

**TITLE: RESIDENT PHYSICIAN POLICY:**

**MANUAL: MEDICAL STAFF**

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Effective Date: July 1, 2014

Approval: /s/ Margaret McEvoy, M.D., Chief of Staff

Reviewed/Revised: May 22, 2018

**PURPOSE**

To participate in the graduate medical education (GME) of residents with their sponsoring institution.

**SCOPE and APPLICABILITY**

This policy applies to all residents who utilize the services of the organization as part of their residency and fellowship 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 GME programs through affiliation with sponsoring institutions.

The quality of care provided by the residents 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 resident 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 residents are supervised by members of the Medical Staff.

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 and resident physicians in ensuring that patient care activities in which residents participate are appropriately supervised and documented during the course of resident rotations based at SRMH.

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This supervision should begin with each resident's initial contact with the attending physician and the patient, continue through the daily contact with the patient, and with the attending physician, 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:**

**Sponsoring Institution** refers to the institution sponsoring a post-graduate education program accredited by the Accreditation Council for Graduate Medical Education (ACGME) or equivalent accreditation process.

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

**Program Director** refers to the individual responsible for overseeing the GME program and its compliance with ACGME 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 resident 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 residents. The Site Coordinator(s) will work with the Program Director who will have responsibility for ensuring that residents are provided appropriate backup support when patient care responsibilities are especially unusual, difficult or prolonged.

**Resident** refers to an unlicensed or licensed intern, resident, or fellow enrolled in a post-graduate education program, including subspecialty programs, and which are accredited by the Accreditation Council for Graduate Medical Education (ACGME) or equivalent accreditation process.

For the purpose of this policy, the Medical Executive Committee will approve any Residency Training Programs to be provided at SRMH. Those approved programs include: Santa Rosa Family Medicine Residency.

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### 1) RESPONSIBILITIES OF THE TRAINING PROGRAM

- a) Each graduate education program shall adopt program specific policies consistent with the requirements in this policy.
- b) Each program shall define the general responsibilities for each residency level, 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 resident by preparing a description of the types of clinical activities each resident may perform with and without direct supervision and those for which the resident may act in a teaching/supervisory capacity and will communicate the defined levels to the organization.
- d) The assessment of a resident's competence must serve as the basis for determining the minimum level of supervision required for different activities. Objective criteria to evaluate a resident's progressive ability to function independently in these skill areas must be developed and consistently applied. This assessment shall include the evaluation of the resident's technical, patient management, and communication skill and capacity to perform as required. The Program Director will communicate the assessment of the resident's competence to the resident and supervising physician at least annually and when significant progress or deficiencies are noted.
- e) Each program will define the general responsibilities of physicians for supervision of residents, and may adopt more specific requirements as applicable. Programs shall define any standard indications and principles to guide residents in determining need for communication with the supervising physician in other circumstances.
- 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 residents on at least an annual basis.
- g) The Residency Training Program will be responsible for confirming the identity of each resident 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 Resident packet from the program.

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### 2) PROCESS FOR ACCEPTING RESIDENTS 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 resident may be permitted to begin his or her rotation.
- b) Medical Staff Administration shall maintain a list of all residents 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 resident will furnish the following documents to Medical Staff Administration one week prior to the start of his or her rotation.
  - i) Resident 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 resident'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 medical licensure.
  - ix) Current basic life support certification and – as required – advance life support certification(s).
- d) The resident will be provided with the following prior to the start of his/her rotation:
  - i) A copy of the Medical Staff Governance documents
  - ii) A copy of the Resident Physician Policy
  - iii) Pertinent materials necessary to adequately orient the resident to key policies of the organization

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- iv) An identification badge that the resident 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 resident 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 resident being supervised.
- c) The proximity and timing of the supervision, as well as the specific tasks delegated to the resident physician, depend on a number of factors including:
  - i) the level of training (i.e., year in residency) of the resident,
  - ii) the skill and experience of the resident with the particular care situation,
  - iii) the familiarity of the supervising physician with the resident'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:
  - i) Evaluate the appropriateness of each patient's admission to the hospital or service.
  - ii) Evaluate the patient to confirm the resident'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 resident while performing any procedure in the acute care setting delegated to the resident by the supervising physician.
  - v) Review the patient's medical record for completeness and accuracy of the medical record.
  - vi) 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 resident if the contact has not been made by the resident.

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- e) The supervising physician, in consultation with the program director, accords a resident progressive responsibility for the care of the patient based on the resident'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 resident'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 resident, and encourages the resident to call or inform the supervising physician of significant or serious patient conditions or significant changes in patient condition.

Each resident will be evaluated by the standard rotation evaluation provided by the Residency 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 RESIDENT

- a) Residents 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) Residents shall not hold Medical Staff appointments and shall not be entitled to the rights, privileges and responsibilities of appointment to the Medical Staff.
- c) Residents shall identify themselves as residents and shall wear name badges for SRMH that include the designation of "resident physician" as well as name, medical degree, and clinical specialty.
- d) Residents 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 resident must be aware of his/her level of training, his/her specific clinical experience, judgment, knowledge, and technical skill, and any associated limitations. The resident 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 residents shall be under the supervision of a Medical Staff member (supervising physician). Clinical activities shall be limited to those of the clinical privileges granted to the supervising attending physician and agreed upon by the hospital, residency

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training program and the Site Coordinator. Residents cannot practice beyond the scope of the supervising physician

- g) Residents 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 resident can do according to medical 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 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 resident 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.
- i) The resident is responsible for communicating to the attending physician any significant issues regarding patient care.

### 5) RESIDENT AUTHORIZATIONS

- a) Residents may attend to patients in the Hospital, as defined by the Site Coordinator and approved the Chief of Staff and Hospital Administration.
- b) Residents may attend to patients in service areas under the Santa Rosa Memorial Hospital license.
- c) Patient services that a resident 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;

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- 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) residents 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 residents will function when performing the above-listed duties:
- i) Admitted Patients: The resident 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 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 resident 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 resident 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 resident 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 residents who do not have a DEA certificate that includes controlled substances.
  - v) All visit notes written by residents 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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Author/Department: Grace Martin, MD & Ray Lejano, MD	
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## APPENDIX A

### Supervision Guidelines for Pediatrics in Family Medicine Program

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

“2”= An 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.

#### RESIDENTS YEAR 1

Establish vascular access	2
Lumbar puncture	1
Neonatal resuscitation	2
Bladder catheterization/suprapubic tap	1
Circumcision	1
Umbilical artery/venous catheter	1
Intubation	1
Central line	1

#### RESIDENCY YEAR 2

Establish vascular access	3
Lumbar puncture	1
Neonatal resuscitation	3
Bladder catheterization/suprapubic tap	1
Circumcision	1
Umbilical artery/venous catheter	1
Intubation	1
Central line	1

#### RESIDENCY YEAR 3

Establish vascular access	3
Lumbar puncture	1
Neonatal resuscitation	3
Bladder catheterization/suprapubic tap	1
Circumcision	1
Umbilical artery/venous catheter	1
Intubation	1
Central line	1

#### SIGNATURES:

I have read and understand the required competencies above.

\_\_\_\_\_  
Resident Name

\_\_\_\_\_  
Resident Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director Name

\_\_\_\_\_  
Director Signature

\_\_\_\_\_  
Date