

Supervision Guidelines

Scope

These guidelines apply to the residents and supervising physicians associated with the University of Alabama Family Medicine Residency-Tuscaloosa Program.

Purpose:

To identify to the residents and supervising physicians the aspects of patient care that require progressive levels of responsibility for residents as well as oversight/supervision by upper levels and/or supervising physicians. These Guidelines also serve to document the educational role of the supervising physician.

Guidelines:

Resident Supervision

The supervising physician (including faculty and preceptors) has the responsibility to enhance the knowledge of the resident and ensure the quality of care delivered to each patient by any resident. Supervising physicians are responsible for the care provided to each patient, and they must be familiar with each patient for whom they are responsible. Residents are to familiarize themselves with this policy and the resident must be aware of his/her level of training, his/her specific clinical experience, judgement, knowledge, technical skill, and any associated limitations. The resident must not independently perform procedures or treatments, or management plans that he/she is unauthorized to perform or lacks the skill and training to perform. **The resident is responsible for communicating to the supervising physician any significant issues regarding patient care.**

General Supervision:

The supervising physician oversees the care of the patient and provides the appropriate level of oversight based on the nature of the patient's condition, the likelihood of major changes in the management plan, the complexity of care, and the experience and judgment of the resident being supervised. Medical services must be rendered under the oversight of the supervising physician or be personally furnished by the supervising physician. Documentation of this oversight is entered into the EMR by the supervising physician or reflected within the resident's progress note at a frequency appropriate to the patient's condition. The resident's note shall include the name of the supervising physician with whom the case was discussed as well as a summary of that discussion. The supervising physician countersigns and adds an addendum to the resident's note detailing his/her involvement and supervision. The supervising physician shall review the progress notes and provide constructive commentary on content. These progress notes shall be countersigned in a timely fashion. The supervising physician shall provide an addendum to both inpatient

and outpatient progress notes detailing his/her involvement and oversight as needed. Residents assigned to rotations with community specialists, either inpatient or outpatient, will be involved with the care of those patients under the oversight of these community physicians.

Outpatient Supervision

All residents will function under the oversight of a supervising physician. A responsible supervising physician must be immediately available to the resident in person or by telephone and able to be present within a reasonable period of time (generally considered to be within 30 minutes of contact), if needed. For outpatients, all evaluation and management (E/M) services, such as office visits and procedures provided by residents in the Family Medicine Practice (FMP) sites must occur under the oversight of a supervising physician (fellow, faculty or community-based providers). For each encounter, the supervising physician must: 1) ensure that services provided are appropriate; 2) review with the resident the patient's history, physical examination, and diagnosis, and; 3) document the extent of his/her participation in the review and direction of services provided to the patient. **This review must occur before or shortly after the conclusion of each visit.**

During a resident's first six months of residency, the supervising physician must be physically present for the key portions of every encounter between the patient and the resident. After successful completion¹ of the first six months of training as a PGY-1 resident, the supervising physician does not have to be present during encounters that are low- or mid-level E/M codes for either new or established patients. The supervising physician shall review progress notes and provide constructive feedback regarding history, physical exam, assessment/plan and billing. **The supervising physician must see all Medicare patients.**

Residents should be given progressive responsibility for the care of their patients. The determination of a resident's ability to provide care to patients without a supervisor present or to act in a teaching capacity as an upper level will be based on documented evaluation² of the resident's clinical experience, judgment, knowledge, and technical skill. Ultimately it is the decision of the supervising physician as to which activities the resident will be allowed to perform within the context of the assigned levels of responsibility. The overriding consideration must be the safe and effective care of the patient that is the personal responsibility of the supervising physician.

The supervising physician advises the residency program director if he/she believes a change in the level of the resident's responsibility and supervision should be considered. The supervising physician fosters an environment that encourages questions and requests for

¹ As determined by the Clinical Competency Committee (CCC) via a Milestone evaluation.

² Ibid.

support or oversight from the resident, and encourages the resident to call or inform the supervising physician of significant or serious patient conditions, or significant changes in a patient's condition.

During the performance of any diagnostic and therapeutic procedures, a supervising physician will provide an appropriate level of oversight. Determination of this level of oversight is generally left to the discretion of the supervising physician within the context of the previously described levels of responsibility assigned to the resident involved. This determination is a function of the experience and competence of the resident and the complexity of the specific case.

An "emergency" is defined as a situation where immediate care is necessary to preserve the life of, or prevent serious impairment of the health, of a patient. In such situations, any resident, assisted by other clinical personnel as available, shall be permitted to do everything possible to save the life of a patient or to save a patient from serious harm. The appropriate supervising physician will be contacted and apprised of the situation as soon as possible. The resident will document the patient encounter in the patient's record and notify the supervising physician.

Inpatient Supervision

For patients admitted to the inpatient team, the supervising physician must meet the patient early in the course of care (within 24 hours of admission, including weekends and holidays). This personal involvement in the patient's care must be personally documented in a history and physical or progress note within 24 hours of admission. The supervising physician's progress note will include findings and concurrence with the resident's initial diagnosis and treatment plan as well as any modifications or additions. The progress note must be properly signed, dated, timed, and reflect ongoing supervision of the resident. Supervising physicians are involved in the ongoing care of the patients assigned to them in a manner consistent with the clinical needs of the patient and the level of the trainee. The supervising physician shall review and cosign all progress notes and provide comments on content of the note including history, physical exam and assessment/plan in a timely manner. Residents are to notify the supervising physician immediately if a patient's acuity has changed while in the hospital.

See also Supervision Guidance - <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Teaching-Physicians-Fact-Sheet-ICN006437.pdf>