

Transitional Year Residency Program

Supervision Policy

Resident supervision by qualified senior resident and faculty attending physicians is integral to both the educational environment and the provision of patient care that is safe and effective. This policy defines the expectations of the Transitional Year (TY) residency program with respect to proper supervision of TY residents.

- 1.) TY resident physicians must be provided either direct supervision, or indirect supervision with direct supervision immediately available, while engaged in all clinical activities. Supervision may be provided by either an approved attending physician or a more senior resident physician (PGY2 – PGY5). Direct supervision means that the attending physician or senior resident physician must be physically in the same room as the first year resident. Indirect supervision, with direct supervision available, means that the attending physician or senior resident physician must be physically within the same facility as the first year resident, and must be immediately available to provide direct supervision.
- 2.) TY resident physicians will staff each admission with the attending physician that has admitted the patient to the inpatient teaching service, or with his or her designee. The resident will see each admission, perform an appropriate evaluation, and review that evaluation as well as the diagnostic and therapeutic plan with the attending physician.
- 3.) Admissions will be staffed in a timely fashion. Admissions to the ICU or unstable patients should be staffed immediately.
- 4.) Residents must notify the attending physician when there is any significant deterioration in a patient's clinical condition unless that deterioration is expected due to the patient's underlying illness and has been explicitly recognized as such by the resident physician and the attending physician. Any expected deterioration in a patient's clinical condition should be discussed during the patient hand-over process. Faculty notification policies vary by clinical service and TY residents must follow requirements for each service the work on throughout the year.
- 5.) Performance of any invasive procedure must be directly supervised by the attending physician or his/her designee. A senior resident may be designated to supervise if they have had sufficient experience performing the procedure and are approved to perform this procedure independently.
- 6.) The attending physician responsible for a given service will be available by telephone to discuss any admissions, consults, or patient care issues with the resident. The attending physician will provide direct supervision if requested by the resident, or if the attending physician thinks that direct supervision is warranted.
- 7.) In the event that a resident is unable to reach his or her attending physician, the chain of command requires the resident to contact the director of the involved inpatient teaching service or the TY residency program director if the service director cannot be reached.

- 8.) The directors of the inpatient teaching services through which TY residents rotate include:

IMMC Internal Medicine & ICU Teaching Services: William John Yost, MD

Blank Pediatrics Teaching Service: Julie Anderson-Suddarth, MD

IMMC Surgery Teaching Services: Rick Sidwell, MD

Broadlawns Internal Medicine Teaching Service: Doug Hanson, MD

VAMC Internal Medicine Teaching Service: Angie Goodson, MD

- 9.) Concerns about, or failure to comply, with this policy should be reported to Dr. Steve Craig, TY Residency Program Director.

Approved by Transitional Year Education Committee
September 12, 2011