

Policies and Procedures

<i>Section:</i> School of Medicine		<i>NO.</i>				
<i>Chapter:</i> Psychiatry & Child Psychiatry	<i>Issued:</i> 10/30/2019	<i>REV. A</i> 06/01/2023	<i>REV. B</i>	<i>REV. C</i>		
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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 Psychiatry residents and fellows.

POLICY

The supervisor is responsible for the evaluation and treatment of all patients under the resident's care. The supervisor determines the level of independence given to the resident on each case. The supervisor is to provide the resident with responsibility, guidance, and feedback to optimize the educational benefit of each clinical case.

Residents will have a clearly designated faculty or staff clinician responsible for the care provided to each patient. Prompt access to faculty or staff supervision will be available to residents at all times in all clinical settings.

The Psychiatry Residency Review Committee mandates at least 2 hours of direct supervision per week for each resident, at least one of which is individual.

The program will provide an appropriate level of supervision for all residents. Residents will be given progressive independence in the care of patients as approved by the supervisor and consistent with the resident's level of training, demonstrated ability, and clinical experience. The following guidelines represent the usual level of responsibility and supervision given to residents at each level of training:

PGY-1

Residents are expected to provide evaluation and treatment of basic psychiatric and medical conditions. Initially they will have direct supervision (physical presence of a supervisor with the resident while care is being provided or before the implementation of major treatment decisions). They may progress to indirect supervision with direct supervision immediately available (on the site of patient care) or indirect supervision with direct supervision available (physician is not

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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) after fulfilling the program’s guidelines per policy. At orientation, all incoming interns are tested on safety risk assessment and moved from direct to indirect as soon as they pass. If remediation is needed, attending physicians on service will be notified of the intern’s supervision status until they pass the assessment.

Residents are on call for Psychiatry inpatient rounding at Lasting Hope and VA and are indirectly supervised with the direct supervisor immediately available (unless the intern has not yet been cleared for indirect supervision).

Residents may supervise clinical care and education of third year medical students. Clinical back-up by faculty and teaching staff will be always available.

Remote supervision and remote care are not allowed.

PGY-2, 3, 4

Some rotations are supervised virtually. They are usually in the form of indirect with direct immediately available where the supervisor can immediately log-in with audio/visual technology.

Grand Island 3-site supervision has been approved by ACGME RRC as of June 2022.

PGY-2

Residents are expected to provide evaluation and treatment of more complex psychiatric conditions with indirect supervision, with direct supervision available, of adult, geriatric, child-adolescent, inpatient and consultation/liaison cases. All major treatment decisions must be approved by faculty or teaching staff.

Emergency room cases must be supervised by telephone with the supervising resident and/or attending. Any patient discharged from the Emergency room must be supervised by the attending before released. Review of Emergency room cases seen on call are also reviewed at Morning Report Monday-Friday.

Residents may supervise clinical care and education of third year medical students. Clinical back-up by faculty and teaching staff will be available at all times.

Residents will also begin their psychotherapy continuity outpatient clinic for 0.5 days per week. New evaluations will be seen by an attending on the day of the evaluation. Follow-up evaluations will be reviewed with the attending at weekly supervision. The level of supervision

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will always be indirect, with direct supervision available.

One hour of psychotherapy supervision per week begins in the PGY-2 year. This happens in a group format.

Consults in the ED at Bergan Mercy are indirect with direct supervision available.

PGY-3

Residents are expected to provide evaluation and treatment of complex psychiatric conditions with indirect supervision of outpatient cases. New evaluations will be seen by an attending on the day of the evaluation. Follow-up evaluations will be reviewed with the attending at daily supervision. Residents may supervise clinical care and education of third- and fourth-year medical students. Clinical back-up, ie direct supervision, by faculty and teaching staff will be available on-site at all times.

An attending on call is always available by telephone for back up and is available for direct supervision. Consults in the ED at Bergan Mercy are indirect with direct supervision available. Consult call at Immanuel is indirect supervision with direct supervision immediately available.

One hour of psychotherapy supervision per week continues in the PGY-3 year in a group format. One hour of individual supervision for each resident takes place in the continuity clinic with the attending of record.

PGY-4

Residents are expected to provide evaluation and treatment of complex psychiatric conditions with indirect supervision of outpatient and consultation/liaison cases. New evaluations of outpatients will be seen by an attending on the day of the evaluation. Follow-up evaluations will be reviewed with the attending at weekly-to-quarterly intervals. Residents will supervise clinical care and education of junior house officers on the Supervising Resident inpatient rotation. Indirect supervision with direct supervision available by faculty and teaching staff will be available at all times.

The attending is expected to provide feedback to the resident on perceived strengths, weaknesses, and overall performance on an on-going basis, as well as formal written evaluations. Site-specific supervisors complete written evaluations of residents at the completion of rotations, and quarterly for year-long experiences. Supervisors for longitudinal experiences (6 months or more) will provide written evaluations of the resident's performance at least quarterly. Residents evaluate their supervisors at the completion of a rotation or specific course of supervision. All residents also provide evaluation of the teaching staff in their annual resident

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retreat report.

One hour of psychotherapy supervision per week continues in the PGY-4 year.

Supervision Guidelines for Residents in All Years of Training

Residents must contact their supervisor immediately in the following situations:

1. A sudden change in a patient's mental status
2. A sudden change in a patient's physical status
3. A patient requesting to leave an inpatient unit against medical advice.
4. When a life-threatening medical error has been made
5. When a patient presents as acutely suicidal or homicidal
6. When a patient has assaulted a staff member or another patient

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.