PURPOSE:
The training of graduate medical trainees physicians is a core mission of Duke Hospital, the Duke University School of Medicine and Health System. Graduate medical trainees must be supervised by teaching staff in such a way that trainees assume progressively increasing responsibility according to their level of education, ability, and experience. This document describes the principles and general guidelines for the supervision of trainees in the Duke University Health System. Individual graduate medical training programs may require additional supervision, and the guidelines for supervision in such programs will be described in their separate program documents.

The education of graduate medical trainees requires a partnership of teaching physicians, teaching hospitals, and educational organizations. The policies outlined here provide a framework into which are integrated the pertinent policies of the Private Diagnostic Clinic (PDC), the bylaws of Duke University Hospital, and the standards of educational accrediting agencies. In addition to providing an environment for outstanding trainee education and clinical experience, these policies are expected to support the goal of delivering high quality patient care.

A. DEFINITIONS:

Attending Physician: A licensed independent practitioner who holds admitting and/or attending physician privileges consistent with the requirements delineated in the Bylaws, Rules and Regulations of the Medical Staff of Duke University Hospital or with the requirements delineated in the governing regulations of the assigned and approved off-site healthcare entity.

Trainee: A physician who participates in an approved graduate medical education (GME) program. The term includes interns, residents, and fellows in GME programs approved by the Duke Institutional Committee on Graduate Medical Education. (A medical student is never considered a graduate medical trainee.)

B. ATTENDING PHYSICIAN RESPONSIBILITIES:

In hospitals participating in a professional graduate medical education program(s), the medical staff has a defined process for supervision of each participant in the program(s) in carrying out patient care responsibilities.

Such supervision will be provided by an attending physician with appropriate clinical privileges, with the expectation that the graduate medical trainee will develop into a practitioner who has the knowledge, skills and experience and abilities to provide care to the patients with the disease states applicable to his/her training program.

The medical staff has overall responsibility for the quality of the professional services provided by individuals with clinical responsibilities. In a hospital, the management of each patient's care (including patients under the care of participants in professional graduate medical education programs) must take into account the professional education of the trainee.
education programs) is the responsibility of a member of the medical staff with appropriate clinical privileges. Therefore, the medical staff assures that each participant in a professional graduate medical education program is supervised in his/her patient care responsibilities by a member of the medical staff who has been granted clinical privileges through the medical staff process.

Each Program Training Director is responsible for providing written descriptions of the role, responsibilities, and patient care activities of participants in professional graduate medical education programs to the medical staff. It is the obligation of each attending physician to be knowledgeable of these responsibilities.

The position of attending physician entails the dual roles of providing quality patient care and effective clinical teaching. Although some of this teaching is conducted in the classroom setting, the majority of it is through direct contact, mentoring, and role modeling with trainees. All patients seen by the trainee will have an assigned attending physician. The attending physician is expected to:

• Exercise control over the care rendered to each patient under the care of a resident, either through direct personal care of the patient or through supervision of medical trainees and/or medical personnel.
• Document the degree of participation according to existing hospital policies.
• Effectively role model safe, effective, efficient and compassionate patient care and provide timely documentation to program directors required for trainee assessment and evaluation as mandated by the program’s Residency Review Committee (RRC), where applicable.
• Participate in the educational activities of the training programs, and as appropriate, participate in institutional orientation programs, educational programs, performance improvement teams, institutional and departmental educational committees.
• Review and co-sign the history and physical within 24 hours,
• Review progress notes, and sign procedural and operative notes and discharge summaries.

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 training, the experience and competency of the individual trainee, and the acuity of the specific clinical situation. An attending may provide less direct personal care of a patient seen for routine care when supervising a senior level trainee, and may provide more direct personal care of a patient receiving complex care when supervising a junior level trainee. An Attending physician may authorize the supervision of a junior trainee by a more senior level trainee based on the attending physician’s assessment of the senior level trainee’ experience and competence, unless limited by existing or future hospital policies, such as the use of lasers.

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 trainee and when the trainee performs the service as part of the training program experience.

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 appropriate reviews of the patient’s progress;
b. Examine the patient within 24 hours of admission, when there is a significant change in patient condition, or as required by good medical care;
c. Confirm or revise the diagnosis and determine major changes in the course of treatment to be followed;
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 trainees or others, and that the care meets a proper quality level;
e. Be present and ready to perform any service that would be performed by an attending physician in a non-teaching setting. For major surgical or other complex, high-risk medical procedures, the attending physician must be immediately available to assist the trainee who is under the attending physician’s direction;
f. Make decision(s) to authorize or deny elective and urgent admissions, discharge from an inpatient status or release from observation or outpatient status

a) 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 as soon as possible prior to the transfer. The receiving service shall assign a new attending physician who shall accept responsibility for patient care. Confirmation of the transfer to another level of care or acceptance of patients in transfer is the responsibility of the attending physician.

b) An attending physician’s decision shall be required to authorize an in-patient’s discharge, or release from observation or outpatient status.

g. Issue all “No Code” or DNR orders. “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 trainee 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.

h. Assure a completed history and physical and a completed, appropriately signed, and witnessed consent form is placed in the patient’s record prior to the performance of an operative or invasive procedure involving substantial risk.

i. Assure appropriate documentation is made immediately in the medical record when a procedure is completed on a patient

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. The responsibility or independence given to trainees depends on their knowledge, manual skills and experience as judged by the responsible attending physician. The attending physician supervisor must be designated and available to all sites of training in accordance with Accreditation Council for Graduate Medical Education (ACGME) institutional and program requirements and specific departmental policies.
C. GRADUATE MEDICAL TRAINEE RESPONSIBILITIES:

Each graduate medical trainee physician must meet or may exceed the qualifications for appointment to Associate member of the Medical Staff of Duke Hospital, whether in an Accreditation Council for Graduate Medical Education (ACGME) or non-ACGME graduate medical education program.

Graduate medical trainees are expected to
• Participate in care at levels commensurate with their individual degree of advancement within the teaching program and competence, under the general supervision of appropriately privileged attending physicians
• Perform their 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 trainee is assigned.
• Adhere to state licensure requirements, federal and state regulations, risk management and insurance requirements, and occupational health and safety requirements.
• Fulfill all institutional requirements, such as attending the Graduate Medical Trainee Orientation, maintaining BLS/ACLS certification, completing required instructional exercises, as detailed in their annual Agreement of Appointment.

10/3/2002
ORIGINATING UNIT: Graduate Medical Education: Associate Dean, School of Medicine
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Reviewed: