Resident Supervision Policy
Neurology
University of Utah Medical Center
Salt Lake City Veterans Administration Hospital
Primary Children’s Hospital

Key Principles:

- Each patient must have an identifiable, appropriately credentialed and privileged attending physician or licensed independent practitioner. Residents must be aware of this and document it appropriately, as for admission histories and physical exam documentation, discharge summaries, daily inpatient notes, outpatient clinical notes, emergency room consultation, etc.

- Residents must identify their level of training, and hence supervisory roles above them, to patients.

- Direct supervision: when the supervising physician is physically present with the resident and the patient. Direct supervision is provided for all of the following patient encounters with residents in training:
  - Admissions to the inpatient neurology service during the workday hours of 07:00-17:00
  - Neurological consultation for services requested during the workday hours of 07:00-19:00
  - All neurology general and subspecialty clinic visits
  - Brain Attacks (all) when thrombolytics are administered
  - Performing diagnostic tests such as nerve conduction studies/needle EMG

- Indirect supervision (with direct supervision immediately available): the supervising physician is physically within the hospital or other site of patient care, and is immediately available to provide direct supervision. Indirect supervision with direct supervision immediately available is provided for all of the following patient encounters with residents in training:
  - Routine procedures such as spinal taps (lumbar punctures)

- Indirect supervision (with direct supervision available): the supervising physician is not physically present with in the hospital or other site of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is able to provide direct supervision. (NB: All new patient encounters require, at minimum, direct staffing with the neurology attending of service, either via telephone or telemedicine, in a timely manner.) Indirect supervision (with direct supervision available) is provided for all of the following patient encounters with residents in training:
  - After hours (19:00-07:00) neurological consultation requests (wards and emergency room)
  - After hours (19:00-07:00) neurological admissions to the neurology wards and neuro-ICU
  - Primary admissions to the neurointensive care unit during workday hours.
- **Oversight:** the supervising physician is able to provide a review of procedures / encounters with feedback provided after care is delivered.

- Discussion of telephone conversations which come in through the Pager Response Line

- An attending physician must be identified for every patient receiving neurologic care by a resident.

- The attending physician is ultimately responsible for the care provided to these patients.

- The level of supervision required of each resident is variable, related to the resident’s level of training. The attending physician is responsible for determining the level of supervision required.

- Resident supervision must be documented, either electronically or in the paper chart.

- **Hierarchy of supervision:**

  - **Program Director:** The residency program director must evaluate each resident’s abilities based upon specific criteria designated in the document entitled *Resident Promotion Requirements*. The program director presents each candidate resident for promotion to the Residency Education Committee, who votes upon advancing resident standing, and hence who vote upon graduating residents to higher levels of responsibility.

  - **Faculty:** Supervising physicians should delegate portions of care to residents, based on the needs of the patient and the skill of the resident. The attending faculty member of record is ultimately responsible for all patient care generated by the team. When in doubt, the neurology attending is the ultimate person to whom a resident may seek assistance.

  - **Fellows:** Fellows serve an intermediary role between resident in training and that of faculty member. The fellow, when present, provides the first level of supervision for the PGY4 resident (or PGY3 resident, depending upon the rotation and the subspecialty of the fellow). Residents may hence go to their fellow for troubleshooting and to discuss clinical decisions.

  - **Residents:**

    - **PGY4:** Senior residents should serve in the supervisory role of junior residents in the recognition of their progress toward independence based on the needs of each patient and the skills of the individual resident or fellow. The senior residents provide the first level of supervision for all PGY1, 2, and 3 residents, as they serve as the chief, thus able to make legislative decisions (within their purview) regarding issues such as on-call, vacation, scheduling issues. PGY4 residents also serve to teach their protege PGY1 resident in continuity clinics, and hence they serve as a direct supervisor over the PGY2 in this capacity.

    - **PGY3:** This first year senior level resident functions largely like a PGY4, but without any of the abilities to make legislative decisions as a chief. PGY3 residents are required to provide direct clinical supervision for junior PGY2 residents.

    - **PGY2:** The first year neurology resident is expected to address all issues, when possible, with their direct supervising senior resident (PGY3 or PGY4). When not available, then they may address issues with the fellow (if applicable to the rotation), or may go directly to the supervising attending.
• PGY1: Interns in internal medicine are required to provide direct clinical supervision to medical students.

**Key Issues:**

1. Attending physician/staff practitioner responsibilities
   
   a. Inpatient Primary Care
      
      i. An attending physician is identified in the chart upon admission.
      
      ii. The attending must examine the patient within 24 hours of admission.
      
      iii. Documentation of the supervision process must occur either in the electronic or written chart by the end of the day following the admission.
      
      iv. Follow local admission guidelines for attending notification.
      
      v. Other neurology attendings may, at times, be delegated responsibility for the care of a neurology patient, and therefore will provide supervision instead of, or in addition to, the assigned attending.
      
      vi. First year neurology residents and residents rotating on the neurology service as juniors will receive immediate supervision by assigned second (PGY3) and third (PGY4) year neurology residents.
   
   b. Outpatient Primary Care
      
      i. An attending physician is identified both to the patient and in the either the electronic or written chart.
      
      ii. Active discussion between the resident and the attending shall occur during the initial visit, with attending documentation of the supervision process either in the resident progress note, or as a separate attending note either in the electronic or written record.
      
      iii. All notes written by the resident are to be co-signed by the attending.
      
      iv. Other neurology attendings may, at times, be delegated responsibility for the care of a neurology patient, and therefore will provide supervision instead of, or in addition to, the assigned attending.
   
   c. In-Patient Neurologic Consultation
      
      i. The attending must examine the patient within 24 hours of consult request.
      
      ii. Active discussion between the resident and the attending will occur during the initial visit, with attending documentation of the supervision process either in the resident progress note, or as a separate attending note either in the electronic or written record.
      
      iii. Other neurology attendings may, at times, be delegated responsibility for the care of a neurology patient, and therefore will provide supervision instead of, or in addition to, the assigned attending.
iv. First year neurology residents and residents rotating on the neurology service as juniors may receive immediate supervision by assigned second (PGY3) and third (PGY4) year neurology residents.

v. The attending must be notified of all consultation requests.

d. Out-Patient Neurologic Consultation
   i. The attending must be notified of all out-patient consultation requests.
   
   ii. Neurologic consultation rendered in the emergency room by a resident requires that the resident and attending engage in active discussion regarding evaluation and management during the initial visit.
   
   iii. Residents may receive direct supervision in the emergency room from the emergency room attending physician. In situations where the emergency room attending is the principal provider of care for the patient’s emergency room visit, the neurology attending does not need to meet directly with the patient.
   
   iv. Patients admitted to the hospital for in-patient neurologic care will be considered primary neurology ward patients, whereby the aforementioned in-patient rules apply (see 1-a, i-iv).
   
   v. Other neurology attendings may, at times, be delegated responsibility for the care of a neurology patient, and therefore will provide supervision instead of, or in addition to, the assigned attending.

e. Neurology Outpatient Clinics
   i. The attending physician is responsible for reviewing resident patient care, performing key elements of the examination, and co-signing the resident’s clinic notes.

f. Procedures
   i. An attending physician is to be identified in the chart when the procedure is performed.
   
   ii. An attending is expected to meet the patient prior to the procedure.
   
   iii. An attending must co-sign consent for the procedure.
   
   iv. The procedure must be documented in a procedure note within 24 hours of completion of the procedure, and must be co-signed by the attending physician.
   
   v. Excluded from the requirements of this section are procedures which, although invasive by nature, are considered routine in standard neurologic patient care, ie lumbar puncture, arterial lines, etc.

g. Code Status
   i. All advanced directives must be documented upon the admission orders for all in-patient hospitalizations, and must be signed by the attending physician within 24 hours.
   
   ii. An attending physician must document compliance with local DNR policies, when applicable.
2. Program Director

a. Is required to establish and implement the neurology supervision policy.

b. Is responsible for the orientation for all in-coming residents.

c. Is responsible for the education of attending physicians regarding the aforementioned supervision policies.

d. Must yearly reassess the current supervision policy to ensure that all institutional requirements for the Accreditation Council for Graduate Medical Education (ACGME) are being met.

e. Is responsible for ensuring that the neurology program is in compliance with the policies required for certification for the American Board of Psychiatry and Neurology.

f. Is to ensure that residents maintain active representation and discussion in committees which make decisions regarding resident activities.

g. Is required to oversee and ensure the quality of didactic and clinical education in the Salt Lake City Veterans Administration Hospital, Primary Children’s Medical Center, and University of Utah Hospitals and Clinics.

h. Approve a local director at each participating site who is accountable for resident education:

Primary Children’s Medical Center: Francis Filloux, MD

Salt Lake City Veterans Administration Hospital: John Rose, MD

University of Utah Hospitals and Clinics: Jana Wold, MD

i. Approve the selection of program faculty as appropriate.

j. Evaluate program faculty and approve the continued participation of program faculty based on evaluation.

k. Monitor resident supervision at all participating sites.

l. Prepare and submit all form required and requested by the ACGME, including but not limited to the program information forms and the annual program resident updates to the ADS, and ensure that the information submitted is accurate and complete.

m. Provide each resident with documented semiannual evaluation of performance with feedback.

n. Ensure compliance with grievance and due process procedures as set forth in the Institutional Requirements and implemented by the sponsoring institution.

o. Provide verification of residency education for all residents, including those who leave the program prior to completion.

p. Implement policies and procedures consistent with the institutional and program requirements for resident duty hours and the working environment.

q. Distribute policies and procedures to residents and faculty.
r. Monitor resident duty hours, according to the sponsoring institutional policies, and with a frequency sufficient to ensure compliance with ACGME requirements.

s. Adjust schedules as necessary to mitigate excessive service demands and/or fatigue.

t. If applicable, monitor the demands of at-home call and adjust schedules necessary to mitigate excessive service demands and/or fatigue.