

TITLE: CLINICAL ROTATION POLICY:

MANUAL: MEDICAL STAFF

Effective Date: January 22, 2019

Reviewed/Revised:

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Approval: Ed West, MD, Chief of Staff

PURPOSE

To participate in the clinical education of Allied Health Professionals (AHP), which includes Nurse Practitioners, Midwives and Physician Assistants, Clinical Psychologists or Registered Nurse First Assists (RNFAs) with their sponsoring institution.

SCOPE and APPLICABILITY

This policy applies to all Trainees who utilize the services of the organization as part of their training program(s).

AUTHORITY & RESPONSIBILITY

Responsibility for the quality of patient care and services provided in the organization rests with the Governing Body. The Governing Body directs the organized medical staff and hospital leadership to implement a planned and systematic process to participate in training programs through affiliation with sponsoring institutions.

The quality of care provided by the Trainees shall be monitored through the Medical Staff GME committee and service structure and reported to the Medical Executive Committee and Governing Board quarterly.

Concerns or problems that may arise regarding a Trainee in the program shall be reported to the Site Coordinator(s) for resolution, who will report to the Chief of Staff. If satisfactory resolution is not reached, the issue may be referred to the Medical Executive Committee.

It is the policy of Santa Rosa Memorial Hospital (SRMH) to specify the mechanisms by which Trainees are supervised by members of the Medical Staff and others holding clinical privileges acting as preceptors.

The management of each patient's care is the responsibility of a member of the Medical Staff with clinical privileges. This policy is intended to guide the activities of admitting/attending physicians, others holding clinical privileges acting as preceptors and Trainees in ensuring that

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patient care activities in which Trainees participate are appropriately supervised and documented during the course of clinical rotations based at SRMH.

This supervision will begin with each Trainee's initial contact with the attending physician, or Supervising Preceptor, and the patient. It shall continue through the daily contact with the patient, and with the attending physician and Supervising Preceptor and be completed when all the documentation of the hospital stay has been recorded in the patient's medical record.

DEFINITIONS

Following are the definitions of terms used throughout this policy:

Levels of Supervision

“1”= An attending/supervising physician is physically present while the procedure is being performed.

“2”= An supervising preceptor is physically present while the procedure is being performed.

“3”= An attending/supervising physician is consulted prior to performing the procedure.

“4”= The procedure may be performed independently while under the general supervision of the training program.

Sponsoring Institution refers to the institution sponsoring a training education program accredited by appropriate body for the specialty or equivalent accreditation process.

Supervising Physician refers to an active member with clinical privileges of the medical staff assigned responsibility to supervise Trainees while providing care, treatment, or service in the organization.

Supervising Preceptor refers to member with clinical privileges staff assigned responsibility to supervise Trainees, under the Supervising Physician while providing care, treatment, or service in the organization.

Program Director refers to the individual responsible for overseeing the training program and its compliance with accreditation guidelines or equivalent institutional and program requirements at the sponsoring institution.

Site Coordinator(s) refers to the physician(s) appointed for the service to which the Trainee is assigned. The Site Coordinator must be a member of the active Medical Staff with clinical privilege and in good standing. The Site Coordinator is responsible for the scheduling and supervision of the Trainees. The Site Coordinator(s) will work with the Program Director who will have responsibility for ensuring that Trainees are provided appropriate backup support when patient care responsibilities are especially unusual, difficult or prolonged.

Trainee refers to an unlicensed or licensed intern or extern enrolled in a clinical education program, which are accredited by the appropriate accreditation body or equivalent accreditation process.

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For the purpose of this policy, the Medical Executive Committee will approve any Clinical Rotation Training Programs to be provided at SRMH. Those approved programs include: (to be added as approved)

POLICY

Santa Rosa Memorial Hospital (SRMH) shall specify the mechanisms by which Trainees are supervised by members of the Medical Staff and preceptors.

Supervision should begin with each Trainee's initial contact with the attending physician, preceptor, and the patient, and will continue through the daily contact with the patient, attending physician, and/or preceptor; and, shall be completed when all the documentation of the hospital stay has been recorded in the patient's medical record.

1) RESPONSIBILITIES OF THE TRAINING PROGRAM

- a) Each education program shall adopt program specific policies consistent with the requirements in this policy.
- b) Each program shall define the general responsibilities for each level of training, including supervisory responsibilities, and those medical/surgical procedures or entries into the patient's medical record that require direct supervision or countersignature, both in emergency and non-emergency situations.
- c) Each program director shall define the levels of responsibility for each Trainee by preparing a description of the types of clinical activities each Trainee may perform with and without direct supervision and those for which the Trainee may act in a teaching/supervisory capacity and will communicate the defined levels to the organization.
- d) The assessment of a Trainee's competence must serve as the basis for determining the minimum level of supervision required for different activities. Objective criteria to evaluate a Trainee's progressive ability to function independently in these skill areas must be developed and consistently applied. This assessment shall include the evaluation of the Trainee's technical, patient management, and communication skill and capacity to perform as required. The Program Director will communicate the assessment of the Trainee's competence to the Trainee and Supervising Physician at least annually and when significant progress or deficiencies are noted.
- e) Each program will define the general responsibilities of physicians and preceptors for supervision of Trainees, and may adopt more specific requirements as applicable. Programs shall define any standard indications and principles to guide Trainees in determining need for communication with the Supervising Physician in other circumstances.

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- f) The Program Director will communicate with the organization, its medical staff and governing body about the quality of patient care, treatment, and services provided by, and the related educational and supervisory needs of its Trainees on at least an annual basis.
- g) The Training Program will be responsible for confirming the identity of each Trainee by submitting the Proof of Identity form, supply evidence of the required I-9 form, malpractice, liability coverage, Worker's Compensation coverage, and a copy of the Trainee packet from the program.

2) PROCESS FOR ACCEPTING TRAINEES INTO THE ORGANIZATION

- a) There must be a current agreement between the sponsoring institution and the organization that meets the requirements set forth in this policy before a Trainee may be permitted to begin his or her rotation.
- b) Medical Staff Administration shall maintain a list of all Trainees currently working at the facility and their authorizations and supervision levels, which will be accessible to hospital staff through the privileges on-line software.
- c) The Trainee will furnish the following documents to Medical Staff Administration a minimum of one week prior to the start of his or her rotation.
 - i) Trainee Information Form
 - ii) Medical Staff Confidentiality Agreement
 - iii) Medical Staff Professionalism Agreement
 - iv) IT Access Form
 - v) Letter from the Program Director confirming dates of rotation and malpractice coverage for the rotation. A description of the Trainee's duties and required level of supervision must be included as well.
 - vi) The name(s) of the Supervising Physician(s)
 - vii) Valid picture identification issued from a government agency such as a driver's license.
 - viii) Proof of current state clinical licensure, if applicable.
 - ix) Current basic life support certification and – as required – advance life support certification(s).
- d) The Trainee will be provided with the following prior to the start of his/her rotation:

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- i) A copy of the Medical Staff Governance documents
 - ii) A copy of the Clinical Rotation Policy
 - iii) Pertinent materials necessary to adequately orient the Trainee to key policies of the organization
 - iv) An identification badge that the Trainee must wear at all times while providing care, treatment, or service in the organization.
- 3) **RESPONSIBILITIES OF THE SUPERVISING PHYSICIAN**
- a) The Supervising Physician is responsible for and actively involved in the care provided to each patient, both inpatient and outpatient.
 - b) The Supervising Physician directs the care of each patient and provides the appropriate level of supervision for a Trainee based on the nature of the patient's condition, the likelihood of major changes in the management plan, the complexity of care, and level of education, ability, experience, and judgment of the Trainee being supervised.
 - c) The proximity and timing of the supervision, as well as the specific tasks delegated to the Trainee physician, depend on a number of factors including:
 - i) the level of training of the Trainee,
 - ii) the skill and experience of the Trainee with the particular care situation,
 - iii) the familiarity of the Supervising Physician with the Trainee's abilities, and
 - iv) the acuity of the situation and the degree of risk to the patient.
 - d) The key responsibilities of the Supervising Physician are as follows:

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- i) Evaluate the patient to confirm the Trainee's subjective and objective findings, review the differential diagnosis and discussion of the plan of care.
 - ii) On a daily basis, review the progress of the patient in the acute care setting and any modification of the plan of care.
 - iii) Provide direct supervision of the Trainee while performing any procedure in the acute care setting delegated to the Trainee by the Supervising Physician in accordance with program addendum.
 - iv) Review the patient's medical record for completeness and accuracy of the medical record.
 - v) In all instances, it is the responsibility of the attending physician to keep abreast of the care of his or her patients at all times, which means periodic contact with the Trainee if the contact has not been made by the Trainee.
- e) The Supervising Physician, in consultation with the program director, accords a Trainee progressive responsibility for the care of the patient based on the Trainee's clinical experience, judgment, knowledge, technical skill, and capacity to function.
 - f) The Supervising Physician advises the program director if he/she believes a change in the level of the Trainee's responsibility and supervision should be considered. The overriding consideration must be the safe and effective care of the patient that is the personal responsibility of the Supervising Physician.
 - g) The Supervising Physician fosters an environment that encourages questions and requests for support or supervision from the Trainee, and encourages the Trainee to call or inform the Supervising Physician of significant or serious patient conditions or significant changes in patient condition.

Each Trainee will be evaluated by the standard rotation evaluation provided by the Training Program and/or SRMH evaluation form, to include but not limited to their patient, medical knowledge, professionalism, system-based practice, practice-based learning and improvement, and interpersonal and communication skills. Supervising Physicians will be responsible to complete the evaluations. The evaluation process will be managed by the Site Coordinator.

4) RESPONSIBILITIES OF THE SUPERVISING PRECEPTOR

- a) The Supervising Preceptor in conjunction with the Supervising Physician is responsible for and actively involved in the care provided to each patient, both inpatient and outpatient.

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- b) The Supervising Physician, along with the Supervising Preceptor directs the care of each patient and provides the appropriate level of supervision for a Trainee based on the nature of the patient's condition, the likelihood of major changes in the management plan, the complexity of care, and level of education, ability, experience, and judgment of the Trainee being supervised.
- c) The proximity and timing of the supervision, as well as the specific tasks delegated to the Trainee, depends on a number of factors including:
 - i) the level of training of the Trainee,
 - ii) the skill and experience of the Trainee with the particular care situation,
 - iii) the familiarity of the Supervising Physician with the Trainee's abilities, and
 - iv) the acuity of the situation and the degree of risk to the patient.
- d) The key responsibilities of the Supervising Physician and Supervising Preceptor are as follows:
 - i) Evaluate the appropriateness of each patient's treatment in the hospital or service.
 - ii) Evaluate the patient to confirm the Trainee's subjective and objective findings, review the differential diagnosis and discussion of the plan of care.
 - iii) On a daily basis, review the progress of the patient in the acute care setting and any modification of the plan of care.
 - iv) Provide direct supervision of the Trainee while performing any procedure in the acute care setting delegated to the Trainee by the Supervising Physician or Supervising Preceptor.
 - v) Review the patient's medical record for completeness and accuracy of the medical record.
- e) The Supervising Preceptor advises the Supervising Physician if he/she believes a change in the level of the Trainee's responsibility and supervision should be considered. The overriding consideration must be the safe and effective care of the patient that is the personal responsibility of the Supervising Physician.
- f) The Supervising Preceptor fosters an environment that encourages questions and requests for support or supervision from the Trainee, and encourages the Trainee to call or inform the Supervising Physician of significant or serious patient conditions or significant changes in patient condition.

Each Trainee will be evaluated by the standard rotation evaluation provided by the Training Program and/or SRMH evaluation form, to include but not limited to their patient, medical knowledge, professionalism, system-based practice, practice-based learning and improvement,

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and interpersonal and communication skills. Supervising Preceptors will be responsible to complete the evaluations. The evaluation process will be managed by the Site Coordinator.

5) RESPONSIBILITIES OF THE TRAINEE

- a) Trainees must comply with the policies and procedures as directed by their training program as long as they are not in conflict with the policies and procedures of SRMH. In the event of a conflict, the policies and procedures of SRMH will supersede all other policies and procedures.
- b) Trainees shall not hold any Medical Staff, Allied Health Professional Staff or Clinical Assistant appointments and shall not be entitled to the rights, privileges and responsibilities of appointment to the Medical Staff, Allied Health Professional Staff or as a Clinical Assistant.
- c) Trainees shall identify themselves as Trainees and shall wear name badges for SRMH that include the designation of "Trainee" as well as name, degree, and clinical specialty.
- d) Trainees will be granted access to the electronic patient record, for the purpose of review, data entry, and ordering, and therefore, they must sign the IT Access Form that is required for such access.
- e) The Trainee must be aware of his/her level of training, his/her specific clinical experience, judgment, knowledge, and technical skill, and any associated limitations. The Trainee must not independently perform procedures or treatments, or management plans that he/she is unauthorized to perform or lacks the skill and training to perform.
- f) Activities performed by Trainees shall be under the supervision of a Medical Staff member (Supervising Physician), and/or Supervising Preceptor. Clinical activities shall be limited to those of the clinical privileges granted to the supervising attending physician and the Supervising Preceptor and agreed upon by the hospital, training program and the Site Coordinator. Trainees cannot practice beyond the scope of the Supervising Physician and/or Supervising Preceptor
- g) Trainees shall not be granted specific clinical privileges but will operate according to a matrix of supervision and competency requirements specific to their level of training. The matrix of supervision and competency requirements shall be specific about what the Trainee can do according to clinical specialty; year(s) in training; level of experience and degree of independence. (See 10a through k.)
- h) In addition to performance of procedures, participation in any care not included in the matrix of supervision and competency requirements requires the physical presence of a Supervising Physician and/or Supervising Preceptor as outlined in the document. If there are specific patient care activities for which the Medical Staff requires documentation of knowledge, training, or experience (e.g., procedural sedation requiring a passing score on a test), the Trainee must meet the criteria established by the Medical Staff in order to participate in that specific patient care activity. In addition, the issuing of DNR or restraint orders will be limited to those that have been countersigned by the attending or admitting physician.

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- i) The Trainee is responsible for communicating to the attending physician any significant issues regarding patient care.

6) TRAINEE AUTHORIZATIONS

- a) Trainees may treat patients in the Hospital, as defined by the Site Coordinator and approved the Chief of Staff and Hospital Administration.
- b) Trainees may treat patients in service areas under the Santa Rosa Memorial Hospital license.
- c) Patient services that a Trainee may provide under the supervision of attending physicians include the following:
 - i) perform initial and ongoing assessment of patient's medical, physical, and psychosocial status;
 - ii) perform history and physical (attending physician required to sign and assume full responsibility for the recorded history and physical);
 - iii) develop assessment and treatment plan;
 - iv) perform rounds; order tests, examinations, medications, and therapies;
 - v) arrange for discharge and aftercare;
 - vi) write/dictate admission notes, progress notes, procedure notes, and discharge summaries;
 - vii) provide patient education and counseling covering health status, test results, disease processes, and discharge planning;
 - viii) perform procedures in the acute care setting under direct supervision, as outlined in the matrix of supervision and competency requirements and assist in surgery
 - ix) Trainees attending to patients in the outpatient non-acute settings may perform limited procedures typically performed in a clinic setting (e.g) simple laceration care, pap smears, etc.) with Supervising Physician telephone consult immediately available
 - x) act as surgical assistants when the Supervising Physician is a surgeon
- d) . Following are the general guidelines by under which Trainees will function when performing the above-listed duties:
 - i) Admitted Patients: The Trainee will contact the attending physician directly for all admissions. This discussion will be recorded in the patient's chart indicating that the discussion took place, its outcome and the time and date of the call. The attending

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physician has the responsibility to decide whether personal view of the patient is indicated at that time.

- ii) **Emergency Department Patients:** For the Emergency Department, the Trainee will discuss all patients directly with the attending physician before discharge or admission of a patient.
- iii) **Patients Whose Status Changes for the Worse:** A similar contact with the attending physician by the Trainee will take place whenever a patient's condition unexpectedly changes for the worse requiring transfer to Intensive care Unit, or placement on a respirator or deterioration of vital signs consistent with an unexpectedly bad outcome.
- iv) All Trainee orders and progress notes written in the acute care setting must be co-signed by the attending within 24 hours, but such countersignature shall not be required prior to execution of any order except for DNR and restraint orders. Orders for controlled substances must be signed before execution for Trainees who do not have a DEA certificate that includes controlled substances.
- v) All visit notes written by Trainees attending to patients in the outpatient non-acute setting will be reviewed and signed by the Supervising Physician on a weekly basis.
- vi) All admissions or non-emergent negative status changes occurring during the night will also be discussed with the attending physician during the morning report. (Emergent negative status changes would have been discussed with a member of the Medical Staff at the time.)

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References: TJC Standards	
Reviewed/Revised:	
Approvals: MEC: Approved 01/08/19 Governing Board: 01/22/19	Distribution: All

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APPENDIX A

Supervision Guidelines for Advance Practice Nurse Training Program

“1”= The Nurse Practitioner Preceptor or attending physician is physically present while the procedure is being performed.

“2”= The Nurse Practitioner Preceptor or attending physician is consulted prior to performing the procedure.

“3”= The procedure may be performed independently while under the general supervision of the residency program.

TRAINEES

Establish vascular access	2
Lumbar puncture	1
Bladder catheterization/suprapubic tap	2
Intubation	1
Central line	1
Arterial Line	1
Patient documentation in EMR	2

SIGNATURES:

I have read and understand the required competencies above.

Trainee Name

Trainee Signature

Date

Director Name

Director Signature

Date