

RESIDENT SUPERVISION

PROGRAM LETTERS OF AGREEMENT

In order to ensure residents receive appropriate educational experience under adequate supervision, a Program Letter of Agreement (PLA) will be updated and signed annually by the program director and site director for each participating site providing a required program assignment. The PLA will include the following information:

- identify faculty name/or general faculty group who teaches/supervises residents;
- specify their responsibilities for teaching, supervision, and formal evaluation of residents;
- specify the duration and content of the educational experience; and
- state that residents must abide by the policies of the site, the program, and the GMEC.

A copy of the PLA will be sent to and maintained in the GME office.

Individual programs must have specialty-specific supervision policies. Listings of procedural competencies by resident name and by program can be accessed on the GME website at: http://www.utmem.edu/GME/housestaff_listings_comps.php.

INSTITUTIONAL POLICY ON RESIDENT SUPERVISION

The following resident supervision policy has been approved by the Dean of the College of Medicine: <http://www.utmem.edu/GME/supervision.php>. Development criteria was to promote patient safety, provide educational excellence, but maintain autonomy based on demonstrated education competence. The policy is effective in all training sites without regard to patient insurance status or time of day. Residents and faculty members in training programs under the auspices of ACGME will abide by the supervision and documentation schema as noted below.

University of Tennessee Graduate Medical Education Resident Supervision Policy

<u>Resident Activity</u>	<u>Resident Activity Description of Supervision</u>	<u>Documentation of Supervision</u> <u>Minimum Level *</u>
A. INPATIENT CARE	New Admission	Residents will notify departmental attending physician upon patient admission. The urgency of notification is based upon severity and acuity of patient. The departmental attending physician must see and evaluate the patient within one calendar day of admission.
		Level # 2, Co-signature not sufficient

	Continuing Care	Departmental attending physician is personally involved in ongoing care.	Level #4
	Intensive Care	Because of the unstable nature of patients in ICUs, involvement of departmental attending physician is expected on admission and at least on a daily basis.	Level #4
	Hospital Discharge/ Transfer	The departmental attending physician must be involved in decision to discharge or transfer patient.	Level # 3 Discharge Summary Signature or Transfer Note Co-signature

B. OUTPATIENT CARE

	New Patient Visit	The departmental attending physician must be present in the clinic. Every new patient must be seen by and/or discussed with the departmental attending physician.	Level # 2, Co-signature not sufficient
	Return Patient Visit	The departmental attending physician must be present in the clinic.	Level #4
	Clinic Discharge	The departmental attending physician will assure clinic discharge is appropriate.	Level #4

C. OPERATING / DELIVERY ROOM

	The departmental attending physician must be notified prior to the scheduling of the procedure.	The departmental attending physician must physically be present, within the facility where the procedure occurs, for the major components of the procedure and degree of involvement documented.	<p>Level A: Attending performing the procedure, assisted by resident</p> <p>Level B: Resident performing the procedure and the departmental attending physician is scrubbed</p> <p>Level C: Resident performing the procedure with the departmental attending physician not scrubbed, but present in Operating Room</p>
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			<p>Level D: Resident performing the procedure with the departmental attending physician not scrubbed, but present in suite or facility</p> <p>Level E: Emergency Care – Immediate care is initiated to preserve life or prevent impairment. The procedure is initiated with the departmental attending physician contacted and in route</p>
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D. CONSULTATIONS (Inpatient, Outpatient and Emergency Department)	Departmental attending physician must supervise all consults.	Level #4 consistent with patient's condition and principles of graduated responsibility.
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E. RADIOLOGY/PATHOLOGY		All reports verified by departmental attending physician prior to release
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F. EMERGENCY DEPARTMENT	Assigned Emergency Department Attending physician must be present in the emergency department and is the attending of record. Assigned Departmental attending physician must be involved in disposition of all patients. Patients to be admitted are then assigned to clinical Department Attending (see A.).	Level #4 consistent with patient's condition and principles of graduated responsibility.
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G. ROUTINE BEDSIDE & CLINIC PROCEDURES		Level #4 consistent with patient's condition and principles of graduated responsibility as outlined on GME supervision web site http://www.utmem.edu/GME/supervision.htm .
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H.	NON-ROUTINE, NON-BEDSIDE, NON-OR PROCEDURES	(e.g., Cardiac Cath, endoscopy, interventional radiology ,etc)	The departmental attending physician must physically be present within the facility where the procedure occurs, for the major components of the procedure and degree of involvement documented.	<p>Level A: Attending performing the procedure, assisted by resident</p> <p>Level B: Resident performing the procedure and the departmental attending physician is assisting</p> <p>Level C: Resident performing the procedure with the departmental attending physician not assisting, but present in suite.</p> <p>Level D: Resident performing the procedure with the departmental attending physician not assisting, but present in suite or facility.</p> <p>Level E: Emergency Care – Immediate care is initiated to preserve life or prevent impairment. The procedure is initiated with the departmental attending physician contacted and in route.</p>
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***Level of Supervision Documentation**

1. Departmental attending physician Note
2. Departmental attending physician Addendum to the resident's note (not a co-signature)
3. Departmental attending physician Co-signature implies that the departmental attending physician has reviewed the resident's note, and absent an addendum to the contrary, concurs with the content of the resident's note.
4. Resident Documentation of departmental attending physician supervision. (e.g., "I have seen and/or discussed the patient with my departmental attending physician, Dr. "X," who agrees with my assessment and plan.")