**1. Direct Supervision**, by an appropriately credentialed attending physician, is required for:

* All invasive procedures\* by PGY 1s
* All invasive procedures\* by senior residents if the senior is not credentialed at the Step 3 level
* All Code Blue situations

\*Invasive procedures are outlined in the Medical Education Policies and Procedures manual on line at <https://www.summahealth.org/medicaleducation/stipends-and-benefits> with information on the requirements for procedure found in the Graduate Medical Education Policies and Procedures Manual beginning on page 75 (approximately p 80 of pdf). This policy may be updated from time to time by Medical Education. If in doubt about whether a procedure is covered by this policy residents should check with their attending physician or the Program Director.

**Direct Supervision** is defined by ACGME as “the supervising physician is physically present with the resident and patient” (<http://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/140_internal_medicine_2017-07-01.pdf?ver=2017-06-30-083345-723> Section VI.A.2.c).(1) page 35 of the pdf].

**Direct Supervision** for invasive procedures is further defined by the Internal Medicine residency as requiring the supervising attending physician to be in the room and scrubbed throughout the procedure that is being performed by the resident

**2. Indirect Supervision with direct supervision immediately available**, by an appropriately credentialed attending physician, is required for:

* All new ICU evaluations involving residents – this includes ER evaluations and floor transfers
* All resident involvement with Rapid Response calls (this includes calls from the hospital designated Rapid Response Nurses as well as by floor nurses for urgent “near code” situations on patients not otherwise seen by Internal Medicine resident teams). (see also page 2)
* All resident ambulatory care provided in the Internal Medicine Center and in Community Based Teaching offices

**Indirect Supervision with direct supervision immediately available** is defined by ACGME as “the supervising physician is physically within the hospital or other site of patient care, and is immediately available to provide Direct Supervision” [<http://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/140_internal_medicine_2017-07-01.pdf?ver=2017-06-30-083345-723> Section VI.A.2.c).(2).(a), page 35 of the pdf].

**3. Indirect Supervision with direct supervision available** is required for:

* All Med Team evals, CCU evals, subspecialty evals and consults, ongoing care of patients already seen by residents and all patient care provided by residents not defined above

**Indirect Supervision with direct supervision available** is defined by ACGME as “the supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide Direct Supervision” [<http://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/140_internal_medicine_2017-07-01.pdf?ver=2017-06-30-083345-723> Section VI.A.2.c).(2).(b), page 35 of the pdf].

The Internal Medicine residency Program Director may also designate senior residents (PGY 2 & PGY 3 Internal Medicine residents) as meeting the requirements to be supervising physicians for PGY 1s for ongoing patient care in Category 3 as long as the senior resident is provided with Indirect Supervision with direct supervision available by an appropriately credentialed attending physician.

**Clarification of Rapid Response Team Calls (regarding item 2 above)**

Any resident who is called to see a non Med Team patient for a Rapid Response Team call (from a floor or from a Stroke Team) will see that patient only as part of our residency Rapid Response Team process. [Note that the residency Rapid Response Team Process which has been in place for many years places the resident in these circumstances under the direction of the in house ICU attending physician regardless of who is the patient’s attending physician. Residents assigned to AR2, AI2 and AI3 call see these patients with urgent floor calls from nurses even if the hospital designated Rapid Response Nurse has not seen the patient.] The PGY 1 will contact the attending physician regarding the patient (following the definition of indirect supervision with direct supervision available) for these calls. If the patient condition is such that more urgent attention is needed the intern will contact their senior resident (AR2) for supervision (following the definition of indirect supervision with direct supervision immediately available) who has been designated by the program director as being able to fulfill this category of supervision. The AR2 is then expected to see the patient to provide the direct supervision for the PGY 1. The supervision of the AR2 will be by the attending physician (following the definition of indirect supervision with direct supervision available). If the patient condition is such that more urgent attention is needed – potentially a transfer to ICU if the patient is hemodynamically unstable or has significant metabolic abnormalities – the AR2 will utilize the in house ICU attending for supervision (following the definition of indirect supervision with direct supervision immediately available). If the patient may require a transfer to the CCU the AR2 will contact the appropriate cardiology attending physician (CCU teaching cardiologist or Code STEMI cardiologist) or the in house cardiology fellow for supervision as defined in category 3 above (indirect supervision with direct supervision available).

Floor Med Team patients can be seen by residents independent of a Rapid Response Team process. The intention of this policy however is that the Med Team patients should be treated in the same way as stated in the preceding paragraph. Hence, Med Team patients who are on a floor or in the ER can be seen by the on call or Med Team residents without this being termed part of the residency Rapid Response Team process. However, the supervision rules are the same as for non-Med Team patients.

**To summarize, regarding Rapid Response Team calls,**

1. **Residents will staff patients evaluated for possible transfer to ICU (including Code Blue) with a critical care attending physician who is in house. (Indirect supervision with direct supervision immediately available)**
2. **Residents will staff patients evaluated for possible CCU transfer with the CCU teaching cardiologist or in house cardiology fellow. Code STEMI patients will be staffed with the STEMI cardiologist. (Indirect supervision with direct supervision available)**
3. **Residents will receive indirect supervision with direct supervision immediately available from the in house critical care attending physician for any patients with hemodynamic instability.**
4. **PGY 1s will also receive indirect supervision with direct supervision immediately available from the AR2.**
5. **Senior residents will receive indirect supervision with direct supervision available from the patient’s attending physician for any Rapid Response Team calls not in categories A, B or C. If more urgent attention is needed, senior residents will receive indirect supervision with direct supervision immediately available from the in house critical care attending physician.**