

<b>Title:</b> Trainee Scope of Practice	<b>Policy Number:</b> GME-38
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**PURPOSE:** To establish a policy for all post-graduate physician training programs to ensure appropriate supervision of trainees as they progress in their education and advance in levels of responsibility.

This policy applies to all post-graduate training programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) and the Council on Podiatric Medical Education (CPME) who train at a HealthPartners site.

**DEFINITIONS:**

Senior Trainee: The resident or fellow on a service with the most training experience; a PGY-2 resident or higher.

**POLICY:**

All information contained in this policy shall be used as minimum criteria for supervision. More detailed supervision criteria shall be delineated by each clinical department in its respective Departmental Supervision Policy.

**PROCEDURE:**

**TRAINEE SUPERVISION**

- A. Every trainee is assigned to a designated clinical service. On call schedules and rotation schedules are designed by program leaders to provide trainees with a variety of training experiences. Trainees may initially see patients without a staff physician present, but supervision is always available.
- B. The supervising physician is responsible for the care of the patient. They are an active member of the Medical Staff and supervise only those activities for which they themselves are credentialed to perform.
- C. The supervising physician will review the patient history, physical exam, and the clinical records of all patients on the service, including trainee notes, and applies co-signature per the HealthPartners Teaching Physician (GC and GE Modifiers) Policy.
- D. The requirements for on-site supervision are established for and by each department in accordance with subspecialty residency requirements and in accordance with the ACGME Common Program Requirements regarding levels of supervision:
  1. **Direct**: The supervising physician is physically present with the trainee and the patient. In some cases, if the specialty's review committee allows, direct supervision can also mean that

supervising physicians may not be physically present but are concurrently monitoring patient care through appropriate telecommunication technology.

2. **Indirect**

- a. With Supervision Immediately Available: The supervising physician is physically within the hospital or other site of patient care and is immediately available to provide direct supervision.
- b. With Supervision Available: The supervising physician is not physically present within the hospital or other site of patient care but is immediately available by appropriate telecommunication technology and is available to provide direct supervision.

3. **Oversight**: The supervising physician is available to provide review of procedures/encounters with feedback provided after the care is delivered.

- E. Programs must set guidelines for circumstances and events in which trainees must communicate with appropriate supervising faculty members, such as the transfer of a patient to an intensive care unit, or end-of-life decisions.
- F. It is the responsibility of each Program Director to establish detailed written policies for supervision in their respective program. All departmental supervision policies are reviewed by the Graduate Medical Education Committee.

**TRAINEE SCOPE OF PRACTICE**

- A. Each trainee must know the limits of their scope of authority, and the circumstances under which they are permitted to act with conditional independence.
- B. The degree of responsibility delegated by the supervising physician to the resident is dependent on:
  - Type of service;
  - Oversight by other trainees;
  - Year of postgraduate training; and
  - Demonstrated proficiency
- C. Examples of expected competencies and responsibilities for each level of training:
  - a. **Post-Graduate Year 1 (PGY-1) Residents:**
    - Are supervised by a physician or a senior trainee either directly or indirectly with direct supervision immediately available. If indirect supervision is provided, it must be consistent with ACGME Review Committee (RC) policies and with the specific criteria established by the program that delineates the criteria the PGY-1 resident must meet to be eligible for indirect supervision.
    - Will be able to perform a history and physical, start intravenous lines, draw blood, order medications and diagnostic tests, collect and analyze test results and communicate those to the other members of the team and the supervising physician, obtain informed consent, place urinary catheters and nasogastric tubes, assist in the operating room, and perform other invasive procedures such as arterial line or central line insertion under direct supervision, or with supervision immediately available if they have achieved competency in performing the procedure.

- Are expected to exhibit a dedication to the principles of professional preparation that emphasizes primacy of the patient as the focus of care.
- Should be able to communicate with patients and families about the disease process and the plan of care as outlined by the supervising physician.
- Are expected to demonstrate an understanding of the socioeconomic, cultural, and managerial factors inherent in providing cost-effective care.

**b. Post-Graduate Year 2 (PGY-2) Residents:**

- Are expected to independently perform the duties learned in the first year and may supervise the routine activities of the first-year residents.
- May perform some procedures with indirect supervision (such as insertion of central lines, arterial lines) once competency has been documented according to established criteria. Specific procedures allowed with indirect supervision at the PGY-2 level will vary by training program and must be guided according to published criteria established by program leadership.
- Must be able to demonstrate continued sophistication in the acquisition of knowledge and skills in the selected specialty and further ability to function independently in evaluating patient problems and developing a plan for patient care.
- May respond to consults and learn the elements of an appropriate response to consultation in conjunction with the supervising physician.
- Should take a leadership role in teaching PGY-1 residents and medical students the practical aspects of patient care and be able to explain more complex diagnostic and therapeutic procedures to the patient and family.
- Should be adept at the interpersonal skills needed to handle difficult situations.
- Should be able to incorporate ethical concepts into patient care and discuss these with the patient, family, and other members of the health care team.

**c. Post-Graduate Year 3 (PGY-3) Residents:**

- Should be capable of managing patients with virtually any routine or complicated condition and of supervising the PGY-1 and PGY-2 in their daily activities.
- Are responsible for coordinating the care of multiple patients on the team assigned.
- May perform additional diagnostic and therapeutic procedures with indirect supervision once competency has been documented according to established criteria.
- Specific procedures allowed with indirect supervision at the PGY-3 level will vary with training program and must be guided according to published criteria established by the faculty and program director.
- Can perform progressively more complex procedures under the direct supervision of the supervising physician.

- Are adept in the use of the literature and routinely demonstrate the ability to research selected topics and present these to the team.
- At the completion of the third year, should be ready to assume independent practice responsibilities in those specialties requiring three years of training.
- In those specialties requiring longer training, should demonstrate skills needed to manage a clinical service or be a chief-level resident.

**d. Post-Graduate Year 4 (PGY-4) Residents:**

- Will assume an increased level of responsibility as senior residents on selected services and can perform the full range of complex procedures expected of the chosen specialty under the direct or indirect supervision of the faculty.
- Are considered senior leadership and they should be able to assume responsibility organizing the service and supervising junior residents and students.
- Should have mastery of the information contained in standard tests and be facile in using the literature to solve specific problems.
- Will be responsible for presentations at conferences and for teaching junior residents and students on a routine basis.
- Should begin to understand the role of practitioner in an integrated health care delivery system and be aware of the issues in health care management facing patients and physicians.

**e. Post-Graduate Year 5 (PGY-5) or Higher Residents (e.g., Surgical residents):**

- Takes responsibility for the management of the major surgical teaching services, under the supervision of a credentialed physician.
- Can perform most complex and high-risk procedures expected of a physician, under the supervision of a credentialed physician.
- The supervising physician should be comfortable allowing the PGY-5 resident to manage all common problems expected to be encountered during independent practice.
- During the final year of training, should have the opportunity to demonstrate the mature ethical, judgmental, and clinical skills needed for independent practice.
- Gives formal presentations at scientific assemblies and assumes a leadership role in teaching on the service.
- The morals and values of the profession should be highly developed, including the expected selfless dedication to patient care, a habit of lifelong study, and commitment to continuous improvement of self and the practice of medicine.

**f. Fellowship Training:**

- Subspecialty fellowship programs typically range from one to three years in duration.
- Fellow responsibilities include considerable autonomy, especially in the tasks already mastered in the core program.

- Fellows will be focused on becoming proficient in the skills defined by the subspecialty they are pursuing.
- As the fellow progresses through the program, progressive responsibility is given in the skills that make up the information content of the specialty at the discretion of the faculty.

### **TRAINEE PERFORMANCE OF PROCEDURES**

- A. Residents, including PGY-1 residents, may perform the following procedures independently if they have achieved competency in it and if they have immediate access to a supervisor. It is the responsibility of the resident to inform the appropriate senior trainee or supervising physician of a planned procedure prior to the beginning of the procedure.
- Sterile technique (e.g., gloving, sterile dressing change)
  - Application of Universal Precautions and Universal Protocol
  - Basic venipuncture
  - Venipuncture to obtain blood cultures.
  - Insertion of a peripheral intravenous cannula (I.V.)
  - Obtaining an arterial puncture
  - Injection of a local anesthetic
  - Interrupted suture closure of a simple skin laceration
  - Subcutaneous suture closure of a wound
  - Basic wound care
  - Basic burn care
  - Obtaining a throat swab
  - Removal of cerumen from external ear canal
  - Placement of Foley catheter
  - Performance of routine STD testing
  - Performance of speculum exam
  - Performance of PAP smear
  - Microscopy for “ferning” of amniotic fluid
  - Basic Life Support (cardiopulmonary resuscitation)
  - Advanced Cardiac Life Support (ACLS)
  - Use and automated external defibrillator (AED)
  - Temporary immobilization of a cervical spine fracture
  - Control of gross external hemorrhage and stabilization of bleeding patient
  - Management of simple nosebleed
  - Application of temporary splint or simple cast.
  - Performance of injections (i.e., as intradermal, subcutaneous, intramuscular, and intravenous)
  - Fluorescein staining and examination of the eye.
  - Insertion of nasogastric tube
  - Incision and drainage of a superficial abscess
  - Evaluation of patients for restraints and sedation
- B. Residents may perform additional procedures with direct supervision by supervising physicians or a senior trainee who is determined by the program to be competent to perform the procedure.

**INFORMED CONSENT**

Informed consent may be obtained by trainees only for those procedures they may perform without direct supervision, as outlined above. They may participate in informed consent discussions, but the supervising physician must also perform the consent process and sign the consent forms.

The supervising physician must document and disclose to the patient if a resident is assisting with or performing part of the consented procedure.

**RELATED DOCUMENTS:** HealthPartners System-Wide Policy CSC-51 Professional & Faculty Teaching Physician (GC and GE Modifiers) and GME-5 Supervision of Trainees.

**REFERENCE MATERIALS:** Not Applicable

**ADDITIONAL INFORMATION:** Not Applicable

**COMMITTEE/POLICY SPONSOR AND OWNER:** Graduate Medical Education Committee