

Guidelines for the Internal Medicine Implementation of the UT GME Resident Supervision Policy – October 2006

Implementation of the Resident Supervision Policy (RSP) and Guidelines will occur October 1, 2006. All housestaff and faculty will receive notification by email. Both the RSP and implementation guidelines will be incorporated into the housestaff manual and placed on the www.utmem.edu/internal website under Documents and Syllabi.

1. The RSP states supervisory expectations in inpatient and outpatient settings, for consultations, and for bedside and other procedures. Please review the RSP carefully since resident and attending documentation are significantly affected. Both residents and attendings need to document their interactions on the chart. Attending physician and resident interaction should be encouraged in all situations.
2. For inpatient, non-critical care admissions, the admitting resident is expected to notify the attending physician promptly (within minutes after full patient assessment) in the following situations: a. any questions about patient care; b. clinical instability; c. need to move to a higher level of care; d. any major change in patient status; and e. need to make DNR.
3. For critical care admissions, the critical care fellow (either pulmonary or cardiology) is expected to see these patients promptly after admission. The fellow is expected to notify his attending physician if there are any questions about patient care.
4. For inpatient consults, the resident is expected to notify his attending promptly in the following situations: a. any questions about patient care; b. any patient going soon to the operating room; c. clinical instability; d. need to move to a higher level of care; e. a recent major change in patient status; and f. patient to be discharged prior to attending seeing patient.
5. While attending physicians and housestaff are required to adhere carefully to the RSP and guidelines, attending physicians may wish to provide even closer supervision (i.e., prompt notification after every admission and consultation). This is left to the discretion of the attending physician.