges. Attending physicians who have questions regarding a resident's level of competence should address these questions to the resident's program director.
6. Each attending physician should become familiar with the written curriculum established for each resident he/she supervises. The curriculum may be obtained from the office of the resident's program director.
7. Each physician of record has the responsibility to make rounds on his or her patients and to communicate effectively with the residents participating in the care of these patients at a frequency appropriate to the changing care needs of the patients. The attending physician must discuss patient evaluation, treatment planning, patient management, complications, and outcomes with the resident and review records of patients assigned to the resident to ensure the accuracy and completeness of these records.
8. As per the Accreditation Council for Graduate Medical Education accreditation requirements, residents must write all orders for patients under their care, with appropriate supervision by the attending physician. In those unusual circumstances when an attending physician or subspecialty resident writes an order on a resident's patient, the attending or subspecialty resident must communicate his or her action to the resident in a timely manner.

E. Policy – Outpatient Setting

1. The program director has primary responsibility for the oversight and organization of his/her education program in all institutions that participate in the program. An attending physician who has questions or concerns regarding the supervision of a resident in an outpatient setting should contact the resident's program director.
2. In the outpatient setting, the attending physician must be physically present in the outpatient facility and available to the resident for consultation.

3. Residents must be supervised by the attending physician in such a way that the residents assume progressively increasing responsibility according to their level of education, ability, and experience. The level of the attending physician's involvement in the examination, diagnosis and treatment of the patient will vary according to the skill level and knowledge-base of the resident as determined by the attending physician. It is recommended that all patients be seen by the attending physician and all prescriptions written by residents be reviewed by an attending physician before being given to the patient during the first six-months of training.
4. The attending physician must determine the level of responsibility accorded to each resident. At no time may a resident's scope of practice exceed the scope of practice established by his/her attending physician's privileges.
5. The attending physician must document his/her involvement in the patient's care in the patient's medical record and should review the resident's documentation to ensure the accuracy and completeness of these records.

Approved by the Legacy Portland Hospitals GME Committee on May 19, 2004 and the Medical Executive Committee on May 24, 2004.

Policy revised and approved by the GME Committee on September 18, 2008.