Tucson Hospitals Medical Education PROGRAM

THMEP Policy for Supervision and Progressive Responsibility

Lines of Responsibility:
As per ACGME requirements, supervision is defined by the following four categories:

1. **Direct Supervision** – The supervising physician is physically present with the resident and patient.
2. **Indirect Supervision with direct supervision immediately available** – The supervising physician is physically within the confines of the site of patient care, and is immediately available to provide Direct Supervision.
3. **Indirect Supervision with direct supervision available** – The supervising physician is not physically present within the confines of the site of patient care, but is immediately available via phone, and is available to provide Direct Supervision.
4. **Oversight** – The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

The lines of responsibility, on both inpatient and outpatient rotations, are based on the following principals:

- The attending physician is ultimately responsible for each patient and must be appropriately credentialed and privileged, with this information available to all residents, faculty and patients.

- Appropriate levels of supervision must be in place for all residents. Direct or indirect supervision must be used depending on both patient care needs and the resident's experience and ability. This is to ensure oversight of residents, appropriate to their graded authority and responsibility in patient care.

- PGY-1 residents in all clinical settings, including nights and weekends, will be directly supervised or indirectly supervised with direct supervision immediately available. This supervision will be provided directly by the attending physician or by a senior resident (PGY2, PGY3), with indirect supervision by the attending physician.

- PGY-2 and PGY-3 residents will be directly supervised by the attending physician or indirectly supervised with direct supervision available by the attending physician at all times, including nights and weekends.

- PGY-1, PGY-2 and PGY-3 residents performing invasive procedures must conduct invasive procedures either (i) under direct supervision by an attending physician with credentials to perform the procedure or, if and when written program criteria have been met and explicit approval has been granted by the program director/clinical competence committee, (ii) under indirect supervision with direct supervision immediately available.

- Progressive responsibilities of residents will be based on their abilities and demonstrated behaviors, as determined by evaluation processes involving the Program Director, faculty members and residents, with input and oversight by the Clinical Competency Committee.

- Faculty and senior residents will supervise for a sufficient duration and delegate patient care to residents according to patient needs and individual resident competency. Attending physicians must

understand the importance of enabling the resident to take responsibility for "first decision" making prior to faculty involvement, whenever possible within the boundaries of patient safety and high value care. First decision making by the resident will aid in the maturation of each resident, whereas "final decision" making is the province of the faculty.

- Any resident who believes that supervision or accountability by a senior resident or an attending physician has been inadequate should report this as soon as possible to the appropriate Program Director or directly to the DIO. The Program Director and the DIO must ensure that, to whatever degree is possible, this report will remain protected information. Moreover, this DIO must ensure that the report is made free of reprisal, without immediate or later adverse outcome to the resident for any report made in good faith.

- Any resident who wishes to report inadequate supervision or accountability may also, at the resident's discretion, do so anonymously via the feedback portal in the THMEP website.

Residents will be informed of the limits of their authority and conditional independence on a regular and timely basis through direct communication and formal evaluation feedback processes with the Program Director, attending physicians and senior residents.

The following situations, regardless of supervision level, will necessitate immediate communication with and direct supervision of the appropriate attending:

- **Transfer of a patient to an ICU setting**
- **Significant decline in clinical status**
- **End of life decisions**
- **Any patient leaving against medical advice (AMA)**

On-call schedules for attending staff will be easily accessible either online or through the hospital operator. All members of the healthcare team (attending physicians, residents, students, nurses, and ancillary staff) must wear identification badges displaying their name and respective role. In addition, team members will introduce themselves and their respective role to the patient/family.

This policy also includes the Tucson Medical Center Professional Staff Services Procedure, Medical Executive Committee Resident Supervision Policy (as below).

POLICY CLASSIFICATION: TMC HealthCare POLICY TYPE: Professional Staff PAGE:
DOCUMENT ID: PS-01-01 VERSION:
New EFFECTIVE: 9/4/2020 TITLE: **Medical Executive Committee Resident/Fellow Supervision**

Purpose:	Provides guidelines for institutional oversight to assure that residents/fellows are appropriately supervised.
Definitions:	Tucson Medical Center must ensure that its Graduate Medical Education (GME) programs provide appropriate supervision for all residents/fellows, as well as duty hours and a work environment that are consistent with proper patient care, the educational needs of residents/fellows and applicable

program requirements, as outlined in the respective program handbooks available electronically. Contact THMEP for concerns or after hours use.

Keywords: Resident/Fellows Supervision

Applicability: Residents, Fellows, and Supervising Physicians at TMC.

Statement of Policy: It is the policy of TMC for Residents and Fellows at TMC to have appropriate supervision during training rotations at TMC.

Procedure:

1. Residents/fellows must be supervised by attending physicians in a manner that allows the residents to assume progressively increasing responsibilities according to their level of education, ability, and experience.
2. On call schedules for teaching staff must be structured to ensure that supervision is readily available to residents/fellows on duty.
3. Residents/fellows have no independent privileges with Tucson Medical Center. Each patient admitted to Tucson Medical Center has a member of the Professional Staff as his/her attending physician. While residents/fellows may write orders (with the exception of "admit to inpatient") and progress notes in patient charts, attending physicians retain responsibility for the care of their patients seen by residents/fellows and must review the care of these patients.
4. All admissions to Tucson Medical Center must be precepted with a supervising physician on the Professional Staff prior to admission. All critical care patients must be seen by the supervising physician within 2 hours of being admitted to ICU and 4 hours to non-ICU beds.
5. Procedures in the operating room: Residents/fellows at all levels must and will be directly supervised by the **physical presence of the attending physician** during all operative procedures performed in the operating room. TMC prohibits taking the patient to the operating room without the physical presence of the attending physician.
6. Residents/fellows may perform procedures outside the operating room at Tucson Medical Center under the direct supervision of an attending physician on the Professional Staff. Residents/fellows may only perform those procedures for which the patient's attending physician holds privileges.
7. Residents/fellows may perform certain procedures outside the operating room without direct supervision ("indirect supervision") only after obtaining the agreement of the attending physician. The privilege to perform this procedure with indirect supervision is verified by the responsible residency program director and the privilege for the performance of this procedure with indirect supervision is posted on the roster site. A resident's/fellows competency to perform any specific procedure under indirect supervision will be verified and documented under established guidelines of the resident's sponsoring program. It is the Program Director's responsibility to have this documentation available to the Chief Medical Officer or his designee, who will communicate with the Professional Staff Credentials Committee and nursing personnel via the electronic roster site. A list of all residents/fellows rotating in the institution, with the procedures they are

competent to perform, will be maintained on-line. The list will be updated at least twice a year and as needed.

8. Details of each program's policy regarding procedural competency is documented in its program manual or house staff manual. Copies are available in THMEP.
9. As physicians, residents/fellows may act in the best interests of patients in emergency situations, subject to subsequent review by the attending physician and the usual quality assurance measures of the Professional Staff.
10. All deliveries (with the exception of precipitous deliveries) will be attended by an attending physician who is physically present in the hospital.
11. A resident/fellow may request the physical presence of an attending at any time and is never to be refused.
12. Any significant changes in a patient's condition should be reported immediately to the attending physician. All patients scheduled for discharge should be discussed with the attending prior to discharge.
13. Specific events that occur as a result of inadequate supervision are documented on event reports/quality alerts. Event reports involving residents/fellows are routed to the Chief Medical Officer or his/her designee and the Residency Program Director via THMEP.
14. The attending physician must countersign all History and Physicals; all discharge summaries and all operative reports. Residents/fellows may write orders without countersigning.
15. When attending physicians give a resident/fellow verbal or telephone orders, the resident/fellow will follow the "read back" requirement as outlines in the Tucson Medical Center Medication Policy.
16. Effective communication between the Joint Committee on Graduate Medical Education and the Medical Executive Committee occurs through sharing of minutes to the Medical Staff and biennial reports to the MEC by the Chief Medical Officer and/or THMEP Medical Director.