

INSTITUTIONAL POLICY for Graduate Medical Education University of Michigan Health System		
Global Clinical Program Trainee (Resident) Supervision Policy		
Date Initiated: 03/03/2003	GMEC Approved: 10/24/2011	ECCA Approved: 11/21/2011 ECCA Number: 04-06-043

POLICY STATEMENT

It is the policy of the University of Michigan Health System that members of the Medical Staff will actively supervise Clinical Program Trainees (Residents) and appropriately document this supervision in the medical record.

POLICY PURPOSE

The purpose of this policy is to establish institution wide standards for members of the Medical Staff engaged in the supervision and teaching of Clinical Program Trainees (Residents) enrolled in graduate medical education programs to follow and to establish guidelines that program-specific policies must meet. This policy applies to both inpatient and outpatient supervision of the Clinical Program Trainee.

DEFINITIONS

Chief of Staff or COS - the member duly selected in accordance with the UMHHC Medical Staff Bylaws to serve as the chief of the clinical office of UMHHC.

Department - the academic organizational structures of the University's Medical School or Dental School.

Executive Committee on Clinical Affairs or ECCA - the executive committee of the Medical Staff.

House Officer - a Clinical Program Trainee who is a member of the House Officer Association.

Medical Staff - the governing organization or practitioners who are credentialed within UMHHC.

Service - a recognized specialty or specific practice area which can be designated as either a "Service" or a "Division." Departmental Service means a Service within the scope of the Department.

Service Chief - the member nominated to head a Service by the Department Chair, who may be him/herself as the Department Chair, as approved by the Hospitals and Health Centers Executive Board.

POLICY STANDARDS

- A. This policy applies to all Medical Staff engaged in the supervision and teaching of Clinical Program Trainees (Residents) enrolled in graduate medical education programs.
- B. All Clinical Program Trainees (Residents) will function under the supervision of an appropriately credentialed member(s) of the Medical Staff. Each Residency Training Program must ensure that adequate supervision is provided for Clinical Program Trainees (Residents) at all times. A responsible member(s) of the Medical Staff must be immediately available to the Clinical Program Trainee (Resident) in person or by telephone and able to be present within a reasonable period of time, if needed. Each program will publish and make available in a prominent location, call schedules indicating the responsible member(s) of the Medical Staff to be contacted.
- C. Specific responsibilities and relationships of the Executive Committee on Clinical Affairs, the Graduate Medical Education Committee, Program Directors, and members of the Medical Staff are shown under V. (Procedure Actions) below.
- D. **The Executive Committee on Clinical Affairs (ECCA) shall consider all matters, which pertain to patient care and the professional conduct and activity of Clinical Program Trainees. ECCA shall review the report of the Credentials Committee and make recommendations to the HHCEB for Clinical Program Trainee (Resident) status.**** The GMC communicates with ECCA annually regarding the status of GME at the institute and those supervising their core. A member of ECCA has a permanent seat on the GMEC to ensure communication is seamless on issues of supervision.
- E. As part of their training program, Clinical Program Trainees (Residents) will be given progressive responsibility for the care of the patient. Delegation of responsibility to a Clinical Program Trainee (Resident) to provide care to patients will be documented in the following situations:
 - Direct supervision – where the supervising physician is physically present with the resident and physician.
 - Indirect supervision with direct supervision immediately available– where the supervising physician is physically within the hospital or other site of patient care and immediately available to provide direct supervision, if needed.
 - Indirect supervision with direct supervision available – where 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.
 - Oversight- where the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

ECCA expects each Clinical Program Trainee (Resident), Program Director, and training program to meet the supervision requirements of their particular accrediting body.

These designations will be based on the regular documented evaluation of the Clinical Program Trainee's (Resident's) progress with regard to clinical experience, judgment, knowledge, and technical skill. Ultimately, it is the decision of the supervising members of the Medical Staff as to which activities the Clinical Program Trainee (Resident) will be allowed to perform within the context of the assigned levels of responsibility. The overriding consideration must be the safe and effective care of the patient. Medical Staff are reviewed every two years by ECCA to ensure proper credentials in addition to supervisory roles.

F. The Graduate Medical Education Web-site shall make available the assignment of graduated levels of responsibility for Clinical Program Trainees (Residents) for those members of the Medical Staff who have a need to know.

***Medical Staff Bylaws, December 2001*

PROCEDURE ACTIONS

<i>Responsibility</i>	<i>Action</i>
Executive Committee on Clinical Affairs	<ol style="list-style-type: none"> 1. Shall consider all matters, which pertain to patient care and the professional conduct of Clinical Program Trainees. 2. Shall review the report of the Credentials Committee and make recommendations to the HHCEB for staff membership (as Clinical Program Trainees [Residents]), and for assignments to specific services or programs.
Graduate Medical Education Committee	<ol style="list-style-type: none"> 1. Is responsible for establishing and monitoring policies and procedures with respect to the institution's Clinical Program Trainee (Resident) training programs. 2. Shall extend non-voting membership to the Chief of Staff and/or designee. 3. Shall forward minutes to the Office of Clinical Affairs / Executive Committee on Clinical Affairs for monthly review and appropriate action if needed/as appropriate regarding patient care and professional conduct.
Program Director	<ol style="list-style-type: none"> 1. Is responsible for the quality of overall Clinical Program Trainee (Resident) education. 2. Shall ensure that the program is in compliance with the policies of the respective accrediting and certifying bodies. 3. Shall define the graduated levels of responsibility by preparing a description of the types of clinical activities the Clinical Program Trainee (Resident) may perform

	<p>and those for which Clinical Program Trainee (Resident) may act in a teaching capacity (available on GME website).</p> <ol style="list-style-type: none"> 4. Shall monitor Clinical Program Trainee (Resident) progress and ensure that problems, issues, and opportunities to improve education are addressed. 5. Shall ensure that medical staff comply with ACGME Residency Review Committee citations within their program. 6. Shall clearly document in what circumstances and situations Clinical Program Trainee's (Resident's) must have direct, indirect supervision. Policies will also specify the type of oversight that is needed.
<p>Attending Physician</p>	<ol style="list-style-type: none"> 1. Is personally involved in, and responsible for, directing the evaluation and management of individual patients under his/her care and supervision. The attending physician has the ultimate responsibility for all medical decisions regarding his/her patients. 2. Is responsible for providing oversight and supervision of all care provided by trainees. This responsibility includes being immediately available when required. Immediately available means that the attending or supervising physician is physically within the hospital or other site of patient care, and is immediately available to provide Direct Supervision. <ol style="list-style-type: none"> 2.a. Delegates responsibility to the Clinical Program Trainee (Resident) and other caregivers for the care of the patient under an appropriate level of supervision based on the patient's medical problems and condition, the complexity of the management plan, the experience and judgment of the Clinical Program Trainee (Resident) being supervised. 2.b. Is expected to be compliant with the Code of Conduct at all times in regard to trainee supervision and are expected to encourage each trainee to seek guidance from the attending at any time the trainee believes it to be helpful in the care of the patient. At a minimum, the trainee must be told to notify the attending of significant changes in the patient's condition, regardless of the time of day or day of week. 2.c. Must communicate clearly to each trainee involved in the care of the patient when the attending expects to be contacted by the trainee. 2.d. Situations that automatically qualify as "significant

	<p>changes" in the patient's condition and require that the resident notify the attending, when outside the ICU care, include:</p> <ul style="list-style-type: none"> • Admission to hospital of any unstable patient • Transfer of the patient to the intensive care unit (ICU) • Need for intubation or ventilatory support • Cardiac arrest or significant changes in hemodynamic status • Development of significant neurological changes • Development of major wound complications • Medication errors requiring clinical intervention • Any significant clinical problem that will require an invasive procedure or operation • Transfer calls from any source in real time before notifying physician/transfer center that the request was being denied admission at UMHHC <p>3. Shall document involvement, including legibly or electronically signing all Clinical Program Trainee (Resident) history and physicals, operative reports and discharge ER summaries and include their doctor number or print their name under their signature. If it is the intention of the member of the Medical Staff to submit a bill for these services, then an attestation of physical presence of the teaching physician and services provided must be included in the documentation, often with a separate note.</p>
<p>Clinical Program Trainee</p>	<ol style="list-style-type: none"> 1. Is responsible to speak up regardless of the time of day, or day of the week to identify real or perceived safety concerns, uncomfortable situations, or confusion about care provided in the course of patient care, and go up the Chain of Command if concerns are not addressed. 2. Has the right to speak up in good faith free from any retribution or penalty whatsoever. 3. Shall follow procedure actions outlined in Speak Up With Safety Concerns UMHHC Policy 05-01-004. 4. Must be aware of and comply with the program's supervision policies. 5. Situations that automatically qualify as "significant changes" in the patient's condition and require that the resident notify the attending, when outside of routine ICU care, include: <ul style="list-style-type: none"> • Admission to hospital of any unstable patient

	<ul style="list-style-type: none"> • Transfer of the patient to the intensive care unit (ICU) • Need for intubation or ventilatory support • Cardiac arrest or significant changes in hemodynamic status • Development of significant neurological changes • Development of major wound complications • Medication errors requiring clinical intervention • Any significant clinical problem that will require an invasive procedure or operation • Transfer calls from any source in real time before notifying the requesting physician/transfer center that the request was being denied admission at UMHHC.6.
	<p>6. Any consultation regarding a patient in the Emergency Department that requires the consulting resident/fellow to examine a patient also requires that the consulting resident/fellow notify their Attending Physician regarding the status of this patient and the subsequent plan of care in real time by phone or in person.</p>

UMHHC MONITORING OF SUPERVISION

- A. Along with the Chief of Staff, the Director of Graduate Medical Education, and the Graduate Medical Education Committee, each Program Director is responsible for monitoring the supervision of all Clinical Program Trainees (Residents), identifying problems, and devising plans of action for their remedy.
- B. At a minimum, the monitoring process will include:
 1. A review of compliance with inpatient and outpatient documentation requirements, as part of medical record reviews;
 2. A review of all accrediting and certifying bodies' concerns and follow-up actions;
 3. Meetings of the program-level graduate medical education committee and during each program's annual review; and,
 4. A review of all incidents, risk events, and claims with complications to ensure that the appropriate level of supervision occurred.
- C. Any review pertaining to the monitoring of Clinical Program Trainee (Resident) supervision will be communicated on a yearly basis, at a minimum, to the Executive Committee on Clinical Affairs, the Hospitals and Health Centers Executive Board, and other major affiliated institutions as appropriate.

REFERENCES

UMHHC Policy [05-01-004](#) "SPEAK UP WITH SAFETY CONCERNS"

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