

University of Tennessee Graduate Medical Education Resident Supervision Policy

Resident Activity	Resident Activity Description of Supervision	Documentation of Supervision Minimum Level (see page 2)
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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

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.
E	Radiology/Pathology		All reports verified by departmental attending physician prior to release
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.
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 .
H	Non-Routine, Non-Bedside, Non-OR Procedures	(e.g., Cardiac Cath, endoscopy, interventional radiology ,etc)	<p>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> <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>

*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.")