**Supervision Policy**

**Stanford Obstetrics and Gynecology Program**

**Introduction**

The Department of Ob/Gyn subscribes to the principle of graded levels of responsibility assigned to residents while providing high quality patient care. The supervision of trainees is designed to provide gradually increased responsibility and maturity in the performance of the skills attendant with competency of a specialist in this discipline. The appropriately supervised and qualified trainee should, at the end of training, have acquired the skills necessary to function as an independently functioning consultant in Ob/Gyn. Residents in the training program have satisfactorily graduated from an ACGME accredited medical school.

**Definitions**

The following definitions are used in this document:

Resident: A professional post-graduate trainee in the specialty of Ob/Gyn.

Licensed Independent Practitioner (LIP): A licensed physician who is qualified usually by Board certification or eligibility to practice independently within the discipline of radiation oncology

Medical Staff: A LIP who has been credentialed by a hospital to provide care in the specialty of Ob/Gyn.

Faculty Attending: The immediate supervisor of a Resident who is credentialed by his/her hospital or healthcare facility to perform procedures specific to the specialty of Ob/Gyn.

Levels of Supervision:

***Level-1***: **Direct Supervision** – The supervising physician is physically present with the resident and patient

***Level-2***: **Indirect Supervision**:

A: Direct supervision immediately available – The supervising physician is physically within the confines of the site of patient care, and immediately available to provide Direct Supervision

B: Direct supervision available – The supervising physician is not physically present within the confines of the site of patient care, is immediately available via phone, and is available to provide Direct Supervision

***Level-3***: **Oversight –** The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered

**Purpose**

The medical staff of SHC and LPCH have overall responsibility for the quality of the professional services provided to patients, including patients under the care of the residents. It is, therefore, the responsibility of the medical staff to ensure that each resident is supervised in his/her patient care responsibilities by a LIP (licensed independent practitioner) who has clinical privileges at SHC/LPCH through the medical staff credentialing process.

**Procedures**

A. Ob/Gyn Residents are supervised by credentialed providers (Faculty Attendings) who are LIPs on the medical staff of Stanford Hospital and Clinics teaching hospitals or outpatient facilities in which they are attending. The Faculty Attendings must be credentialed in that hospital for the subspecialty care and diagnostic and therapeutic procedures that they are supervising. In this setting, the supervising Faculty Attending is ultimately responsible for the care of the patient.

B. The Program Director defines policies to specify how trainees in the program become progressively independent in specific patient care activities in the program while being appropriately supervised by medical staff. Graduated levels of responsibility are delineated by a job description for each year of training. These Resident supervision policies are in compliance with The Joint Commission (TJC) policies on resident supervision. These policies delineate the role, responsibilities and patient care activities and delineate at what level of training a Resident may write patient care orders, the circumstances under which they may do so, and what entries must be cosigned by Faculty Attendings.

C. The supervision policies are distributed to and are followed by trainees and supervising medical staff. Compliance with the specialty residency supervision policy is monitored by the Program Director.

D. The resident’s progress to the next higher level of training is determined annually by the Program Director according to the standards delineated in the list of clinical activities and following verbal or written feedback given by the faculty. The assessment is documented in the resident's annual evaluation.

E. In the following sections, the progression to independent (not directly supervised) practice for residents is delineated in the tables. Codes in the tables refer to the levels of supervision indicated above (top, page 2).

**Supervision of Residents in the Inpatient or Outpatient Setting**

Residents and Attending Staff should inform patients of their roles in the patient’s care at every new patient encounter. Faculty Attendings should delegate portions of patient care to residents. Residents should serve in a supervisory role to medical students assigned to their clinics. Chief residents at the PGY-4 level should also serve in a supervisory role to junior residents at the PGY 1 & 3 levels and to medical students.

Assignment of Levels of Supervision:

The Resident is responsible for knowing the limits of his/her scope of authority, and outlined in the Table below is the Level of Supervision for specific tasks assigned based on PGY level of training:

**New Ambulatory Out-Patient Encounters:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Resident**  **Level** | **History & Physical Examination** | **Interpretation of Specialty-specific Diagnostics** | **Formulation of Assessment and Plans** | **Communication of Care Plans with Patient and Family** |
| PGY-1 | 2-A | 2-A | 2-A | 1 |
| PGY-2 | 2-B | 2-B | 2-A | 2-A |
| PGY-3 | 3 | 3 | 2B | 2-A |
| PGY-4 | 3 | 3 | 2B | 2-A |

**Established or Follow-up Ambulatory Out-Patient Encounters:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Resident**  **Level** | **History & Physical Examination** | **Interpretation of Specialty-specific Diagnostics** | **Formulation of Assessment and Plans** | **Communication of Care Plans with Patient and Family** |
| PGY-1 | 2-A | 2-A | 2-A | 1 |
| PGY-2 | 2-B | 2-B | 2-A | 2-A |
| PGY-3 | 3 | 3 | 2B | 2-A |
| PGY-4 | 3 | 3 | 2B | 2-A |

**In-Patient Encounters:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Resident Level** | **History & Physical Examination** | **Interpretation of Specialty-specific Diagnostics** | **Formulation of Assessment and Plans** | **Communication of Care Plans with Patient and Family** |
| PGY-1 | 2-A | 2-A | 2-A | 2-B |
| PGY-2 | 2-B | 2-B | 2-B | 2-B |
| PGY-3 | 3 | 3 | 3 | 3 |
| PGY-4 | 3 | 3 | 3 | 3 |

Circumstances and events where Residents must communicate with Faculty Attendings:

Residents are encouraged to communicate with supervising Faculty Attendings any time that resident feels the need to discuss any matter relating to patient-care. The following are circumstances and events where residents **must** communicate with supervising Faculty Attendings:

* Encounters with any patient in emergency rooms
* All new patient encounters in intensive care or critical care units or inpatient units
* If requested to do so by other Faculty Attendings in any primary or specialty program
* If specifically requested to do so by patients or family
* If any error or unexpected serious adverse event is encountered at any time
* If any mis-administration of medication dose is encountered
* If the resident is uncomfortable with carrying out any aspect of patient care for any reason
* End of life care/treatment

Documentation Requirements:

Faculty attending supervision of care for hospitalized patients must be documented in the inpatient record. All new patient consultations performed by a resident must be documented in the medical record or by computer entry, must include the name of the responsible onsite Faculty Attending and must personally evaluate all new patient consultations and provide evidence of his/her concurrence with the assessment, diagnostic and therapeutic plan (usually as an attestation to the resident note). All follow-up outpatient consultations performed by residents must be documented in the medical record or by computer entry, and must be discussed and seen promptly with the responsible onsite Faculty Attending.

1. Documentation that must be performed by Faculty Attending:

Documentation in writing or by computer record of concurrence with admission history, physical examination, assessment, treatment plan and orders must be accomplished by the Faculty Attending within 24 hours of admission. The Faculty Attending must also document concurrence with major clinical decisions by specific written note in the medical record.

2. Documentation done by Resident:

Residents may document patient care and staff supervision by writing consultation notes, progress notes, and/or cosigning notes written by medical students. Faculty Attendings are required to make teaching attestation to residents’ notes. The Resident must take liberal discretion to provide documentation as the clinical situation demands. Residents should assist in documentation of informed consent, and refusal of care.

Evaluations:

The Faculty Attending must provide written evaluation of the resident’s performance through the MedHub on-line evaluation system to the Program Director at the end of each monthly rotation. For PGY-1 residents, faculty are encouraged to also provide verbal and/or written resident performance evaluation mid-way through each rotation block. Evaluations should be discussed directly with the resident in addition to the written evaluation.

**Supervision of Residents Performing Procedures**

A Resident is considered qualified to perform a procedure independently if, in the judgment of the Program Director and as indicated by the list of procedures (see Table below), the Resident is competent to perform the procedure safely and effectively.

Competence in the performance of specialty-specific procedures is documented by the responsible Faculty Attending on end-of-rotation evaluation forms provided by the Program Director, by documentation in any semiannual evaluation by the Program Director, and by ascent to PGY-3 or greater. The Faculty Attending of record remains ultimately responsible for all procedures performed by residents of any training level. All procedures performed independently by the Resident must be documented in the medical record or by computer entry and must indicate the Faculty Attending of record. (Note: Billing and coding regulations for reimbursement requires Level-1 supervision regardless of PGY level.)

**Surgical Procedures:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Resident Level** | **Vaginal Deliveries** | **Caesarean Sections** | **Laparoscopy** | **Exploratory**  **Laparotomy** | **Vaginal Surgery** |
| PGY-1 | 1 | 1 | 1 | 1 | 1 |
| PGY-2 | 2-A | 2-A | 2-A | 2-A | 2-A |
| PGY-3 | 2-A | 2-A | 2-A | 2-A | 2-A |
| PGY-4 | 2-B | 2-B | 2-B | 2-B | 2-B |