Policies and Procedures

Section: **School of Medicine**		*NO.*				
Chapter: **Internal Medicine**	*Issued:* ***10/18/2019***	*REV. A* *8/10/2020*	*REV. B* *3/2022*	*REV. C*		
Policy: Resident Supervision		***Page 1 of 3***				

PURPOSE

The GMEC must monitor programs' supervision of residents and ensure that supervision is consistent with:

a. Provision of safe and effective patient care;
b. Educational needs of residents;
c. Progressive responsibility appropriate to residents' level of education, competence, and experience; and,
d. Other applicable Common and specialty/subspecialty-specific Program requirement

SCOPE

This policy applies to all Creighton University Internal Medicine Residents.

POLICY

Supervision:

- Attending physician direct and/or indirect supervision must be provided for all patient care activities in which residents are engaged. The degree and type of supervision must be based upon patient census, complexity and acuity of illness as well as resident level of training, competency, comfort level and fitness for duty.
- The resident must notify the attending physician and/or fellow of all new admissions, consultations and changes in patient status including:
  - Decompensation
  - Transfer to a higher level of care
  - End of life planning and decision making
  - Death
  - Invasive procedures
  - Request for leave against medical advice
- Orders for new patients or consultations must be reviewed with the supervising fellow or attending physician.

Patient Limits on Hospital Medicine Service:

- A first-year resident must not be assigned more than five new patients per admitting day; an additional two patients may be assigned if they are in-house transfers from the medical services.
- A first-year resident must not be assigned more than eight new patients in a 48-hour period.
- A first-year resident must not be responsible for the ongoing care of more than 10 patients and 2 transfers.
- When supervising more than one first-year resident, the supervising resident must not be responsible for the supervision or admission of more than 10 new patients and four transfer patients per admitting day or more than 16 new patients in a 48-hour period.
- When supervising one first-year resident, the supervising resident must not be

responsible for the ongoing care of more than 14 patients.
- When supervising more than one first-year resident, the supervising resident must not be responsible for the ongoing care of more than 20 patients and 4 transfers.

Patient Limits on Subspecialty Services:
- Residents must reach out to their attending or fellow if the service has a high patient census to seek guidance on which and how many of the patients they should ideally see before rounds.
- Resident patient volume should take into consideration:
  - The guideline # below
  - Skill and comfort level of the resident
  - Complexity and acuity of illness of the patients

Service	Pt# for each Intern on the team	Pt# per Upper Level
Cardiology	10	14
GI	12	12
ICU	5	9
ID	12	14-16
Pulmonary	12	16
Renal	12	16
Hem/Onc	12	16

- Residents can see new consults above and beyond this number if doing so would enhance their clinical exposure and add educational value without excessive burden and fatigue.
- Upper level residents who are on home call are expected to come to the hospital to see any patients who require acute assessment and to evaluate all new admissions or consultations for the subspecialty services they are covering. The night float supervising resident may be called in the event of an urgent or emergent problem, pending the arrival of the resident on home call.
- Interns cannot take home call. Any after hours or weekend assignments must include direct supervision by an attending or fellow on the service.
- Upper level residents should be mindful of the intensity of home call when arranging home call coverage prior to the beginning of the rotation. Should the intensity of home call on the service escalate, creating excessive fatigue and resident burden, this should be communicated promptly to the service attending and the program director.
- Time spent providing clinical care from home and in the hospital on home call should be logged as duty hours.

Patient Limits on ICU Services:
- If an upper level resident is absent from the team, patient cap will be changed to 14.

- The academic ICU team census should range from 16-20 with consideration for:
  - Skill and comfort level of the residents
  - Complexity and acuity of illness of the patients
- Residents should NOT perform consultations on patients intended to be placed on the non-academic ICU team.

REFERENCES

https://www.acgme.org/

AMENDMENTS OR TERMINATION OF THIS POLICY

Creighton University reserves the right to modify, amend or terminate this policy at any time.

The GME policy supersedes all program level policies regarding this area/topic. In the event of any discrepancies between program policies and the GME policy, the GME policy shall govern.