Resident Supervision Policy for Common Medical Procedures

POLICY 12.01.14

Effective Date: October 17, 2017

The following are responsible for the accuracy of the information contained in this document

Responsible Policy Administrator
Associate Dean for Graduate Medical Education

Responsible Department
Graduate Medical Education

Contact (508) 856-2903

Policy Statement

- Attending physicians have the ultimate authority for all final decision-making, and whenever possible should be present for direct supervision even if the resident is appropriately credentialed and privileged to perform the procedure with indirect supervision.

- Based on direct observational feedback from faculty attending physicians, the Program Directors will determine the appropriate authority, responsibility, and supervisory role in patient care for each resident.

- To be certified to perform these specific procedures (listed below) with indirect supervision, residents must demonstrate competency in performing the minimum required number of procedures, as well as competency in understanding the indications, contraindications, requirements and knowledge of obtaining Informed consent, and, if appropriate, the proper handling of specimens and the interpretation of results.

- For specific procedures in which specific training courses are available (e.g. central venous lines), residents are also required to successfully complete the training course before being credentialed to perform the procedure with indirect supervision.

- Prior to performing any procedure without direct supervision, the resident must discuss the proposed procedure with the attending physician of record. This attending physician will determine if the procedure can be performed without direct supervision, based on the specific clinical situation and the attending physician's own credentialing and comfort with the procedure.
• In cases where an emergent, potentially life-saving procedure must be performed immediately and cannot wait for a faculty to be present for direct supervision, the resident may perform the procedure with indirect supervision.

• Senior residents, who have been granted privileges to perform procedures and encounters with indirect supervision or oversight, and are approved to do so by the Program Director, may provide direct supervision to junior residents. However, prior to the procedure or encounter, that attending physician of record must approve the senior resident as the direct supervisor.

• Residents who transfer from other institutions (such as fellows) who have certification from their prior program of successfully completing these specific procedures can receive credit from their current program, but prior to becoming credentialed to perform these procedures with indirect supervision, the resident must be supervised for a minimum of 1 procedure, and satisfy the other above mentioned criteria before being credentialed to perform the procedure with indirect supervision.

• For programs whose residents perform more specialized procedures that can potentially be performed by the resident with indirect supervision, these specific programs will be responsible for identifying, monitoring, and determining credentialing requirements for these specialized procedures.

• All residents who are certified to perform procedures with indirect supervision prior to the approval of this policy will maintain their certification.

• Visiting residents from other institutions are not credentialed to perform these procedures with indirect supervision, and must have direct supervision.

Reason for Policy

• To ensure that each patient has an identifiable, appropriately credentialed, and privileged physician who is performing or supervising common medical procedures. This information should be available to the residents, fellows, faculty members, nursing staff, and patients.

• To emphasize that attending physicians have the overall responsibility for patient care rendered by residents, and the ultimate authority for final decision-making.

• To define which types of procedures can be performed by residents with indirect supervision.

• To ensure that the privilege of appropriate progressive authority and responsibility, and a supervisory role in patient care, is delegated to each resident based on each resident’s ability.

• To assist each resident in recognizing the limits in his/her scope of authority in which he/she is permitted to act.

• To provide the opportunity for residents to assume increasing authority and responsibilities in patient care.

• To provide a Medical Center-wide updated database of which residents are appropriately credentialed and privileged to perform specific procedures with indirect supervision.
attending physician supervision. All Medical Center staff should have access to this database.

Entities Affected By This Policy

- All UMMS Residents and Fellows
- All UMMMC attending faculty who supervise residents and fellows
- All visiting residents and fellows

Related Documents

- All residents must also abide by the UMASS Memorial Medical Center Resident Supervision Policy, Policy #2034

Scope - Definitions

- Direct Supervision: The supervising physician is physically present with the fellow and patient.
- Indirect Supervision: The supervising physician is within the hospital and available for direct supervision if needed, or the attending is not present within the Medical Center, but immediately available by telephone.
- Commonly performed procedures are divided into four categories based on the complexity. These categories are: low, medium, high, and very high. Each category will have a minimum number of procedures that the resident must successfully complete under direct supervision before the resident can be evaluated for performing these procedures with indirect supervision. (see Procedures)

Responsibilities

- Residents and faculty must inform patients of their respective roles in each patient’s care.
- It is the responsibility of the individual resident to clearly know which procedures they are credentialed to perform without direct supervision.
- It is the responsibility of each resident to maintain a detailed procedure log, including the patient’s medical record number, date of procedure, and attending physician of record.
- The Program Directors will maintain a record for each individual resident that records the level of authority and responsibility for these specific procedures, and it is the Program Directors’ responsibility to update ECHO-net or other institutional on-line credentials database for each of their residents that are credentialed to perform the procedure with indirect supervision. It is also the responsibility of the resident to assure their credentialing is updated on the on-line system.
Procedures

The minimum specific number of encounters/procedures or experience that a resident must successfully perform with Direct Supervision before receiving the privilege to perform the encounter/procedure with Indirect Supervision:

- **Low Complexity**: (a minimum of 2 successfully performed)
  - Foley catheter placement
  - Arterial blood gas draw
  - Nasogastric tubes

- **Medium Complexity**: (a minimum of 5 successfully performed)
  - Internal Juglar central venous catheters*
  - Subclavian central venous catheters*
  - Femoral central venous catheters*
  - Dialysis catheters*
  - Radial arterial lines
  - Paracentesis
  - Thoracentesis
  - Lumbar puncture
  - Arthrocentesis
  - Simple laceration repair

- **High Complexity**: (a minimum number of 10 successfully performed)
  - Surgical Chest tubes
  - Pigtail/Pleur-X Chest tubes

- **Very High Complexity**: (a minimum number of 20 successfully performed)
  - FAST ultrasound evaluation

*Includes successful completion of Simulation Based Mastery Learning Central Venous Catheter Insertion Skills course

Approvals

Deborah DeMarco, Assoc Dean for Graduate Medical Education

October 17, 2017