

**SECTION:** Graduate Medical Education Policies

**ISSUED:** September 15, 2005

**SUBJECT:** Resident Supervision

**REVISED:** May 21, 2009

## **I. Introduction**

Residents participating in Rhode Island Hospital (RIH) and The Miriam Hospital (TMH) sponsored training programs will receive appropriate supervision in all patient care activities, across all clinical settings encountered as part of their training programs. This policy does not apply to moonlighting activities performed by residents nor does it apply to medical or dental student education.

## **II. Definitions**

Resident- A professional post-graduate trainee in a specific specialty or subspecialty training program. The term encompasses the terms intern, resident, fellow and chief resident. The term resident applies to graduates of allopathic and osteopathic schools of medicine, schools of dentistry and graduate schools in other health professions. A resident may possess a limited medical/dental registration or an unrestricted license to practice medicine or dentistry.

Attending- A physician or dentist with an unrestricted license to practice medicine or dentistry who is not enrolled in a residency or fellowship program.

Medical Staff- A licensed independent physician or dentist who is credentialed by Rhode Island Hospital and/or The Miriam Hospital or, for another hospital or health care organization in which residents/fellows rotate, is credentialed by that hospital or health care organization.

Graduate Medical Education (GME)- Education conducted as part of ACGME and non-ACGME approved residency and fellowship programs which are approved by and operate under the auspices of the Rhode Island Hospital Graduate Medical Education Committee (GMEC).

Residency or Fellowship Program- ACGME and non-ACGME approved formal education programs for graduates of accredited medical, dental or graduate schools approved by and operated under the auspices of the RIH GMEC.

Patient Care Activity- Any evaluation/management activity or procedure performed on, or on behalf of a patient.

## **III. Background**

The purpose of this policy is to establish requirements for resident supervision in all Rhode Island and the Miriam Hospital sponsored GME programs. Individual programs may have

more stringent policies if they obtain the formal approval of the Graduate Medical Education Committee but no program (ACGME approved or non-ACGME approved) may have a less stringent policy or practice. This policy acknowledges that the quality of patient care and education are directly related to the quality of resident supervision. Further, the policy recognizes that while residents are not attending medical staff, resident supervision should be graded to provide for gradually increasing responsibility so that upon completion of the training program the resident is capable of functioning as an independent practitioner in their specialty or subspecialty. The policy also acknowledges that it is necessary to accommodate the regulations of the relevant accrediting organizations (hospital and training program), specialty boards, boards of licensure and other governmental and regulatory bodies.

#### IV. Policy

1. Residents will be supervised in all patient care activities by an attending.
2. All residency and fellowship programs must have specific supervision policies in place, which have been reviewed and approved by the GMEC. These policies must address the circumstances under which supervision may be indirect (see below), including procedures and considerations for the level of training and need for graduated responsibility in the course of program activities.
3. The level of resident supervision will vary based on the knowledge, judgment, skill and experience necessary to perform an activity, the risk to the patient, and/or risk to health care providers, as well as the urgency and the setting.
  - a. The **supervision** provided by the attending may be **direct** (the attending is physically present for the patient care activity) or **indirect** (the attending is not physically present for the patient care activity, but is scheduled to provide supervision and is **immediately** available by phone or other means of communication).
  - b. When a resident communicates to the attending providing indirect supervision that she/he needs more direct supervision in a given situation, the attending **must** be responsive to this request, even if it means that the attending must come in to the hospital to provide direct supervision.
4. The supervising attending is ultimately responsible for all patient care rendered by residents when that patient care activity is part of the residency/fellowship program. This includes care rendered (in compliance with this policy) when the attending is providing indirect supervision but not physically present.
5. The scope of the patient care rendered by residents will be within the scope of privileges afforded to the supervising physician by the hospital/health care organization in which the resident is providing patient care. In settings in which there is no granting of credentials (e.g., in a private office setting), the scope of care provided by residents must not exceed the capabilities of the supervising attending.
6. The credentialing process in the respective hospitals and health care organizations will delineate the range of privileges for each attending or medical staff member.
7. Residents who are also credentialed as medical staff but are participating in a fellowship program shall require supervision for those patient care activities that are part of the fellowship training, and will not be credentialed to perform these activities independently.