Aga Khan University
Resident Supervision Policy

Policy Name	Resident Supervision Policy
Policy Number	MCEA030422
Approved by	Medical College Faculty Council
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Date of Revisions	
Contact	PGME Academic Office

1.0 Preface

This Policy is intended to provide guidance and direction on matters of resident supervision. Program specific requirements are provided in the respective program curricula and residency manuals.

2.0 Purpose

The purpose of this Policy is to ensure accountability to and compliance with institutional and common program requirements.

3.0 Scope

3.1 This Policy is applicable to all AKU students enrolled in an undergraduate or graduate, certificate, diploma or degree programme; including interns, residents and fellows.

4.0 Definitions

4.1 Levels of Supervision

4.1.1 Levels of supervision are defined by ACGME common program requirements as follows:

4.1.1.1 Direct: supervising physician is physically present with resident and patient.

4.1.1.2 Indirect: may include

4.1.1.2.1 Direct supervision immediately available in patient care site

4.1.1.2.2 Indirect with direct supervision immediately available (supervising physician is physically located within patient care site)

4.1.1.2.3 Indirect with direct supervision available over telephone or other electronic means, and attending can be available to provide direct supervision.

4.1.1.2.4 Oversight: supervising physician reviews encounters and procedures after care is delivered and provides feedback.

5.0 **Procedures**

5.1 Residents and faculty are educated on the professional responsibilities of physicians to be appropriately rested when providing patient care.

5.2 Residents are expected to take responsibility for determining if they are fit for patient care duties and to recognize signs of impairment, including illness and fatigue. The faculty, chief resident and senior residents are encouraged to monitor each other for signs of fatigue and report this appropriately up the chain of command.

5.3 The Program Director (PD) will actively monitor for fatigue and engage resident frequently on how to best mitigate fatigue, including adequate rest and back-up call schedules as appropriate to each program. These can be discussed in the departmental residents' committee meeting held monthly, and/or the quarterly feedback meeting after rotations.

5.4 Residents are also encouraged to take their annual leave to help mitigate fatigue, and this will be monitored at every quarterly meeting.

5.5 AKU shall provide sleep/call rooms for resident who are too fatigued to travel home after their shifts.

5.6 Residents and faculty must demonstrate responsiveness to patient needs that supersedes self-interest. In the case of fatigue, they must be prepared to transition patient care to other qualified and rested clinical providers in order to promote a safe environment.

5.7 All residency programs have policies to ensure and monitor effective structured hand-over processes that promote continuity of care and patient safety.

5.8 Each residency program has a structured way of communication to the wider faculty on the resident and faculty coverage schedule and any changes that occur.

5.9 All residencies are governed by specific policies for supervision and residents are all informed of these policies at the beginning of the residency. The resident manual cover supervision policies and is made available to all residents who join the program.

5.9.1 All patients have a credentialed, licensed and privileged attending physician who takes ultimate responsibility for patients admitted to the specific faculty.

5.9.2 Residents must present each admission to the specific faculty and faculty are encouraged to foster discussion and learning around each case.

5.9.3 Morning rounds shall be supervised by the faculty on call.

5.9.4 Every procedure on patients is also supervised by either the faculty or senior resident (who has been credentialed to perform the specific procedure). Faculty will be also on-call to help with any procedures.

5.9.5 The attending physician information is available to the patient and all clinical staff.

5.9.6 Residents and faculty members inform patients of their respective roles in each patient's care.

5.9.7 Each resident is delegated responsibility for portions of patient care based on evaluations of the resident's ability by the PD, the Clinical Competency Committee (CCC) and key faculty.

5.9.8 Residents are informed about the limits of authority and when the resident should perform under conditional independence and under supervision.

5.9.8.1 All PGY-1 residents are supervised either directly or indirectly, with direct supervision immediately available.

5.9.8.2 Senior residents and fellows should serve in supervisory role over all junior residents.

5.9.8.3 Clinical responsibilities are based on PGY level, resident education and competencies, and specific patient care and safety concerns. This is defined by the PD with the help of the CCC.

5.9.9 In addition to the general circumstances encountered below, residents may at any time request direct faculty supervision if uncertainty exists or if felt to be required by the resident.

5.9.10 Residents are encouraged to meet, call or communicate with supervising faculty any time they feel the need to discuss any matter relating to patient care. Residents **must** communicate with supervising faculty in the following scenarios:

5.9.10.1 ICU and Critical Care transfers (both to and from unit).
5.9.10.2 Substantial change in the patient's condition.
5.9.10.3 Issues regarding code status (including DNR) and end of life decisions.
5.9.10.4 If the resident is uncomfortable with carrying out any aspect of patient care for any reason (for example, a complex patient).
5.9.10.5 If specifically requested to do so by patients or family.
5.9.10.6 Prior to accepting transfers from other hospitals
5.9.10.7 To determine discharge timing.
5.9.10.8 Prior to performing any invasive procedure requiring written consent.
5.9.10.9 To discuss consultations rendered.
5.9.10.10 If any error or unexpected serious adverse event is encountered.
5.9.10.11 When, after directly triaging a patient, they question appropriateness of an admission or transfer.

5.9.11 A summary of the above guidelines is covered in the residents' manual for reference. This policy has been approved by the PGME Committee.

6.0 Compliance and Access to the Policy

6.1 The associate Vice-Provost (Student Experience), in cooperation and coordination with the University's academic entity heads shall be responsible for wide dissemination of this policy.

6.2 The Resident Supervision Policy will be available on the University Website.