

SUPERVISION OF INTERNAL MEDICINE-PEDIATRIC (MP) HOUSESTAFF POLICY

I. POLICY

The faculty is expected to provide an appropriate level of clinical supervision for all residents during clinically relevant educational activities. The MP program believes that the most effective learning environment for the trainees is one that provides (a) sufficient freedom and graded responsibility for MP housestaff to share responsibility for decision-making in patient care under adequate faculty supervision, (b) supervising faculty feedback to MP housestaff concerning their diagnostic and management decisions, and (c) an appropriate balance of education with the patient's right to expect a healthy, alert, responsible and responsive physician dedicated to delivering effective and appropriate care. In order to create this type of learning environment, ensure appropriate levels of MP housestaff supervision, and compliance with the *Essentials of Accredited Residencies*, the MP program strives to ensure that the principles set forth in this policy and these procedures are followed.

II. PROCEDURES

- a. Clinical responsibilities must be conducted in a carefully supervised and graduated manner, allowing MP housestaff to assume progressively increasing responsibility in accordance with their level of education, ability, and experience.
- b. Faculty supervision must include timely and appropriate feedback and MP housestaff must be provided with rapid, reliable systems for communicating with supervising faculty.
- c. Faculty supervision of MP housestaff is consistent with the written educational curriculum for the MP program.
- d. Faculty supervision of MP housestaff should foster humanistic values by demonstrating a concern for each MP housestaff member's well-being and professional development.
- e. All MP housestaff activities are supervised by faculty members who have overall responsibility for patient care rendered and the ultimate authority for final decision-making. The particular MP housestaff-faculty relationship and the structure of faculty supervision will vary according to patient care setting.
- f. Faculty schedules are structured to provide MP housestaff with continuous supervision and consultation. Faculty call schedules are structured to ensure that support and supervision are readily available to MP housestaff on duty.

- g. The program director and the faculty determine the level of responsibility accorded to each MP housestaff member.
- h. Faculty and MP housestaff are educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effects. The program director and faculty monitor MP housestaff for the effects of sleep loss and fatigue and respond in instances when fatigue may be detrimental to MP housestaff performance and well-being.
- i. Duty hour assignments in teaching settings recognize that faculty and MP housestaff collectively have responsibility for the safety and welfare patients.
- j. *MP Housestaff Supervision on Inpatient Services:*
 - i. Patient care teams include medical students, interns, residents and fellows, under the direct supervision of a faculty physician who cares for the patients admitted to the service.
 - ii. Decisions regarding diagnostic tests and therapeutics, although initiated by MP housestaff, are reviewed with the responsible faculty during patient care rounds.
 - iii. Patients are seen by the responsible attending and their care will be reviewed with the faculty at appropriate intervals. The attending documents his/her involvement in the care of the patient in the medical record.
 - iv. MP housestaff are required to promptly notify the patient's faculty physician in the event of any controversy regarding patient care or any serious change in the patient's condition.
 - v. Faculty or their designees (covering physicians) are available, by telephone or pager, for MP housestaff consultation 24 hours per day for their term on service.
- k. *Supervision of MP Housestaff in Adult and Pediatric Emergency Departments*
 - i. In the Adult and Pediatric Emergency Departments, faculty must be on-site 24 hours per day.
- l. *Supervision of MP Housestaff in Clinics and Consultation Services:*
 - i. In clinics and consultation services, faculty must review overall patient care rendered by MP housestaff.
- m. *Supervision of MP Housestaff in Intensive Care Units:*

- i. In intensive care units, MP housestaff decisions regarding patient care, including admission, discharge, treatment decisions, performance of invasive procedures and end-of-life decisions are to be discussed and reviewed by faculty.

III. MONITORING COMPLIANCE

- a. The quality of MP housestaff supervision and adherence to supervision guidelines and policies shall be monitored by the MP PD and APD through annual review of the MP housestaff's evaluations of their faculty and rotations.
- b. The quality of MP housestaff supervision and adherence to supervision guidelines and policies shall be monitored by the MP PD and APD through yearly evaluations.
- c. The quality of MP housestaff supervision and adherence to supervision guidelines and policies shall be monitored by the MP PD during the semiannual summative evaluation sessions.
- d. For any significant concerns regarding MP housestaff supervision, the MP PD shall ask the faculty in charge of the rotation to submit a plan for its remediation.

Approved by the MP Education Committee	8/03/11
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