

Policies and Procedures

<i>Section:</i> School of Medicine		<i>NO.</i>				
<i>Chapter:</i> Infectious Diseases Fellowship	<i>Issued:</i> 3/2/18	<i>REV. A</i>	<i>REV. B</i>	<i>REV. C</i>		
<i>Policy: Resident Supervision</i>		<i>Page 1 of 2</i>				

PURPOSE

The GMEC must monitor programs' supervision of residents and ensure that supervision is consistent with:

- a. Provision of safe and effective patient care;
- b. Educational needs of residents;
- c. Progressive responsibility appropriate to residents' level of education, competence, and experience; and,
- d. Other applicable Common and specialty/subspecialty-specific Program requirement

SCOPE

This policy applies to all Creighton University Infectious Diseases fellows.

POLICY

In the clinical learning environment, each patient must have an identifiable, appropriately-credentialed and privileged attending physician who is ultimately responsible for that patient's care. Attending physicians are always assigned to clinical settings in which fellows see patients, such as inpatient rounds and clinics. Ordinarily, the attending physician and the fellow will see each of the fellow's patients together. Exceptions include emergencies, such as a situation where a patient is taken urgently to the operating room before attending physician rounds. Attending physicians are always available for consultation with the fellow.

PROCEDURE

Levels of Supervision: To ensure oversight of fellow supervision and graded authority and responsibility, the program must use the following classification of supervision: (*core-ACGME*)

- Direct: The supervising physician is physically present with the resident and the patient (*core-ACGME*)
- Indirect:
 - 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 (*core-ACGME*)
 - 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. (*core-ACGME*)

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- Oversight: The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered. (*core-ACGME*)
- All fellows are supervised either directly or indirectly with direct supervision immediately available.
- In every level of supervision, the supervising faculty must review progress notes, sign procedural and operative notes and discharge summaries.
- Faculty members must continuously present to provide supervision in ambulatory settings, and be actively involved in the provision of care, as assigned.

Specialty Specific Reasons to Call an Attending:

- All consultation requests need review by an attending.
- Call an attending immediately if:
 - Suspicion of meningitis
 - Suspicion of necrotizing fasciitis
 - Sharps injury

REFERENCES

<https://www.acgme.org/>

AMENDMENTS OR TERMINATION OF THIS POLICY

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

The GME policy supersedes all program level policies regarding this area/topic. In the event of any discrepancies between program policies and the GME policy, the GME policy shall govern.