Family Medicine APP Residency Program

Supervision & Duty Hour Policy

Resident Supervision

This policy is:

- Given to each resident by the program at the outset of their training.
- applicable at all sites where the residents rotate.
- Each site must provide supervision and engage residents in transition of care (hand-off) that facilitates communication among team members, continuity of care, and patient safety.

Supervisors:

- Responsible practitioner: Each patient must have an easily identifiable, credentialed, and privileged faculty physician or licensed independent practitioner who is responsible for each patient's care; in every setting, the care of patients is supervised by faculty physician.
- Residents' access to identified supervisor: Faculty physician supervision is designated for both daytime and nighttime hours, and this call schedule is distributed on Qgenda (Departmental Clinical Scheduling software). The on-call faculty physician is always available by telecommunications technology.
- Role clarification: Resident and faculty members must introduce themselves and inform every patient of their respective roles in each patient's care. Provider ID badge must be clearly displayed.
- Guidelines for residents to communicate with supervisors:
  - ❖ Inpatient: Residents must notify faculty physician of all admissions to the Family Medicine Inpatient and Obstetrical Teams. In addition, they must notify the faculty physician of any change in status of patients in a timely fashion, including transfers to intensive care units. Residents will contact the faculty physician by telecommunications technology. Residents are expected to document patient care events in the electronic medical record and send these notes to the faculty physician for review and co-signature. Daily attending rounds are made by the faculty physician who remains actively involved in directing patient care. The faculty physician and senior resident assign patients to the junior residents, advanced practice provider, and students based on complexity of the patients' care plans.
  - ❖ Outpatient: In the outpatient setting, faculty physicians assigned to precept in the Family Medicine Clinic review and co-sign all charts and encounters for the first 6 months of the APP residents' training. Faculty physicians are assigned to clinics with a ratio of no more than one faculty physician per four residents providing patient care. The faculty physicians are immediately accessible to all residents caring for patients in the Family Medicine Clinic. Additional faculty physicians provide supervision for special procedures, such as colposcopy, biopsy, and treadmill stress testing. Residents will communicate through the electronic medical record all patient results to the responsible supervising faculty physicians to review the patient care plan. Each resident is assigned a panel of patients that they follow for continuity of care.
  - ❖ External Rotations: Each rotation, on- or off-site, has direct supervision available.

Levels of Supervision: The program ensures that residents assume increasing responsibility according to each resident's level of education, ability, and experience. Supervision does not equate merely to the presence of more senior physicians or with the absence of independent decision making on the part of residents. These

supervision standards encompass the concepts of graded authority, responsibility, and conditional independence.

The program uses the following classifications of supervision to assign the privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care to each resident, as appropriate:

- Direct Supervision – The supervising physician is physically present with the resident and patient.
- Indirect Supervision
    i) with direct supervision immediately available – The supervising physician is physically present within the hospital or other site of patient care and is immediately available to provide direct supervision.
    ii) with direct supervision available – The supervising physician is not physically present within the hospital or other site of patient care but is immediately available by means of telecommunications technology and is available to provide direct supervision.
- Supervision Levels:
    i) Initial 6 months – Residents are supervised directly while they acquire basic knowledge and skills specific to the specialty.
    ii) 6 months-12 months – Residents are supervised either directly or indirectly with direct supervision immediately available as appropriate to the patient situation and resident capability.

Supervision may be exercised through a variety of methods. Some activities require the physical presence of the supervising faculty physician. For many aspects of patient care, the supervising physician may be a more advanced resident or fellow, based on the needs of the patient and the skills of the individual resident. Other aspects of care provided by the resident can be adequately supervised by the immediate availability of the supervising faculty physician or resident physician, either in the institution, or by telecommunications technology. In some circumstances, supervision may include post-hoc review of resident-delivered care with feedback as to the appropriateness of that care.

Duty Hours

In general, the PA resident is expected to work a standard 40-hour work week with any additional time needed to complete documentation or follow-up patient care. Certain parts of the curriculum, such as the Inpatient Service, require extended work hours, typically up to 12 hours/day. The APP residency follows ACGME (Accreditation Council for Graduate Medical Education) guidelines which caps Resident duty hours at 80 hours/week.