
POLICY & PROCEDURE

UNIVERSITY OF NORTH CAROLINA HOSPITALS GRADUATE MEDICAL EDUCATION POLICY ON SPECIALTY AND SUBSPECIALTY RESIDENTS AND ATTENDING PATIENT CARE ACTIVITIES AND SUPERVISION RESPONSIBILITIES

A. HOUSESTAFF RESPONSIBILITIES:

1. As a minimum, each resident physician must meet the qualifications for resident eligibility as outlined in the *Essentials of Accredited Residencies in Graduate Medical Education* in the AMA Graduate Medical Education Directory.
2. The position of resident physician entails participation in patient care at levels commensurate with the resident physician's degree of advancement and competence, under the general supervision of appropriately privileged attending teaching staff. This includes, but is not limited to:
 - a. participating in safe, effective and compassionate care;
 - b. developing an understanding of professional, ethical, socioeconomic, system based practice and medical/legal issues that affect aspects of patient care and graduate medical education and understanding the evaluation systems of the ACGME competencies;
 - c. participating in the educational activities of the training program and, as appropriate, participating in institutional orientation programs, education programs, continuous quality improvement teams, duty hour monitoring systems, and other activities involving the clinical staff;
 - d. participating in institutional committees and Housestaff Council to which the resident physician may be elected as an officer, or appointed to a committee; and
 - e. performing these duties in accordance with the established practices, procedures and policies of the institution and those of its programs, clinical departments and other institutions to which the

resident physician is assigned, including, among others, state licensure requirements and occupational health and safety requirements.

3. The position of resident physician involves a combination of supervised, progressively more complex and independent patient evaluations along with management functions and formal educational activities. The competence of the resident physician is evaluated on a regular basis. Each program maintains a confidential record of these individual evaluations.
4. Each resident physician will participate, under appropriate supervision, in patient care activities of sufficient variety and with sufficient frequency to meet their individual educational needs, and achieve the competencies and applicable program requirements of their discipline.

B. ATTENDING SUPERVISION:

1. Purpose:

It shall be the policy of UNC Hospitals that an attending physician be assigned to and be personally responsible for the evaluation and treatment of each patient seen for evaluation and treatment at UNC Hospitals.

An attending physician, as defined in the Bylaws, Rules and Regulations of the Medical Staff of UNC Hospitals, is a faculty member of the School of Medicine or School of Dentistry of UNC at Chapel Hill who meets all qualifications for appointment to the Medical Staff and holds current membership in good standing as set forth in the Bylaws. The attending physician will exercise full, personal control over the care rendered to each patient at UNC Hospitals, either through direct personal care of the patient or through supervision of medical trainees and/or medical personnel.

The purpose of this policy is to develop guidelines for achieving high quality patient care and educational standards. It is essential for the quality of patient care and patient satisfaction, that an attending physician render sufficient personal and identifiable medical services to provide continuity, coordination and control of patient care. High educational standards also require the attending physician's active involvement in the supervision and training of residents and medical students.

2. Guidelines:

General Guidelines for all Services:

- a. Residents will be supervised by designated faculty or attending staff physicians who hold membership in good standing on the Medical Staff of UNC Hospitals or its affiliates. Residents who rotate to institutions other than UNC Hospitals affiliates must have letters of agreement that clearly outline the supervising faculty.
- b. All patients seen by the resident staff will have an assigned attending physician who is responsible for cosigning entries in the medical record by residents in accordance with the UNC Hospitals Medical Staff Bylaws, Rules and Regulations.
- c. History and physicals discharge summaries, and operative notes will be co-signed by the designated faculty or attending physician.
- d. The attending physician will write or review and co-sign an admission note within 24 hours on all patients admitted by the resident at any level. All patients are admitted to a designated attending physician who is notified by the resident on the service.
- e. The Program Director will ensure direct and document proper supervision of residents at all times.
- f. Residents will be provided with a rapid and reliable system of communication with their supervisors by means of pagers and call schedules. An on-call schedule for supervising faculty and staff will be structured to ensure that supervision is readily available to residents on duty.
- g. The Education Committee of each department will provide the attending staff the educational goals and objectives for each rotation of the residents in addition to the role, responsibility of patient care activities of the residents during the time of the rotation. These goals and objectives of the rotation must be presented to each resident at the beginning of the rotation. The teaching faculty will determine the level of patient care responsibility accorded to each resident physician. Residents will assume progressively increasing patient care responsibility according to their level of education, ability and experience. Upon completion of the rotation each resident will complete the evaluation of the rotation in anonymous fashion and provide it to the Program Director in a timely fashion. Attending must complete the rotation evaluation of each resident in regard to his/her

performance during the rotation related to decision making, progressive involvement in specified patient care activities and other areas designated in the evaluation form. The attending must complete this evaluation of the rotation in a timely fashion and provide it to the Program Director. All evaluations must be discussed at the department's Education Committee Meetings. Feedback to the residents must occur in a timely fashion or at least during the semi-annual evaluations by the Program Director.

3. PROCEDURES:

The attending physician is ultimately accountable for all patient care provided by residents in training. The attending physician must be aware of all resident performed procedures. In general, the degree of attending involvement in patient care will be commensurate with the type of care that the patient is receiving and the level of training, education and experience of any medical trainee(s) involved in the patient's care. The intensity of Supervision required is not the same under all circumstances; it varies by specialty, level of Residency training, the experience and competency of the individual resident, and the acuity of the specific clinical situation. For example, an attending may provide less direct personal care of a patient seen for routine care when supervising a senior level resident, and may provide more direct personal care of a patient receiving complex care when supervising a junior level resident. Medical care teams frequently are involved in the management of patients and many different physicians may act as the attending physician at different times during the course of a patient's illness. However, within the medical care team, the faculty attending physician must provide personal and identifiable service to the patient and/or appropriate medical direction of the resident when the resident performs the service as part of the training program experience. Should verification of a resident's ability to perform a procedure be necessary, the attending physician or the resident's program director should be contacted. The following are specific instances in which involvement of the attending physician is required:

For Inpatient Care:

- a. Review the patient's history, the record of examinations and tests, and make frequent reviews of the patient's progress; and
- b. Personally examine the patient; and
- c. Confirm or revise the diagnosis and determine the course of treatment to be followed; and

- d. Either perform the physician's services required by the patient or supervise the treatment so as to assure that appropriate services are provided by interns, residents or others, and that the care meets a proper quality level; and
- e. Be present and ready to perform any service that would be performed by an attending physician in a non-teaching setting when a major surgical procedure or a complex or dangerous medical procedure is performed; and
- f. Be recognized by the patient as his/her personal physician and be personally responsible for the continuity of the patient's care, at least throughout the period of hospitalization; and
- g. For major surgical or other complex medical procedures, the attending physician must be immediately available to assist the resident who is under the attending physician's direction.
- h. The decision to admit, transfer to another service, or discharge an in-patient:
 - i.) An attending physician's decision shall be required to authorize elective and urgent admissions.
 - ii.) An attending physician's decision shall be required to disapprove elective and urgent admissions.
 - iii.) When an in-patient is to be transferred to another service, the attending physician or a designee of the referring service shall inform the patient of the change in service prior to the transfer. The receiving service shall assign a new attending physician who shall accept responsibility for patient care.
 - iv.) An attending physician's decision shall be required to authorize an in-patient's discharge.
 - v.) No Code or DNR orders shall be issued only by an attending physician.
In extenuating circumstances the order may be issued by the attending physician verbally, by telephone, while the responsible registered nurse and resident listen to and witness the verbal-telephone order; such verbal-telephone order shall be signed within twenty-four hours of issuance by the attending physician.

- vi.) When a procedure is completed on a patient, the following should be documented on the chart:
 - a.) a progress note stating that written, signed informed consent was obtained, describing the procedure that was performed and stating the indication for it.
 - b.) anesthesia utilized and prep if appropriate
 - c.) any findings and/or complications
 - d.) a comment on the condition of the patient following the procedure
 - e.) time and date procedure was done
 - f.) supervision or attending physician for the procedures
 - g.) who was in attendance when the procedure is performed

For Outpatient Care:

The extent and duration of the attending's physical presence will be variable, depending upon the nature of the patient care situation, the type and complexity of the service, and the individual skill level of the resident involved in the patient's care. The responsibility or independence given to residents should depend on their knowledge, manual skills and experience, attending supervisors must be available at all sites of training. For physician services furnished in an outpatient setting, the attending physician must:

- a. Supervise residents who furnish services to the patient;
- b. Assure that these services are appropriate;
- c. Confirm proper coding for details of the visit.

Originating Unit: Graduate Medical Education Advisory Committee
GMEAC Approval: 12/19/01
Executive Committee Approval: 01-07-02
GMEAC Revision and Approval: 01/16/02
Medical Staff Approval: 2/4/02
GMEC Revision and Approval: 11/19/03
GMEC Revision and Approval: 3/17/04
GMEC Revision and Approval: 9/21/05
GMEC Review and Approval: 10/18/06
GMEC Review and Approval: 12/17/08
Medical Staff Approval: 1/12/09