Section: **School of Medicine**		*No.*				
Chapter: **Neurology**	*Issued:* **10/25/19**	*Rev. A* **1/27/23**	*Rev. B*	*Rev. C*	*Rev. D*	
Policy: **Resident Supervision**		***Page 1 of 4***				

PURPOSE

Supervision in the setting of graduate medical education provides safe and effective care to patients; ensures each resident's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishes a foundation for continued professional growth.

SCOPE

This policy applies to all Creighton University Department of Neurology Residency Training Program.

POLICY

All patients admitted to the neurology inpatient unit and seen on the consultation services, in-person or virtually, are directly supervised by full-time neurology faculty, who round daily with the residents on their patients. These attending's are readily available to the residents via pager on evenings, nights and weekends.

The supervising physician needs to be physically present when a procedure is performed except when the resident:

1) Has documented adequate training (i.e., has been deemed competent to perform independently) to do the procedure, and
2) Has permission of the supervising physician to perform the procedure.

Residents and faculty members should inform patients of their respective roles in each patient's care.

Supervision may be exercised through a variety of methods. Some activities require the physical presence of the supervising neurology faculty member. For many aspects of patient care, the

supervising physician may be a more advanced neurology resident or fellow. Other portions of care provided by the resident can be adequately supervised by the immediate availability of the supervising faculty member or resident physician, either in the institution, or by means of telephonic and/or electronic modalities. In some circumstances, supervision may include post-hoc review of resident delivered care with feedback as to the appropriateness of that care.

- All PGY-1 residents must initially be directly supervised.

LEVELS OF SUPERVISION

To ensure oversight of resident supervision and graded authority and responsibility, our residency program uses the following classification of supervision:

1. **Direct Supervision** – the supervising physician is physically present with the resident and patient.
2. **Indirect Supervision**:
    a. With direct supervision immediately available – the supervising physician is physically within the hospital or other site of patient care and is immediately available to provide Direct Supervision.
    b. With direct supervision available – the supervising physician is not physically present within the hospital or other site of patient care but is immediately available by means of telephonic and/or electronic modalities and is available to provide Direct Supervision.
3. **Oversight** – The supervising physician is available to provide review of procedures / encounters with feedback provided after care is delivered.
4. The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident is assigned by the program director and faculty members as follows:

5. The program director evaluates each resident's abilities based on specific criteria. Evaluation is guided by specific national standards-based criteria.
6. Faculty members functioning as supervising physicians delegate portions of care to residents, based on the needs of the patient and the skills of the residents.
7. Senior residents or fellows serve in a supervisory role of junior residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow.

Each resident must know the limits of his/her scope of authority, and the circumstances under which he/she is permitted to act with conditional independence.

NEUROLOGY SPECIFIC PROCEDURES

Circumstances in which all residents, regardless of level of training and experience, must verbally communicate with appropriate supervising faculty. At a minimum, these circumstances will include:

i. TPA administration
ii. Status Epilepticus
iii. Emergency admission;
iv. Consultation for urgent condition;
v. Tele-neurology consultations;
vi. Transfer of patient to a higher level of care;
vii. Code Blue Team activation;
viii. Change in DNR status;
ix. Patient or family dissatisfaction;

x. Patient requesting discharge AMA, or;

xi. Patient death

Lumbar punctures: Residents are required to perform all lumbar punctures under the direct supervision of the Program Director or Faculty member. Residents can only perform lumbar punctures without direct supervision if they have been credentialed to do so. Being deemed competent to perform lumbar punctures without direct supervision requires the performance of five successful lumbar punctures supervised by a physician credentialed to perform this procedure. Determination of competency can only be made by the Program Director.

REFERENCES

https://www.acgme.org/