Section: **School of Medicine**		*NO.*				
Chapter: **Family Medicine Residency**	*Issued:* *1/1/2017*	*REV. A* *12/5/2020*	*REV. B*	*REV. C*		
Policy: **Resident Supervision**		*Page 1 of 3*				

PURPOSE
In compliance with the ACGME Institutional and Common Program Requirements, it is our goal to outline the supervision of the Family Medicine residents.

SCOPE
This policy applies to all Creighton University Arizona Health Education Alliance Family Medicine Residents.

POLICY
Levels of Supervision – to promote oversight of resident supervision while providing for graded authority and responsibility, the program must use the following classification of supervision:

- Direct Supervision: the supervising physician is physically present during the key portions of the interaction.
- Indirect Supervision: the supervising physician is immediately available to the resident to provide appropriate direct supervision
- Oversight: the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

Supervision of Residents
Supervision occurs at all levels of training during this three-year training program. Residents are under direct supervision by the attending physicians on all services during the day. During the evening hours and on weekends, the faculty member on call for each service is to be called for:

- All admissions, questions regarding the management of a patient
- A change in status of a patient

Supervision of junior residents on the Family Medicine Inpatient Service is provided at all times by senior residents. Both residents must see all new patients admitted to the Family Medicine Service to ensure the accuracy of the history and physical of the junior resident.

Call Responsibilities

Primary Call
Each resident on the inpatient team will be assigned to daytime (6AM to 6PM) and night float (6PM to 6AM) responsibilities each month. The call schedule has been arranged so residents do not have clinical responsibilities the day following night float.

Residents who work more than 24 + 4 hours per shift, and are approaching the 80-hour work week, or risk other potential violations, are to notify the PD prior to exceeding the work hour limits.

Supervisor's Role

The supervisor of the Family Medicine Inpatient Service is a senior resident whose responsibility is to supervise the management of the patients by the residents on the Inpatient Service. Responsibilities include:

- Arriving no later than 7:00 am each morning
- Upon arriving, notify the on-call resident that you are in the building and assign any new admissions the on-call resident has received since 6 am to another resident
- Have a complete check-out with the night supervisory resident in the conference room
- Update the patient list
- Reassign patients so that there is an equitable distribution of patients for the members of the team
- Notify continuity residents of admissions from the Family Medicine Center
- Have the team ready for rounds at 9:00
    a. Assign admitted patients to the primary team during the day
- Ensure that all orders discussed during rounds are carried out
- Lead check-out
- Foster a team spirit among the residents

Resident Night Supervisor

1. Hours will be 6pm to 7am
2. The Night Supervisor is a PGY-2 or PGY-3 resident who is supervising a junior resident who is acting as the primary call resident. If no PGY-1 resident is present, the senior resident is also the primary call resident.
3. The Night Supervisor must be notified of all admissions. The Night Supervisor must go to see the patient sometime during the admission process, do a focused exam and write a short note. The primary call resident is expected to do the complete H&P and dictation and follow the patient.
4. The Night Supervisor is also in charge of taking calls from Family Medicine Center answering service. A record of these calls must be made in the patient's record.

Immediate Notification of Supervising Faculty

In each training program, there will be circumstances in which all residents, regardless of level of training and experience, must verbally communicate with appropriate supervising faculty. Programs must identify and set guidelines for these circumstances and these guidelines must be available in writing for all residents. At a minimum, these circumstances will include:

1. Emergency admission
2. Consultation for urgent condition
3. Transfer of patient to a higher level of care
4. Rapid response or code blue team activation
5. Change in DNR status

6. Patient or family dissatisfaction
7. Patient requesting discharge AMA
8. Patient death

Emergency Back Up

1. In order to provide back-up support in the event a resident assigned to call is unable to fulfill his/her duties, each night there will be a FM Resident on Emergency Back Up.
2. The resident on home call must be available to come to the hospital if needed within one hour.
3. No work hours are logged unless a resident is actually called in to work.
4. If a resident is unable to fulfill their call, he/she must notify the chief resident and the inpatient attending immediately so that the home call resident can be notified. The home call resident will fulfill the responsibilities of the resident who is unable to work.
5. If a resident on night float misses a call, it must be made-up at a later date to replace the call of the home call resident. The Chief Resident will keep track of the makeup dates.

REFERENCES

ACGME Institutional Requirements

Creighton University GME Policy link: https://alliance.creighton.edu/sites/g/files/indaly966/files/2019-05/gme-resident-supervision.pdf

AMENDMENTS OR TERMINATION OF THIS POLICY

Creighton University reserves the right to modify, amend or terminate this policy at any time.