



<i>RESIDENT SUPERVISION</i>	 
Hershey Medical Center – MEDICAL STAFF POLICY MANUAL	Policy Number: MS-06
Replaces: MS-06 May 2010	Effective: May 2011
Authorized: Vice Dean for Educational Affairs	
Richard J. Simons, M.D.	
Approved: Interim Chief Medical Officer	
Carol Freer, M.D.	

PURPOSE:

To ensure that the Penn State Hershey Medical Center’s Graduate Medical Education program has defined a process for supervision by a licensed independent practitioner with appropriate clinical privileges of each participant in the program(s) for which they are providing patient care services, and to provide effective communication between the committee(s) responsible for graduate medical education, the medical staff and governing body.

POLICY STATEMENT:

All post-graduate medical education trainees at the Penn State Hershey Medical Center are supervised by an attending physician who also has clinical privileges in the area they are supervising. The description of the role, responsibilities, and patient care activities of each resident are program-specific but are documented for each residency-training program and are available for faculty for review. These documents are maintained in the residency directors’ offices that are on site at the Penn State Hershey Medical Center. Each program has a mechanism in place to make decisions about the promotion of trainees in that particular program, such as a Clinical Competence Committee. All house officers at the Penn State Hershey Medical Center have training licenses and are permitted to write patient care orders.

The Penn State Hershey Medical Center assures regular communication between the Graduate Medical Education Committee (GMEC) and the Medical Staff Executive Committee through the appointment of the Co-Chair of the GMEC to the Medical Staff Executive Committee. In addition, the Chief Medical Officer and the Executive Director also serve on the GMEC. These dual appointments result in effective communication about patient safety and quality of patient care provided by, as well as the related educational and supervisory needs of post-graduate trainees.

All patient care must be supervised by qualified faculty. The program director must ensure, direct and document adequate supervision of residents at all times. Residents must be provided with rapid, reliable systems for communicating with supervising faculty.

Faculty and residents must be structured to provide residents with continuous supervision and consultation.

The GMEC is responsible for monitoring residency programs' supervision of residents and to ensure that supervision is consistent with:

1. The provision of safe and effective patient care.
2. The education needs of the residents.
3. Progressive responsibility appropriate to the resident's level of education, competence, and experience;
4. The applicable common and specialty/subspecialty specific program requirements.

PERSON RESPONSIBLE FOR REVIEW OF POLICY:

Graduate Medical Education Committee Reviewed/Approved: 5/2004; 5/2006; 12/2007; 6/2009; 3/2010; May 2011

Medical Staff Executive Committee Reviewed/Approved: 5/2004; 5/2006; 12/2007; 11/2009; 5/2010; May 2011

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