

Policies and Procedures

<i>Section:</i> School of Medicine		<i>NO.</i>				
<i>Chapter:</i> Psychiatry Residency	<i>Issued:</i> 9/15/18	<i>REV. A</i> 4/10/2020	<i>REV. B</i> 10/20/20	<i>REV. C</i> 12/2/2020	<i>REV. D</i>	<i>REV. E</i>
<i>Policy: Resident Supervision</i>		<i>Page 1 of 7</i>				

PURPOSE

The purpose of supervision is to ensure appropriate patient care and to provide educational experience for residents, as provided in Creighton University Graduate Medical Education Supervision Policy. The supervising faculty is responsible for the evaluation and treatment of all patients under the resident's care. The supervising faculty determines the level of independence given to the resident on each case. The supervising faculty is to provide the resident with responsibility, guidance, and feedback to optimize the educational benefit of each clinical case.

SCOPE

This policy applies to all residents in the Creighton University School of Medicine (Phoenix) Psychiatry Residency Program.

POLICY

The program will provide an appropriate level of supervision for all residents. Levels of supervision include:

- A. Direct Supervision – the supervising faculty is physically present with the resident and patient.
- B. Indirect Supervision– the supervising faculty is not physically present within the hospital or other site of patient care, but is immediately available
- C. Oversight – The supervising faculty is available to provide review of procedures/encounters with feedback provided after care is delivered

There will be circumstances in which all residents, regardless of level of training and experience, must verbally communicate with appropriate supervising faculty. The Program has set guidelines for these circumstances and these guidelines are available in writing for all residents. At a minimum, these circumstances will include:

- i. Consultation for urgent conditions, i.e. when a life-threatening medical error has been made;
- ii. When a patient has been in continuous physical restraints or locked seclusion for 12 hours or longer;
- iii. Patient death;
- iv. Decisions regarding specialty protocols, i.e. COVID 19 protocol.

The physical presence of a supervising physician is required when the resident is performing Electroconvulsive Therapy (ECT) or Transcranial Magnetic Stimulation (TMS).

Residents will be given progressive independence in the care of patients as approved by the supervising faculty or Program Director and consistent with the level of training, demonstrated ability, and clinical experience. The following guidelines represent the usual level of responsibility and supervision given to residents at each level of training.

In the event of any discrepancies between program policies and the GME policy, the GME policy shall govern.

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Procedure

PGY 1

1. Residents are expected to provide evaluation and treatment of simple psychiatric and medical conditions with direct supervision or indirect supervision with direct supervision immediately available. PGY 1 residents may progress from direct supervision to indirect supervision with direct supervision immediately available when they have:
 - a. Performed an observed psychiatric interview for which the evaluating attending gives an average rating of 3 on the ABPN CSV v.1 form (or other acceptable CSV rating form) for each major category (Physician/Patient Relationship, Conduct of Interview, and Case Presentation) and gives no subcategory rating below 2, and
 - b. Shown ability to ask relevant questions about the patient interviewed and to identify areas where they would ask for help in approaching the evaluation, management or treatment of the patient.
2. PGY 1 residents may progress to indirect supervision only after demonstrating competence in:
 - a. the ability and willingness to ask for help when indicated
 - b. gathering an appropriate history
 - c. the ability to perform an emergent psychiatric assessment
 - d. presenting patient findings and data accurately to a supervising resident, who has not seen the patient with a faculty observing the interaction.

While on-call, cases will be supervised directly or indirectly with direct supervision immediately available, after the resident has demonstrated competencies noted in Procedure 2 a. Direct supervision will be provided by PGY 2 or 3 residents, who have demonstrated clinical competence and supervisory capability, as is needed. PGY 1 residents will call for direct supervision when they are unsure how to manage a clinical situation and do not feel sufficiently supported and clear by supervision over the phone. A Clinical Attending Psychiatrist and an Administrative Attending Psychiatrist are ALSO always available by pager or telephone. Residents may supervise clinical care and education of third year and fourth year medical students. Residents will meet with supervising faculty at least 2 hours per week. Clinical back-up by faculty and teaching staff will be available at all times.

PGY 2

Residents are expected to provide evaluation and treatment of complex psychiatric conditions for inpatients and consultation/liaison patients with indirect supervision. PGY 2 residents are to assume increased responsibility and leadership in the evaluation and treatment of their patients in accord with the supervising faculty's assessment of the resident's abilities. All major treatment decisions must be approved by supervising faculty or teaching faculty. Psychiatric emergency room cases may be supervised indirectly, with review of most cases before discharge or disposition. Residents may supervise clinical care and education of third and fourth year medical students and, after demonstrating clinical competence and supervisory capability, PGY 1 residents. Residents will meet with supervising faculty least 2 hours per week. Clinical back-up by faculty and teaching faculty will be available at all times.

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PGY 3

Residents are expected to provide evaluation and treatment of psychiatric conditions of adult and child/ adolescent outpatients with indirect supervision and, with developing competence oversight. New evaluations will generally be reviewed by the supervising faculty within 24 hours and in all cases within 7 days. Residents conducting psychotherapies will meet with psychotherapy supervisors individually for an hour per week for psychodynamic, cognitive behavioral therapy (CBT) and dialectical behavior therapy (DBT) and will present audio/video recordings of sessions as is necessary for supervision and evaluation. Supportive therapy, psychopharmacology with and without psychotherapy as well as general patient management issues will be reviewed in the weekly hour of supervision with the Valleywise Behavioral Health Center-Mesa Outpatient Clinic Director. Residents that are off campus outpatient rotations, will meet with supervising faculty for at least an hour weekly, with psychotherapy and psychopharmacology supervision being provided separately in accord with the supervisors' areas of expertise. Clinical back-up by faculty and teaching faculty will be available at all times.

PGY 4

Residents are expected to provide evaluation and treatment of complex psychiatric conditions of outpatient cases at times with indirect supervision but usually with oversight. New outpatient evaluations will be reviewed by the supervising faculty within 7 days. Residents conducting psychotherapies will meet with psychotherapy supervisors individually for an hour per week for psychodynamic, cognitive behavioral therapy (CBT) and dialectical behavior therapy (DBT) and will present audio/video recordings of sessions as is necessary for supervision and evaluation. Supportive and combined therapies as well as general patient management issues will be reviewed in the weekly hour of supervision with the Valleywise Behavioral Health Center-Mesa Outpatient Clinic Director. Residents may supervise clinical care and education of junior house officers. Residents will meet with supervisors for a total of at least 2 hours per week. Residents on part time off campus rotations will receive at least one hour of supervision per week for each rotation. Clinical back-up by faculty and teaching faculty will be available at all times.

In all clinical settings, each patient will have an identifiable, appropriately credentialed and privileged attending physician or licensed independent practitioner, as defined by the psychiatry RRC, who is ultimately responsible for that patient's care. That information shall be available to patients, faculty and residents. Residents and supervising faculty will inform patients of their respective roles. Prompt access to faculty or staff supervision will be available to residents at all times in all clinical settings

While the above descriptions of levels of supervision represent what is anticipated to be usual for each PGY level, the level of supervision required by a particular resident will be determined by the Supervising Faculty Psychiatrist working with the resident or by the Program Director, based on an assessment of the resident's clinical capabilities and not necessarily on the resident's PGY level. In addition to an assessment of the complexity of a patient's condition, supervising faculty will use objective criteria, such as timely achievement of Milestones, to make decisions regarding level of supervision required for a particular resident in treating a particular patient.

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In addition to improved clinical understanding and decision making, supervisory discussion also focuses on relevant administrative, leadership, interdisciplinary, legal, business practices, cultural, professional, and ethical matters, as they arise in the course of the work. It is the responsibility of the supervising faculty to refer the resident to sources of information and research literature pertinent to the topic of discussion.

Supervising faculty will provide immediate and relevant feedback to residents regarding observed evaluations, clinical interactions and treatments, as well as perceived strengths, weaknesses, and overall performance. Supervising faculty will regularly review residents' documentation in the medical record. Supervising faculty will provide residents with written evaluations at the midpoint (for rotations greater than two months) and at the end of each rotation, using the evaluation form designed for that purpose. Residents evaluate their supervising faculty every six months, and at the completion of a rotation or specific course of supervision.

	SKILL	BEGINNING LEVEL OF SUPERVISION:	MAY PROGRESS TO:	ASSESSMENT BY:
PGY 1	General patient evaluation and care	Direct Supervision	May progress to indirect supervision after completing observed interview and case presentation and demonstrating competence in:	Attending faculty, PD with assistance of PGY 2 or 3 residents
			a. the ability and willingness to ask for help when indicated	with assistance of PGY 2 or 3 residents
			b. gathering an appropriate history	
			c. the ability to perform an emergent psychiatric assessment	
			d. presenting patient findings and data accurately to a supervisor	
	Resident On Call (ROC)/Provider Of the Day (POD) duties	Same as General patient evaluation and care	May progress to indirect supervision after demonstrating competence in:	Attending faculty, PD
		Direct supervision may be provided by a PGY 2 or 3 resident who has demonstrated clinical	a. the ability and willingness to ask for help when indicated	with assistance of PGY 2 or 3 residents

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		competency and supervisory capability for the PGY 1 residents for a duration of six weeks minimum. This supervisory period may be extended until they demonstrate readiness for indirect supervision.		
			b. gathering an appropriate history	
		After hours, an Attending psychiatrist must be available by phone at all times	c. the ability to perform an emergent psychiatric assessment	
			d. presenting patient findings and data accurately to a supervising faculty	
			Direct supervision may be provided by a PGY 2 or 3 resident who has demonstrated clinical competency and supervisory capability for the PGY 1 residents for a duration of six weeks minimum. This supervisory period may be extended until they demonstrate readiness for indirect supervision.	
			After hours, an Attending psychiatrist must be available by phone at all times	
	Court Ordered Evaluation affidavits	All resident affidavits are reviewed by a faculty member.	All resident affidavits are reviewed by a faculty member.	Attending faculty
	SKILL	BEGINNING LEVEL OF SUPERVISION:	MAY: PROGRESS TO:	ASSESSMENT BY:

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	ECT	Direct supervision		ECT Provider
	Supervision	May supervise MS 3 medical students after progressing to indirect supervision.		Attending faculty
PGY 2	General patient evaluation and care	Indirect supervision		
	ECT	Direct supervision		ECT Provider
	COE affidavits	All resident affidavits are reviewed by a faculty member.	All resident affidavits are reviewed by a faculty member.	Attending faculty
	Supervision	May provide supervision and teaching to MS 3 and 4 medical students as well as PGY 1 residents.	With acceptable level of Medical Knowledge and after demonstrating clinical and supervisory capability.	Attending faculty and Program Director
PGY 3	General patient evaluation and care	Indirect supervision	Oversight for many cases	Program Director, Director of Outpatient Clinic
	Psychotherapies	Indirect supervision, plus Oversight	May progress to Oversight at discretion of Valleywise Behavioral Health Center-Mesa Outpatient Clinic Director	Program Director, Director of Outpatient Clinic
	Supervision	May provide supervision to PGY 1 and 2 residents and supervise and teach		

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		MS 3 and 4 medical students		
PGY 4	General patient evaluation and care	Oversight for most cases	Independent practice on graduation	Program Director, Residency Education Committee
	Psychotherapies	Oversight for most cases		
	Supervision	May provide supervision to PGY 1 and 2 residents and supervise and teach MS 3 and 4 medical students		

REFERENCES

Creighton University GME Policy link:

<https://alliance.creighton.edu/sites/g/files/indaly966/files/2019-05/gme-resident-supervision.pdf>

ABPN CSV v1 link:

https://www.abpn.com/wp-content/uploads/2015/01/ABPN_CSV_form_v1.pdf

AMENDMENTS OR TERMINATION OF THIS POLICY

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

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