HILLCREST
BAPTIST MEDICAL CENTER
SCOTT&WHITE HEALTHCARE

POLICY: **Supervision of Family Medicine Residents**	POLICY NUMBER: **11014**
SECTION: Medical Staff	MANUAL: General Operating Manual
DATE REVIEWED: 11/2007; 11/2010	EFFECTIVE DATE: January 25, 2000
DATE REVISED: 12/2007; 12/2010	PAGE: 1 of 6

SCOPE: Hillcrest Baptist Medical Center

PURPOSE: To set forth the roles and responsibilities, patient care activities, and supervision process of Family Medicine residents and the process for reporting on same to the Medical Staff and Board of Directors.

POLICY and PROCEDURE:

The management of each patient's care (including patients under the care of family medicine residents) is the ultimate responsibility of a qualified physician member of the hospital medical staff with appropriate clinical privileges. In this document, the qualified physician member of the hospital medical staff who supervises family practice residents will be termed the Attending Physician. Every Attending Physician must have been granted clinical privileges through the usual medical staff credentialing process.

A. Role and Responsibilities of Family Medicine Residents

Promotion Policy

The residency program faculty and program director define the expectations of a resident in the program. Final decisions on promotion or deficiencies are the responsibility of the program director and fulltime residency program facility.

General Requirements for Resident Promotion:

1. Successful completion of all required rotations.
2. Compliance with all policies of the program.
3. Attendance and performance at required continuity clinics at the Family Health Center.
4. Demonstration of competency appropriate to level of training.
5. Compliance with attendance guidelines for required rounds, conferences, and seminars.
6. Demonstration of effective relationships with colleagues, staff and patients.
7. Participation in the annual in-training examination.
8. No evidence of substance abuse.
9. Demonstrate personal qualities of ethical behavior and appropriate attitudes for a family physician.

Methods of Resident Evaluation:

1. Resident evaluations are completed on a monthly basis by Attending Physicians.

2. Resident evaluations are reviewed on a quarterly basis by the faculty. If any deficiencies are noted, the Program Director or designated faculty member will immediately discuss the situation with the resident.

3. All evaluations of a resident, or documentation of due process, will become part of the resident's permanent record.
4. If deficiencies are noted, the resident and the Program Director or designated faculty member will agree on a satisfactory means of remediation. If no agreement can be reached, the resident grievance and due process policy will be initiated.

5. For significant deficiencies in performance, the faculty may elect to place a resident on probation for a specified period of time (e.g. 3-6 months). During probation, the resident's performance will be reviewed on a monthly basis, and the resident will have regularly scheduled feedback sessions with a faculty advisor. At the end of the designated time period, a decision on continuance, suspension, continued probation, or termination is made by the faculty.

6. At all times, during any grievance or other proceedings, the resident will be allowed to address the faculty committee as to reasons for his/her performance.

B. Patient Care Activities of Family Medicine Residents

In accordance with the Medical Staff Rules and Regulations, Article II, Section 2 (d), residents are permitted to write orders for treatment at the sole discretion and responsibility of the Medical Staff member responsible for the patient's care.

The following guidelines outline the attending physician's involvement in the care of patients seen by Family Medicine residents at Hillcrest Baptist Medical Center. These guidelines are followed by fulltime faculty members and voluntary faculty members of the residency training program.

1. All patients are admitted under the name and under the direct responsibility of an attending physician who is a member of the Hillcrest Medical Staff with appropriate clinical privileges.

2. Resident physician(s) may be named on the patient's chart as being involved in the care of patients, but only with the direct involvement of an attending physician.

3. The attending physician will see all patients admitted under his/her care in accordance with time guidelines as defined by the policies and/or rules and regulations of Hillcrest Baptist Medical Center.

4. The attending physician will write a note in the progress notes at the time of admission reflecting

his/her thoughts and involvement in the care of the patient.
For uncomplicated obstetric and newborn cases, the signature of the attending physician on the front sheet of the patient's chart shall be sufficient and a personal note by the attending physician in the progress notes will not be required. Complicated obstetric or newborn cases will require documentation by the attending physician in the progress notes.

5. All patients are under the care of the attending physician throughout their hospital stay, and the attending throughout their hospital stay, and the attending physician is to remain abreast of all problems and needs of the patient. If any substantial changes in the condition or expected hospital course of the patient occur, the attending physician shall leave appropriate notes in the patient's chart updating his/her thoughts on the case and his/her management thereof.

6. The attending physician will staff those procedures which resident physicians are not allowed to perform without direct supervision (see attached listing). It is understood that in all cases, the supervising physician, who is the physician of record, must have the privileges under which the resident physician is acting.

7. The attending physician is responsible for the final signature on the front sheet and verification of the final diagnosis and all relevant billing information as reflected in the patient's chart.

C. Reporting to Medical Staff and Board of Trustees

The McLennan County Medical Education and Research Foundation (MCMERF) Board is the governing body and the professional graduate education committee for the residency program. The MCMERF board has regularly scheduled meetings, during which the safety and quality of patient care provided by, and the related educational and supervisory needs of, the family practice residents are discussed. The MCMERF president periodically communicates this information to the medical staff and Board of Trustees.

The MCMERF board ensures that the family medicine residency program meets the accreditation requirements for the Accreditation Council on Graduate Medical Education and that the program demonstrates compliance with any residency review committee citations related to these standards.

REFERENCE/STANDARD:

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APPROVAL:

Harold G. Hoffman MD — 12-17-10
Secretary, Board of Directors — **Date**

Fred Whitaker, — 12-2-10
President, Medical Staff — **Date**

11/10 Addendum to "Policy of Supervision of Family Medicine Residents", Policy #11014

Family Medicine Residents may perform various procedures with and without supervision based on year level in the residency program and experience. The Resident may always elect to call the attending physician, and it is understood that supervision will be sought if unexpected difficulties arise.

A. The following procedures may be performed by all Residents without immediate supervision, but only after completion of the Family Medicine residency program competency verification process and only with approval of the attending physician:
   - A.1 Venous and Arterial Punctures and Venous Catheterizations (not to include right heart catheterization)
   - A.2 Circumcision – infant: after successful completion of 1st month of pediatrics rotation
   - A.3 Gastric lavage
   - A.4 Laceration, simple
   - A.5 I&D – Abscess or paronychia
   - A.6 Punch biopsy, skin
   - A.7 Foley Catheterization
   - A.8 Delivery, vagina, vertex: after successful completion of 20 supervised deliveries
   - A.9 Episiotomy and repair (1st-3rd degrees): after successful completion of 1st month of OB rotation
   - A.10 Repair of vaginal laceration: after successful completion of 1st month of OB rotation
   - A.11 Manual removal of placenta: after successful completion of 1st month of OB rotation

B. The following procedures may be performed by Second or Third Year Residents of First Year Residents with Direct Supervision of a Second or Third Year Resident
   - B.1 Thoracentesis
   - B.2 Paracentesis
   - B.3 Lumbar Puncture
   - B.4 Arterial Catheterization
   - B.5 Arthrocentesis
   - B.6 Subclavian or jugular line placement

C. The following procedures require the Direct Supervision of an attending physician:

- C.1 Pericardiocentesis
- C.2 Umbilical artery/vein catheterization (except for emergency access in resuscitation)
- C.3 Suprapubic bladder tap
- C.4 Pleural biopsy
- C.5 Proctosigmoidoscopy
- C.6 Venous cutdown
- C.7 Diagnostic peritoneal lavage
- C.8 Forceps delivery
- C.9 Cesarean delivery
- C.10 Vacuum delivery
- C.11 4^{th} degree laceration repair
- C.12 Post-partum tubal ligation
- C.13 D&C
- C.14 Bone Marrow Aspiration/Biopsy
- C.15 Chest tube or Cook catheter insertion
- C.16 Any other procedure for which the attending physician has privileges and agrees to directly supervise the resident.