The Christ Hospital/University of Cincinnati
Family Medicine Residency Training Program

Policy and Procedure: *Resident Supervision and Progressive Responsibilities for Patient Care*

Residents have progressive responsibility for Patient Care and Supervision based on explicit criteria in accordance with the Accreditation Council for Graduate Medical Education (ACGME) General Competencies and the Residency Review Committee-Family Medicine (RRC-FM) Program Requirements. The residency program's progressive responsibility and supervision policy is based upon the core competencies as listed and described below:

a. **Patient Care** that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
b. **Medical Knowledge** about established and evolving biomedical, clinical, and cognate (e.g., epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.
c. **Practice-Based Learning and Improvement** that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.
d. **Interpersonal and Communication Skills** that result in effective information exchange and partnering with patients, their families and other health professionals.
e. **Professionalism** as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.
f. **Systems-Based Practice**, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

Purpose

To provide criteria for progressive responsibilities and level of supervision from Direct Supervision (Level of Supervision (LOS) of 0), to Indirect with Direct Supervision Immediately Available (LOS of 1), to Indirect with Direct Supervision Available (LOS 2 and 3), to Oversight (LOS 4) as determined by the residency Clinical Competency Committee.

Policy

Levels of Supervision

1. Level of Supervision (LOS) of 0: Direct Supervision
   a. Supervisor must be physically present during entire encounter or procedure.
2. LOS 1: Indirect Supervision with direct supervision immediately available and all patients immediately evaluated.
   a. Supervisor must be immediately available (on the premises) for all encounters.
   b. Resident will immediately precept the encounter with supervisor repeating key portions of the history and exam.

3. Indirect Supervision with Direct Supervision Available
    a. LOS 2:
        i. Inpatient including L&D
            1. The attending supervisor will be available but may not be immediately present on the premises.
                a. Supervisor will be identified with clear methods for paging and/or calling
                b. Supervisor will be physically within 30 minutes of the facility and immediately available via phone or pager.
                c. Supervisor will come in to directly supervise the resident at the supervisor's discretion.
            2. All patient encounters will be precepted soon after with the supervisor, either face to face or via phone, with key portions of the history and exam repeated by the supervisor within 24 hours as needed
        ii. Outpatient including longitudinal underserved sights and outpatient prenatal care
            1. LOS 2a:
                a. Supervisor is immediately available (on the premises) for all encounters.
                b. Resident will immediately precept the encounter prior to the patient leaving the office with key portions of the history and exam repeated by the supervisor as needed.
            2. LOS 2b:
                a. Supervisor is immediately available (on the premises) for all encounters.
                b. Resident will precept with the supervisor with key portions of the history and exam repeated by the supervisor for all encounters for that do not fall under the Primary Care Exception and those the resident has questions or concerns.
                c. All other encounters, the resident will precept with the supervisor prior to the completion of the precepting session (i.e. patient may leave the office prior to precepting).
    b. LOS 3:
        i. Inpatient including L&D
            1. Attending supervisor will be available but may not be immediately present on the premises.
                a. Supervisor will be identified with clear methods for paging and/or calling
                b. Supervisor will be physically within 30 minutes of the facility and immediately available via phone or pager.
                c. Supervisor may come in to directly supervise the resident at the supervisor's discretion.
            2. All patient encounters will be precepted with supervisor <u>within 24 hours</u> with key portions of the history and exam repeated within 24 hours.
        ii. Outpatient including longitudinal underserved sights and outpatient prenatal care
            1. Supervisor will be available but may not be immediately present on the premises.
                a. Supervisor will be identified with clear methods for paging and/or calling.
                b. Supervisor will be physical within 30 minutes of the facility and immediately available via phone or pager.
                c. Supervisor will come in to directly supervise the resident at the supervisor's discretion.

d. Staffing may be done remotely if done by video. Note: for billing purposes, the supervising attending may be required to be on the premises.
2. All patient encounters will be precepted with the supervisor prior to the completion of the patient care session.

4. LOS 4: Oversight
   a. Supervisor will be identified with clear methods for calling.
   b. Resident will precept the encounter with the supervisor at the resident's discretion.
5. LOS 5: Independent Practice

The following describes the roles and responsibilities of the Clinical Competency Committee, the Faculty Advisor, and the Attending Physician.

Clinical Competency Committee

The Clinical Competency Committee (CCC) is chaired by the Residency Program Director or the designee. It is composed of the residency faculty and meets quarterly. During the meeting the committee reviews the clinical, academic and professional performance and progress of each resident. Residents meet with the program director twice a year. If serious deficits are identified in the resident's performance, suggestions are made to the resident and meetings with the Faculty Advisor occur more frequently. If a resident is not progressing through the levels of responsibility and supervision as expected for the level of training, the Clinical Competency Committee decides whether to compose a Letter of Deficiency or letter of concern with a plan for improvement.

Faculty Advisor

The faculty advisor meets with the resident at least twice annually to discuss performance evaluation and the resident's progress toward becoming a practicing family physician.

Supervising Attending Physician

All rotations have an assigned supervising attending, clearly defined on the internal website or rotation schedule. Contact information such as cell phone numbers, pager numbers, and emails are posted on the internal website and provided to the resident at the start of each rotation. The responsibility for the attending is as outlined below:

a. LOS 0: The supervisor is present during the entire patient encounter or procedure. The attending will review the resident's documentation and provide additional information indicating their level of involvement in the case.
b. LOS 1: The supervisor is physically present in the facility and is immediately available to directly supervise the resident. All patient encounters are immediately precepted with the supervisor and key portions of the history and exam repeated by the supervisor. All documentation is reviewed by the attending with additional information added by the attending for clarification and signifying their level of involvement.
c. LOS 2: The attending is physically within 30 minutes of the facility and immediately available via phone or pager for the resident to contact. All patient encounters are immediately precepted with the supervisor, either face to face or via phone, with key portions of the history and exam repeated by the supervisor at their discretion and requirements for the rotation. All documentation is reviewed by the attending with

additional information added by the attending for clarification and signifying their level of involvement.

d. LOS 3: The attending is physically within 30 minutes of the facility and immediately available via phone or pager for the resident to contact as needed. All patient encounters are precepted within 24 hours depending upon the clinical setting, with the attending repeating key portions of the history and exam at that time at the discretion of the attending and rotation requirements. All documentation is reviewed by the attending with additional information added by the attending for clarification and signifying their level of involvement.
e. LOS 4: The attending is physically within 30 minutes of the facility and immediately available via phone or pager for the resident to contact as needed. The resident will evaluate the patient and contact the attending at the resident's discretion.

Supervising Resident

Some experiences or rotations may have senior resident available for immediate supervisory needs. The senior resident must have sufficient experience with an appropriate LOS to be able to function as a supervisor. The supervising resident still ultimately reports to the supervising attending. Please see individual sections for more on supervising resident criteria.

All residents will receive timely oral and written feedback and be advised of strengths and deficits in performance by an attending with whom they work with on each rotation to allow an opportunity for improvement. It is recommended that the attending physician apprise the resident(s) whom they are supervising of their performance at the midpoint and end of the rotation, assigning a Level of Independence (LOI) for the Observable Professional Activities.

Patient care activities which the resident is unable to perform secondary to either insufficient experience, knowledge, excessive fatigue, or illness, the resident is to notify the designated supervisor as posted for each clinical site. The supervisor will immediately assume responsibility for the patient care and either directly provide the necessary care or activate the jeopardy system.

Resident

The resident will perform procedures with the supervision concordant with their Level of Supervision. In situations where the patient care activities exceeds the abilities to perform secondary to either insufficient experience, knowledge, excessive fatigue, or illness, the resident is to notify the designated supervisor as posted for each clinical site. The supervisor will immediately assume responsibility for the patient care and either directly provide the necessary care or activate the jeopardy system.

Promotion from Level of Supervision 0

Patient Encounters (Non-Procedural Encounters)

Residents are expected to have developed the skill set to evaluate patients without direct supervision (LOS 0) by the start of residency as demonstrated by their successful completion of medical school, USMLE Step 1 and 2 (Clinical Skills and Medical Knowledge), their acceptance into residency, and confirmed through BRACK assessment during intern orientation

Special Circumstances:

1. Procedural Encounters: Residents are required to have direct supervision (LOS 0) by a supervising resident or attending for all procedures until the resident meets the criteria as outlined in the Procedure Curriculum for competency in the specific procedure. Once a resident has met the criteria for competency, the resident may perform the procedure at a LOS 3 and also supervise fellow residents for the specific procedure.
2. Home Visits: Residents are required to have direct supervision (LOS 0) by a supervising attending for their initial home visit. Following the successful completion of an initial home visit, and meeting the requirements for the home visit, the resident will be promoted to LOS 2 for future home visits if the below criteria are met. The criteria for progression to LOS 2 include, but are not limited to the following:
    1. Completion of a directly observed home visit by a supervising attending.
    2. Resident has met the criteria for promotion to LOS of 2 on the Adult Inpatient setting.
    3. All criteria for promotion to LOS 2 in the FMC have been met.

   Residents at a LOS 2 for Home Visits may perform home visits without direct supervision, but are required to immediately precept the visit via phone with the FMC preceptor or the program director when the FMC is not open.
1. Telehealth Visits: Residents are required to have direct supervision (LOS0) by a supervising attending for their initial telemedicine visits of each of the following types: 1) Telehealth Visit (video-based); 2) Telephone Visit (audio-only); 3) E-Visit. Following the successful completion of a directly supervised telemedicine visit, the resident will be promoted provided they have achieved a Level of Independence of 3 or greater on the Telehealth Observation form completed by the supervising attending and have completed a minimum of 6 months of residency training.
2. InBasket Management: Residents who are LOS 1 for patient care in the Family Medicine Center are LOS 2 for InBasket Management, which includes lab results, phone call and MyChart (secure email), and medication refill requests. A resident is progressed to LOS 4 for InBasket Management when the following criteria is met:
    1. The resident is LOS 2 for patient care in the Family Medicine Center

3. Handoffs: All residents are to have direct supervision (LOS 0) by a supervising attending or residents until the following criteria have been met:
    a. Completion of IPASS training
    b. Resident has obtained a Level of Independence rating of 3 or higher on the IPASS Direct Observation Evaluation Form

Residents who have met the above criteria are promoted to a LOS 4 for patient handoffs. Residents at a LOS 4 may supervise other residents in handoffs and perform handoffs without supervision.

Promotion from Level of Supervision 1 to Level of Supervision 2

Specific Setting Requirements:

1. Ambulatory Primary Care:

Progression from LOS 1 to LOS 2a

The CCC will progress a resident to LOS 2a based on review of overall performance, using the following criteria as a guide:

a. Average LOI rating of 2 or above in the Family Medicine Center.
b. Successful completion of 6 months of residency training. The resident must receive a passing evaluation on all rotations and in the Family Medicine Center.
c. Has received at least a level of 2.5 in Prof-1 and Prof-2 sub-competencies at their Semi-Annual Review and has demonstrated a pattern of professional behavior as evaluated by the Clinical Competency Committee.
d. Sufficient foundational clinical experience in the Family Medicine Center is required, exposing the resident to the breadth of outpatient family medicine. This will require a minimum of 35 sessions and 110 patient care visits, unless exception is made by the CCC.
e. The resident may do video telehealth visits at this time, provided they have an LOI of 3 on the Telehealth Observation Form.

Progression from LOS 2a to 2b

The CCC will progress a resident to LOS 2b based on reviews overall performance, using the following criteria as a guide:

a. Average LOI rating of 2.5 or above in the Family Medicine Center
b. Achievement of LOS 2 in the inpatient setting.
c. Demonstrated recognition of critical patients requiring immediate intervention.
d. Sufficient clinical experience in the Family Medicine Center, exposing the resident to the breadth of outpatient family medicine. Frequently, this will require over 45 sessions and 200 patient care visits.
e. The resident may do telehphone visits at this time.

Residents at a LOS of 1 may supervise a third year medical student. Residents at a LOS of 2 may supervise third and fourth year medical students.

2. Adult Inpatient

Criteria for progression from LOS 1 to LOS 2 for the inpatient setting include, but are not limited to the following:

a. Gather and present data related to the patient's chief complaint, Past Medical History, Social History, and laboratory data efficiently.
b. Perform and present a complete physical exam.

c. Develop and present a differential diagnosis for the patient's chief complaint and formulate an initial diagnostic and treatment plan.
d. Create complete problem list, developing treatment plans for each problem.
e. Evaluate and identify critically ill patients, recognizing patients who will require a higher level of care.
f. Identify critical laboratory values requiring immediate attention.
g. Certification in ACLS
h. An overall LOI of 2 or higher rated by the inpatient faculty and agreed upon by the director.
i. Successful completion of an Adult ICU Medicine experience.
j. Verbal communication is clear, accurate, organized and readily understood.
k. Transitions of care communication is clear, accurate, organized, and readily understood as evaluated by supervising attending.
l. Has received at least a level of 2.5 in Prof-1 and Prof-2 sub-competencies at their Semi-Annual Review and has demonstrated a pattern of professional behavior as evaluated by the Clinical Competency Committee.

Residents promoted to LOS 2 are permitted to evaluate and begin initial treatment for patients in the Adult Inpatient setting with the attending available by phone (solo call). Residents with a LOS of 2 must call all new patient encounters to the supervisor soon after the patient encounter. All patients are evaluated by the supervising attending within 24 hours of admission with key portions of the history and exam repeated. All residents at any level of supervision are required to call the attending for any of the following situations:

a. Critically ill patients who may require transfer to a higher level of care
b. Deaths
c. Conflicts with consultants, nursing, or the emergency department.
d. Significant conflicts with families
e. Patients leaving Against Medical Advice (AMA)
f. Direct admissions or transfers from Outside hospitals
g. New Consultations

Residents at a LOS 2, may supervise third and fourth year medical students and an Intern on the Adult Inpatient Medicine Service.

3. Maternity Care

Criteria for progression from LOS 1 to LOS of 2 in the Maternity setting include, but are not limited to the following:

a. Gather and present a pertinent Obstetric history in the outpatient, triage, labor and delivery, and postpartum settings.
b. Perform a complete and pertinent Obstetric physical exam.
c. Identify and respond appropriately to Obstetric emergencies.
d. Successful completion of ALSO Training
e. An Overall LOI of 2 or higher
f. Communicates efficient and appropriate information to obstetrical consultants.

g. Has received at least a level of 2.5 in Prof-1 and Prof-2 sub-competencies at their Semi-Annual Review and has demonstrated a pattern of professional behavior as evaluated by the Clinical Competency Committee.
h. Successful completion of fourteen (14) of Canvas Maternity Care modules by the end of the first two (2) weeks of their OB rotation.

Residents with LOS of 2 level may evaluate maternity care patients in triage, labor and delivery, and postpartum, calling the attending following each evaluation. All deliveries must be directly supervised by an attending at all LOS.
Residents with a LOS of 2, may supervise third and fourth year medical students and PGY1 family medicine interns.

Promotion from Level of Supervision 2 to Level of Supervision 3

Specific Setting Requirements:

1. Ambulatory Primary Care

Criteria for progression from LOS 2b to LOS 3 in the FMC includes, but are not limited to the following:

a. Achieves an overall outpatient level of independence of 3.
b. Has received at least a level of 2.5 in Prof-1 and Prof-2 sub-competencies at their Semi-Annual Review and has demonstrated a pattern of professional behavior as evaluated by the Clinical Competency Committee.

Residents promoted to LOS 3 are permitted to evaluate and begin treatment for patients in the outpatient setting with the attending available by phone, calling the supervising attending to precept each patient prior to the completion of the session. The resident may request the supervising attending to come and evaluate a patient at their discretion. Residents with an LOS 3 have the option to participate in longitudinal telehealth care with patients in Guatemala.

2. Adult Inpatient

Criteria for progression from LOS 2 to LOS 3 for the inpatient setting include, but are not limited to the following:

a. Consistently makes correct diagnosis(es) of patient's chief problem and implement the appropriate management plan.
b. Demonstrates the ability to supervise a complete history and physical exam and oversee appropriate orders for hospital care.

c. Achieves an overall level of independence of 3 on the most recent evaluation. If subsequent evaluation regresses to less than a 3, the approval of the inpatient director and program director is required to maintain an LOS 3. Without that approval, the resident will be demoted to LOS 2.
d. Has received at least a level of 2.5 in Prof-1 and Prof-2 sub-competencies at their Semi-Annual Review and has demonstrated a pattern of professional behavior as evaluated by the Clinical Competency Committee.

Residents promoted to LOS 3 are permitted to evaluate and begin treatment for patients in the Adult Inpatient setting with the attending available by phone (solo call), calling the supervising attending for questions at the discretion of the resident. All patients are to be precepted and evaluated by the supervising attending within 24 hours of admission with key portions of the history and exam repeated. All resident at any level of supervision are required to call the attending for any of the following situations:

a. Critically ill patients who may require transfer to a higher level of care
b. Deaths
c. Conflicts with consultants, nursing, or the emergency department.
d. Significant conflicts with families
e. Patients leaving Against Medical Advice (AMA)

f. Direct admissions or transfers from Outside hospitals
g. New Consultations

Residents at a LOS 3, may supervise third and fourth year medical students and Family Medicine residents at LOS of 1 and 2 on the Adult Inpatient Medicine Service. A Team Leader must have an LOS 3 for adult inpatient.

Progression to LOS 4

Specific Setting Requirements:

1. Outpatient (After-Hours) Phone Calls

   Criteria for progression to LOS 4 for Outpatient (After-Hours) Phone Call management include,

   a. Average LOI in the Family Medicine Center of 2.5 or higher.
   b. Able to identify critical laboratory values requiring immediate attention.
   c. Successful completion of 2 months of Adult Inpatient Medicine, receiving an Overall LOI of 2 or higher.
   d. Able to identify patients who will require a higher level of care.
   e. Verbal communication is clear, accurate, organized and readily understood.
   f. Has received at least a level of 2.5 in Prof-1 and Prof-2 sub-competencies at their Semi-Annual Review and has demonstrated a pattern of professional behavior as evaluated by the Clinical Competency Committee.

   Residents meeting the criteria for LOS of 4 for Outpatient Phone Calls are permitted to take overnight outpatient phone calls for the resident office. The resident may contact the supervising attending at their discretion. The attending on call for the Adult Inpatient Service will provide the supervision for the overnight outpatient calls and be immediately available via phone or pager for the resident.