

VIRGINIA COMMONWEALTH UNIVERSITY HEALTH SYSTEM
Department of Neurology, Division of Clinical Neurophysiology

POLICY ON THE SUPERVISION OF HOUSESTAFF

GENERAL PRINCIPLES

As outlined in the Joint Statement on Resident Supervision issued by the Virginia medical schools, the Medical College of Virginia of Virginia Commonwealth University subscribes to the philosophy that the most effective learning environment for post-graduate medical trainees is one that allows sufficient freedom for housestaff to share responsibility for decision-making in patient care, and yet provides adequate faculty supervision and involvement in order to provide feedback to trainees about their actions, and to address the quality and safety of the care rendered to patients. Housestaff are individuals with a M.D., D.O. or equivalent degree, those with a dentistry degree, and others who meet the qualifications for graduate education/training in a specialty or subspecialty of medicine or dentistry. In order to preserve this type of learning environment for its teaching program, the Department advocates the following principles as elements of its policy on housestaff education and supervision. The provisions of this policy also apply to teaching activities at the Veteran's Affairs Medical Center and at other affiliated teaching sites. These other sites may supplement this policy with additional rules as dictated by their own governance structure.

1. Housestaff, working under the authority and supervision of attending faculty, are regarded as the primary coordinators of care for all patients admitted to the teaching inpatient services, emergency rooms, and clinics, and as such, are responsible for the writing of orders, for the maintenance of records, and for the execution of diagnostic, therapeutic, and discharge plans.
2. Depending on their respective levels of training, it is appropriate and essential that junior housestaff be supervised by more senior housestaff in accordance with site-specific guidelines stated elsewhere in this document.
3. All spheres of housestaff activity will be supervised by attending faculty members who will share responsibility with houseofficers for patient care rendered, and who will have ultimate authority for final decision-making.

SITE-SPECIFIC HOUSESTAFF SUPERVISION

Epilepsy Monitoring Unit – Inpatient Services:

1. The patient care team, which may include a fellow, resident, intern and a medical student will care for all adult patients admitted to their service.
2. Except in unusual circumstances, the new patients will be presented to the responsible attending no later than the first full day after admission.
3. Although decisions regarding diagnostic tests and therapeutics may be initiated by housestaff, these decisions will be reviewed with the attending at intervals in the context of patient care rounds.
4. All patients will usually be seen by the attending and will be reviewed with the attending at appropriate intervals. The attending may document his/her involvement in the care of the patient in the medical record.
5. Housestaff are required to notify the patient's attending, in a timely fashion independent of the time of day, of any substantial controversy regarding patient care, any serious change in the patient's course including unexpected death, need for surgery, transfer to an intensive care unit or to another service for treatment of an acute problem, or for any other significant change in condition.
6. Attendings or their designee are expected to be available or responsive, either by telephone or pager, for housestaff consultation, 24 hours a day for their term on service, their on-call day, or for their specific patients.

Epilepsy, Neuromuscular, and Sleep Medicine Clinics/Consultation Services:

Faculty will review patient care rendered by residents in outpatient clinics, and those recommendations given by them on a consultation service.

EEG/Sleep Studies/EP/Electrodiagnostic Studies/Autonomic Testing:

Faculty will review preliminary interpretations by residents of all studies and will make the final interpretation. When applicable (EMG, nerve conduction studies, autonomic studies), the resident will be under the direct supervision of an attending in the performance of electrodiagnostic studies.

Operating rooms:

Faculty will be physically present in direct supervision of residents performing neurophysiologic intraoperative monitoring.

GENERAL HOUSESTAFF RESPONSIBILITIES:

Clinical neurophysiology residents are expected to demonstrate complex problem-solving and management skills and to accept progressively more supervision, administrative, and teaching responsibilities. While independence in performing these duties is a valuable component of the learning process, no resident may function without faculty back up for consultation and evaluation of performance.

The Department's Policy on Supervision is and will remain in keeping with the Institutional Policy on Supervision.

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Date