



Policy #10: Protocol for Common Circumstances Requiring Faculty Involvement

Purpose: *To provide guidance for residents regarding clinical conditions that requires immediate notification of a supervising resident and/or attending physician. It is not expected that every eventuality can be delineated, and residents should err on the side of caution/safety and notify their supervising physicians (residents and/or faculty) at any time they feel there is a patient care circumstance which is beyond their skill level.*

1. Escalation of Care:

Any urgent patient situation should be discussed immediately with the supervising attending. This includes:

- patient death;
- unexpected deterioration in patient's medical condition;
- need of invasive operative procedures;
- when a patient's code status is in question and faculty intervention is needed;
- when a patient is transferred to or from a more acute care setting (floor to ICU and vice versa);
- when patient's condition changes requiring Code Team activation or Rapid Response Team activation;
- ***Any circumstance where the intern or resident feels uncertain of the appropriate clinical plan.***

2. Timeliness of Attending Notification:

It is expected that the resident will notify the attending as soon as possible after an incident has occurred. Notification of the attending should not delay the provision of appropriate and urgent care to the patient. If despite the best efforts, the resident cannot reach the assigned attending, then they should notify the medical director of the relevant service, the on-call Family Medicine faculty member, the Associate Residency Program Director, or the Residency Program Director.

3. Invasive Procedures and Level of Training:

PGY 1 Resident:

Any invasive procedure in the Hospital or Family Medicine Practice must be supervised directly until proficiency of the resident is demonstrated and acknowledged in writing by the Clinical Competency Committee. Direct Supervision of procedures means a faculty member, or senior level resident approved to perform independently the respective procedure, is present with the resident in the treatment location to provide instruction, guidance, and assistance.

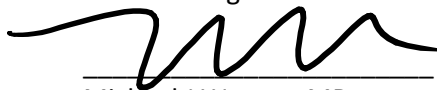
PGY 2 and PGY-3 Residents:

Any invasive procedure in the Hospital or Family Medicine Practice must be supervised directly until proficiency of the resident is demonstrated and acknowledged in writing by the Clinical Competency Committee. When the CCC determines a resident has

demonstrated competency to perform independently a given procedure, this will be documented in the resident's training file and she/he will be allowed to perform such procedures with remote supervision of faculty members.

Performance of Procedures:

- i. All PGY-1 residents planning to perform an invasive procedure must discuss the clinical appropriateness of the procedure with a senior resident or attending physician. Documentation of the discussion and approval for a procedure must be entered into the patient's health record.
- ii. PGY2 and PGY-3 residents approved by the CCC to perform procedures with remote supervision should discuss the clinical appropriateness of a bedside procedure with the attending as needed. Documentation of the discussion and approval for a procedure must be entered into the patient's health record.
- iii. The attending physician is responsible for determining the appropriate level of supervision required for performing any procedure, the appropriate indication for the procedures, discussion of risk-benefit with residents and patients (as necessary), assessing the risk of the procedure, determining the qualification of the resident performing the procedure and providing adequate support to the trainee performing the procedure.
- iv. It is expected that a resident shall inform the faculty member or upper level resident when she/he does not feel capable of performing a bedside procedure.
- v. The resident performing a procedure should make sure there is adequate backup (such as senior resident, fellow, attending, interventional services, surgical services) before performing the procedure.
- vi. The resident should attempt the procedure no more than three times before stopping and re-evaluating the clinical situation and asking for a senior resident, fellow, attending, interventional service, or surgical service to take over the performance of the procedure.
- vii. The resident should call the senior resident, fellow or the attending if he/she has attempted the procedure three times unsuccessfully before attempting the procedure again.
- viii. The procedure should be aborted and alternate plans discussed with the attending when the risk of the procedure including discomfort to the patient outweighs the benefit of repeated attempts beyond three.



Michael J Watson, MD
Program Director

10-15-2016
Date