

VCUHS NEUROLOGY SUPERVISION POLICY

The Department of Neurology follows the Virginia Commonwealth University Health System (VCUHS) policy on the supervision of housestaff. Further specifics are documented below:

1. Neurology residents on ward and consult rotations at VCUHS and at the Hunter Holmes McGuire V AMC are supervised by the ward and consult attendings during daytime hours (8:00 AM -5:00 PM). In the evening hours, the on-call attending is available by pager to supervise patient care and related issues. The PGY -3 or PGY -4 neurology resident is available immediately in the hospital during July, August, and September, to assist and supervise the in-house resident. [In October through June, the PGY -3 or PGY -4 neurology resident is available by telephone/pager and will come into the hospital for on- site supervision if needed/requested].
2. Ward and Consult residents will communicate with their attending about the patients on their service during rounds, at about 5 p.m. (before leaving for the day), and as needed at other times.
3. Patients who are being discharged from the Emergency Department will be discussed with the Senior Resident (if applicable), and then with the attending. The attending will be the Ward or Consult attending during the day, and the attending on call at night. This communication will occur before the patient is actually discharged.
4. At night, the resident on call will discuss new patients and urgent medical issues with the Senior Resident, who will assist him/her in formulating the case and developing a care plan. The resident on call will communicate with the attending on call about admissions and patient care.
5. Any acute stroke patient who is being considered for administration of TPA must be discussed with the stroke attending on call for that day/night.
6. The Program Director may be reached at any time by pager or by home telephone or mobile phone.
7. During the months of outpatient care, EEG, EMG, neuroradiology, neuropathology, or elective, the resident is supervised by the physician coordinator for that rotation, or the specialty attending that she/he designates. The Program Director is available, if needed.
8. During Resident Continuity Clinic, the resident is supervised by the attending assigned to that clinic, which is present and immediately available.
9. During Pediatric Neurology months, the residents are supervised by the on-site attending covering that service during the day. All patients consulted on at night are discussed with the designated attending by telephone.

Eight Factors Require Resident to Notify Attending:

1. Possible Emergency Department discharge
2. Admission to the hospital
3. Transfer of the patient to the intensive care unit
4. Need for intubation or ventilatory support
5. Cardiac arrest or significant changes in hemodynamic status
6. Death of patient
7. Development of significant neurological changes
8. Development of major wound complications
9. Medication errors requiring clinical intervention
10. Any significant clinical problem that will require an invasive procedure or operation
11. At any other time the resident has a question or concern about patient care or safety

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Date