

IOWA LUTHERAN HOSPITAL TRACK-DES MOINES UNITYPOINT HEALTH-CENTRAL IOWA FAMILY MEDICINE RESIDENCY

Policy: Supervision of Residents

The Iowa Lutheran Hospital Family Medicine Residency endorses and complies with the UnityPoint Health policy on resident supervision. Please refer to that document in Section B of this policy manual.

I. Hospital

1. All residents are supervised by a qualified attending physician. The supervising physician will provide direct supervision or indirect supervision with immediate availability for all residents. PGY-2 and PGY-3 residents may supervise PGY-1 residents. For PGY-2 and PGY-3 residents the supervising physician may be in the hospital or immediately available by telephone.
2. The supervising physician will be documented in the resident rotation schedules and attending on-call schedules. The electronic medical record documents the individual patient's attending physician.
3. All residents must consult with the supervising physician regarding the assessment and treatment of a patient's illness. The treatment plans should be in agreement with the attending physician's recommendations.
4. All residents regardless of level of training must communicate directly with the supervising physician in all situations that require complex medical decision making. Examples of these include but are not limited to the following:
 - Admission decision and orders
 - New inpatient consultation
 - Acute deterioration of an inpatient's status
 - Transfer of patient to a different level of care
 - Serious iatrogenic event
 - Need for an invasive procedure or surgery
 - Discharge
 - Signing out against medical advice
 - Death
 - Obstetrical evaluation before discharging to home
5. All hospital procedures must be performed with direct supervision unless the resident has been specifically credentialed to perform the specific procedure under indirect supervision with direct supervision immediately available by attending physicians.
6. Residents will be supervised in a way that they are able to assume progressive responsibility according to their level of education, ability and experience. This will be determined by the teaching faculty.
7. Chain of command protocol is initiated in the event that a usual supervising physician is not responsive. The order of contacts is as follows:
 - PGY-1

- PGY-2 or 3 on duty

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- Family medicine faculty on service (daytime) or on call
- Program director
- Any other family medicine faculty
- Obstetrician on call may be contacted simultaneously when there is a clear need for emergency C-section.

Contact information with cell phone and home phone numbers are distributed and readily available.

II. Outpatient

1. PGY-1 residents will precept all outpatient encounters at the time of the visit.
2. PGY-2 and PGY-3 residents will precept all clinical questions and complicated patient encounters per CMS guidelines.
3. All residents will precept new outpatient specialty consultation, CT or MRI scan, and hospital admission from clinic before ordering.
4. Designated teaching physicians are immediately available for supervision of patient care activities. One physician will be available for at least every four residents scheduled to be seeing patients.
5. All clinic procedures must be performed with direct supervision unless, after staffing, the resident is specifically cleared by the supervising physician, on a case to case basis.
6. Residents will be supervised by residency faculty in a way that they are able to assume progressive responsibility for their clinic patients.