Policies and Procedures

Section: **School of Medicine**		*NO.*				
Chapter: **Obstetrics and Gynecology**	*Issued:* ***10/18/2019***	*REV. A* *11/04/2022*	*REV. B*	*REV. C*		
Policy: Resident Supervision		***Page 1 of 2***				

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 Obstetrics and Gynecology residents

DEFINITIONS

- Direct supervision: Unless specified by a specific Review Committee, direct supervision means the supervising faculty is physically present during key portions of the patient interaction. Physically present is defined as the teaching physician is either located in the same room as the patient and/or performs a face-to-face service or it can be met through interactive video real-time communications technology that is synchronous when permitted by the appropriate Review Committee. Audio only technology does not meet this requirement.
- Indirect supervision: The supervising physician is not providing physical or concurrent visual supervision but is immediately available to the resident for guidance and is available to provide appropriate direct supervision.
- Oversight supervision: The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered
- Supervising faculty: An appropriately credentialed and qualified physician or licensed independent practitioner (as allowed by each accrediting body) appointed to the program faculty to provide resident education and supervision and who has responsibility for the patient's care. Credentialing must be for independent performance. Faculty members who are under proctoring or other restrictions from the medical staff cannot perform as supervising faculty.
- Regulatory requirements: Those dictated by a Graduate Medical Education accrediting body, the sponsoring institution or a governmental or other oversight body such as, but not limited to, Medicare or Joint Commission.

POLICY

A. Policy: A broad description and overview of progressive responsibilities accorded house officers and the faculty responsibility for supervision in the Department of Obstetrics and Gynecology.

B. Procedures and Privileges:

Supervisory Guidelines:

1. Patient care in the ambulatory clinic is monitored by assigned faculty member whose only responsibility during that time is ambulatory clinic supervision. There will be no more than four residents assigned to a single faculty member per clinic. Residents present each patient to the assigned faculty member for teaching and patient care recommendations. The assigned physician may repeat parts of the history and physical as necessary. All examinations in the outpatient setting may be repeated by the assigned faculty for the first six months of residency pending competency assessment of the PGY I.
2. Assigned faculty members are present in all inpatient areas including the operating room, emergency room, and labor and delivery 24 hours a day, 7 days a week. All patients will be seen and presented to the assigned faculty member by the appropriate resident. The senior resident will also be responsible for guiding and teaching the junior resident in these instances. In the case of more complex patients, such as ICU transfers or end of life decisions, the senior resident will be actively involved and responsible for patient care in conjunction with the assigned faculty. Both the senior resident and the assigned faculty will be present and will be responsible for making decisions regarding management of these patients. The junior resident may be involved in gathering information and creating management plans.
3. Each resident shall have the privileges of his/her assigned faculty when performing procedures under direct supervision of that assigned faculty. The assigned faculty is responsible for the resident and his/her performance.
4. No patient is taken to surgery without an assigned faculty present during the procedure, with rare exception.
5. Privileges and procedures are appropriated with progressive responsibility in patient care and resident experience through the four years of residency under the supervision of qualified staff.
6. The residents will call the in-house faculty for direct supervision in the hospital for the following situations: Category III fetal heart rate tracing, umbilical cord prolapse, uterine inversion, maternal cardiopulmonary collapse/code, precipitous delivery, severe postpartum hemorrhage requiring massive transfusion protocol, eclamptic seizure, ruptured ectopic pregnancy, vaginal cuff dehiscence, postoperative cardiopulmonary collapse/code, as well as any other situation that is deemed a medical emergency as list is not exhaustive.

REFERENCES

Creighton University Policy
House Staff Agreement Contract

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.