

GME Policy # I-I	Graduate Medical Education Policy & Procedures Pennsylvania Hospital	Page 1 of 4 Effective: 4/1/2004
	Subject: House Officer Supervision Policy	

POLICY


This policy is intended to guide the activities of house officers in insuring that patient care activities in which house officers participate are appropriately supervised and documented during the course of their inpatient and outpatient training. This supervision should begin with the house officer's initial contact with the attending physician and the patient and continue through all contact the house officer has with the patient. Supervision is complete when all documentation of the hospital stay or clinic visit is completed for the permanent medical record. All house officers patient care activities are to be conducted within the scope of their training programs.

All UPHS facilities will adhere to current accreditation requirements as set forth by the Accreditation Council for Graduate Medical Education (ACGME), Commission on Dental Accreditation (CDA), American Osteopathic Association (AOA), and/or Council on Podiatric Medical Education (CPME) for all matters pertaining to the house officer training programs, including the level of supervision provided.

Each training program director shall develop explicit, written descriptions of supervisory lines of responsibility for the care of patients. Such guidelines must be communicated to all house officers and all members of the programs' teaching staff. House officers must be provided with prompt reliable systems for communication and interaction with attending physicians. House officers must be supervised by attending physicians in such a way that the house officer assumes progressively increasing responsibility according to their level of education, ability, and experience. The schedules for attending physicians must be structured to ensure that supervision is readily available to house officer on duty, particularly during on call periods. The level of responsibility accorded to each house officer must be determined by the teaching staff according to the program-specific criteria for evaluation and promotion.

House officers provide care to patients at Pennsylvania Hospital in a variety of teaching services with supervision provided by attending physicians (licensed practitioners with appropriate clinical privileges). Residency training involves house officer participation in a well-defined portion of patient care responsibility with increasing degrees of independence. Although all house officer care is supervised and the attending physician is ultimately responsible for care of the patient, the proximity and timing of supervision as well as the specific tasks delegated to the house officer depend on a number of factors including:

- the acuity of the situation and the degree of risk to the patient.
- the level of training (i.e. year in residency) of the house officer
- the skill and experience of the house officer with the particular care

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GME Policy # I-I	Graduate Medical Education Policy & Procedures Pennsylvania Hospital	Page 2 of 4 Effective: 4/1/2004
	Subject: House Officer Supervision Policy	

- situation
 - the familiarity of the supervising physician with the house officer's abilities

In addition, patient care provided by house officers is guided by the goals and objectives of the specific educational curriculum of each training program.

PURPOSE

To specify the mechanisms by which house officers are supervised by members of the medical staff. To safeguard patient care and enhance graduate medical education by setting standards for supervision of house officers.


SCOPE

This policy applies to all ACGME accredited programs sponsored by PAH and under the auspices of the GMEC.

PROCEDURES

Procedures – Inpatient Care

- An evaluation of the appropriateness of patients' admission to the teaching service will be made by an attending physician (prior to, or concurrent with the initial involvement of a house officer in the care of each patient). Care will be taken to ensure that the attending physician and the house officer will both be fully knowledgeable about the medical condition of the patient.
- The attending physician shall evaluate the patient in person and be in a position to confirm the findings of the house officer and discuss the care plan.
- At least on a daily basis (more often as the needs of the individual patient may dictate), the house officer and the attending physician will review progress of the patient, make the necessary modifications in the care plan, plan family conferences as needed, and agree on the type and scope of documentation for the medical record.
- When a patient develops a condition that the house officer feels is potentially

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GME Policy # I-I	Graduate Medical Education Policy & Procedures Pennsylvania Hospital	Page 3 of 4 Effective: 4/1/2004
	Subject: House Officer Supervision Policy	

dangerous for that patient, the house officer will contact the admitting/attending physician and report these developments. The house officer may identify the need for that physician to see the patient at an agreed upon time to assist in the evaluation and treatment of such a patient.


- At the time of discharge, the attending physician may delegate some of the discharge planning to the house officer, and should review any discharge documents generated by the house officer and must sign any attestation statements required.
- The attending physician must ensure the completeness of the medical record, including the provision of additional comments in the progress notes.

Procedures – Outpatient Care

- In order to ensure patient safety and quality patient care while providing the opportunity for maximizing the educational experience of the house officer in the ambulatory setting, it is expected that an appropriately privileged attending physician will be available for supervision during clinic hours. Patients followed in more than one clinic will have identifiable attending physician for each clinic. Attending physicians are responsible for ensuring the coordination of care that is provided to patients.
- All patients who are new to the outpatient clinic should be seen by, or discussed with, the attending physician at that initial visit. The attending physician must document this in the chart via a progress note (or addendum to the house officer note) or the house officer’s note must include the name of the attending physician and the nature of the discussion.
- Return outpatients should be seen by, or discussed with, the attending physician at such a frequency as to ensure that the course of treatment is effective and appropriate. The medical record should reflect the degree of involvement of the attending physician, either by physician progress note (or addendum), or the house officer’s description of attending involvement.

Procedures - Supervision of House Officer Performing Procedures

- A trainee will be considered qualified to perform a procedure if, in the judgment of the supervising attending physician and his/her specific training program guidelines, the trainee is competent to perform the procedure safely and effectively.

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GME Policy # I-I	Graduate Medical Education Policy & Procedures Pennsylvania Hospital	Page 4 of 4 Effective: 4/1/2004
	Subject: House Officer Supervision Policy	


- House officers at certain year levels in a given training program may be designated as competent to perform certain procedures without direct supervision, based upon specific written criteria set forth and defined by the program director. In this instance, house officer may perform routine procedures that they are deemed competent to perform (such as arterial line placement) for standard indications without prior approval or direct supervision of the attending physician. However, the attending physician of record will be ultimately responsible for all procedures on inpatients.

House officers may perform emergency procedures without prior approval or direct supervision when a patient's life would be threatened by delay.

- All outpatient procedures will have the attending physician of record documented in the procedure note, and that attending physician will be ultimately responsible for the procedure.
- Program directors will designate the PGY level at which each procedure in their specialty can be performed. Some program directors may choose to identify only the requirements for house officers to perform certain clinical activities without direct supervision since not all procedures may easily be categorized by PGY level.

Monitoring

- The GME Office shall maintain a file containing updated supervision policies of all training programs and shall take steps to ensure that this file is updated periodically.
- The adequacy of supervision and house officer satisfaction with supervision will be evaluated during the GMEC internal review process.
- The annual GME report provided to all participating institutions shall specifically address the adequacy of supervision policies, as required by ACGME standards.
- The GME Committee shall review all accrediting and certifying bodies' concerns regarding supervision of house officer and ensure that appropriate follow-up with corrective actions occurs as needed.

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