

## Supervision of Residents

- I. The Family Medicine Residency program provides supervision consistent with the provision of safe and effective patient care; educational needs of the residents; progressive responsibility appropriate to the residents' level of education, competence, and experience.
- II. The level of supervision for each resident is based on the level and ability of each resident. Residents are granted increasing responsibility for patient care according to their program level and individual abilities. This determination is based on resident evaluations, resident self-assessments, peer assessments and faculty observations.
  - A. Generally, PGY1 residents are responsible for performing basic histories and physicals, developing initial diagnoses, initiating a treatment plan determining appropriate follow up, and establish a longitudinal relationship with their panel of continuity patients. All residents begin providing care under direct supervision of a qualified faculty member or senior resident, and progress toward indirect supervision as skills and knowledge are demonstrated.
  - B. PGY2 residents perform the above responsibilities while they learn their role as an integral part of the healthcare team and in more complex patient situations.
  - C. PGY3 residents perform the above responsibilities while mastering leadership and more complex patient care.
- III. All patient care rendered by residents and interns, while functioning as a resident or intern in the Family Medicine Residency Program, will be supervised and monitored by a qualified faculty member. Qualified faculty are present or on-call at all times that a resident is on duty or on call.
- IV. When faculty are precepting in the Family Medicine Clinic, the ratio of supervising faculty to intern/resident will be no greater than one faculty to four interns/residents. The supervising faculty will be present in the Family Medicine Clinic and will have no other responsibilities other than supervising interns/residents.
- V. Supervision must supply timely and appropriate feedback about performance, including constructive criticism about deficiencies, recognition of success, and suggestions for improvement.

VI. The quality of resident supervision and adherence to Program guidelines are monitored through annual review of the residents' evaluations of their faculty and rotations.

VII. Any significant concerns regarding resident supervision should be brought to the Program Director or the GMEC Chairman for appropriate remediation.

VII. Resident responsibilities for patient care include:

- a) Participate in safe, effective and compassionate patient care under supervision, commensurate with his or her level of advancement and responsibility
- b) To use his or her best efforts, judgment, and diligence in a professional manner in performing all duties, tasks and responsibilities of whatever nature assigned to the resident for the duration of the program
- c) Participate fully in the educational activities of the residency program and, as required, assume responsibility for teaching and supervising other residents and students
- d) Participate in institutional programs and activities involving the medical staff and adhere to established practice, procedures, and policies of the institution
- e) Participate in institutional committees and councils, especially those that relate to patient care review activities
- f) Apply cost containment measures in the provision of patient care
- g) To fulfill the educational and clinical requirements of the Graduate Medical Education (GME) residency training program
- h) To comply with published principles of medical ethics and the rules and requirements of the Judicial Council of the American Medical Association and the Accreditation Council for Graduate Medical Education (ACGME)
- i) To comply with all applicable Hospital policies, rules and regulations, Medical Staff Bylaws and Program Policies and Procedures, including those concerning timely and complete documentation in patient records