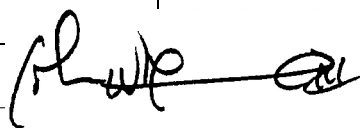


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SUBJECT: RESIDENT SUPERVISION	FUNCTION: TRAINING PROGRAMS	
APPROVALS: Final - Executive Vice President & Chief Operating Officer  _____ Concurrences: _____ _____		

I. Purpose

The purpose of this policy is to establish institution wide standards for independent health care practitioners engaged in the supervision and teaching of residents who are enrolled in post-graduate medical education programs and to establish guidelines that program specific policies must meet.

II. Scope

This policy applies to all independent health care practitioners engaged in the supervision and teaching of residents enrolled in post-graduate medical education programs.

III. Responsibility

It is the responsibility of graduate medical education program directors and attending physicians who supervise and teach residents at UMMC and other training sites, and residents to comply with this policy.

IV. Authority/Accountability

Responsibility for the quality of patient care and services provided in the Medical Center rests with the Board of Directors. The Board directs the organized medical staff and Medical Center Leadership Group to implement a planned and systematic process for measuring quality and improving performance. The Board exercises its authority through the UMMC Board Committee, to which it has delegated full authority for review and approval of this plan.

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V. Definitions

Attending Physician - refers to a member of the medical staff with School of Medicine or School of Dentistry faculty appointments.

Direct supervision --refers to supervision provided by an attending physician or more advanced resident who is in the physical presence of a resident.

Program Director refers to a member of the active Medical Staff responsible for overseeing the program and its compliance with ACGME or equivalent institutional and program requirements.

Resident refers to an unlicensed or licensed intern, resident, or fellow enrolled in an University of Maryland Medical System/ School of Medicine post-graduate education program, including subspecialty programs, and which are accredited by the Accreditation Council for Graduate Medical Education (ACGME) or equivalent accreditation process.

VI. Generally

1. UMMC provides institutional oversight to ensure that residents are appropriately supervised. A resident takes on progressively greater responsibility throughout the course of a residency, consistent with individual growth in clinical experience, judgment, knowledge, and technical skill. Residents must be supervised by attending physicians so that the residents assume progressively increasing responsibility according to their level of education, ability, and experience.
2. UMMC compliance with this policy will be monitored and ultimately enforced by the governing board of the medical system through the quality process, peer review, credentialing, and privileging or the resident disciplinary process.

VII. General Program Responsibilities

1. Each graduate education program shall adopt program specific policies consistent with the standards in this policy.
2. Each program shall define the general responsibilities for each PGY level, including supervisory responsibilities, medical/surgical procedures or orders that require direct supervision or countersignature, in emergency and nonemergency situations.

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3. Each program director shall define the levels of responsibility for each resident by preparing a description of the types of clinical activities each resident may perform with and without direct supervision and those for which the resident may act in a teaching/supervisory capacity and will communicate the defined levels of responsibility to each resident.
4. The assessment of a resident's competence shall serve as the basis for determining the minimum level of supervision required for different activities. Objective criteria to evaluate a resident's progressive ability to function independently in these skill areas shall be developed and consistently applied. This assessment shall include the evaluation of the resident's technical, patient management, and communication skill and capacity to perform as required. The Program Director will communicate the assessment of the resident's competence to the resident and supervising attending physician at least annually and when significant progress or deficiencies are noted.
5. On-call schedules for attending physicians shall provide for supervision that is readily available to a resident on duty 24 hours per day, 7 days per week. Under circumstances, as determined by the program, in which urgent judgments by highly experienced physicians are typically required, attending physicians must be immediately available on site at all times. Under other circumstances, attending physicians can provide adequate supervision off site as long as their physical presence within a reasonable time can be assured in case of need. The Program Director assures that a schedule with the name and contact number of the responsible attending physician is available at all times to program residents.
6. Programs shall define any standard indications and principles to guide residents in determining need for communication with the attending physician in other circumstances.
7. All patients seen by a resident on an outpatient basis must be seen by, discussed with, or reviewed by the responsible attending physician.
8. Each program will define the general responsibilities of attending physicians for supervision of residents, and may adopt more specific requirements for supervision.

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9. Each program will determine how to monitor and improve compliance with its supervision policies and competency assessments, using such methods as chart audits, quality audits, procedure logs, resident feedback, attending physician feedback, risk management reports and quality improvement reports

VIII. **General Attending Physician Responsibilities**

1. An attending physician is responsible for and actively involved in the care provided to each patient, both inpatient and outpatient.
2. An attending physician directs the care of each patient and provides the appropriate level of supervision for a resident based on the nature of the patient's condition, the likelihood of major changes in the management plan, the complexity of care, and level of education, ability, experience, and judgment of the resident being supervised.
3. The attending physician, in consultation with the program director, accords a resident progressive responsibility for the care of the patient based on the resident's clinical experience, judgment, knowledge, technical skill, and capacity to function.
4. The attending physician advises the program director if he/she believes a change in the level of the resident's responsibility and supervision should be considered. The overriding consideration must be the safe and effective care of the patient that is the personal responsibility of the attending physician.
5. The attending physician fosters an environment that encourages questions and requests for support or supervision from the resident, and encourages the resident to call or inform the attending physician of significant or serious patient conditions or significant changes in patient condition.

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IX. Resident Responsibilities and Requirements

1. The resident must be aware of his/her level of training, his/her specific clinical experience, judgment, knowledge, and technical skill, and any associated limitations. The resident must not independently perform procedures or treatments, or management plans that he/she is unauthorized to perform or lacks the skill and training to perform.
2. The resident is responsible for communicating to the attending physician any significant issues regarding patient care.