RUTGERS
New Jersey Medical School

GRADUATE MEDICAL EDUCATION POLICY

Number:	**005-001**
Section:	**Responsibilities and Supervision**
Title:	**General Housestaff Responsibilities**

Effective Date: 9/21/2017
Previous Review & Approval by GMEC: 5/24/2007, 3/15/2012, 5/21/2015
Responsible Office: NJMS Graduate Medical Education
Update: Every five years from effective date or as needed

Purpose: To provide guidelines to Housestaff regarding their general responsibilities as a Rutgers New Jersey Medical School (Rutgers NJMS) trainee. Specific responsibilities are contained in departmental job descriptions and manuals.

Scope: This guideline applies to all Housestaff.

Definitions:

1. **Housestaff**/House Officer- refers to all interns, residents and subspecialty residents (fellows) enrolled in a Rutgers New Jersey Medical School (Rutgers NJMS) graduate medical education program. A member of the Housestaff may be referred to as a house officer.
2. **Designated Institutional Official (DIO)** – refers to the individual who has the authority and responsibility for the graduate medical education programs.
3. **Program** – refers to the structured medical education experience in graduate medical education which conforms to the Program Requirements of a particular specialty, the satisfactory completion of which may result in eligibility for board certification.
4. **Program Director** – the one physician designated to oversee and organize the activities for an educational program.
5. **Review Committee-** the Accreditation Council for Graduate Medical Education (ACGME) delegates authority to accredit programs/institutions to its Review Committees. The Review Committees are comprised of peer specialists in the field and resident physicians.

Reference(s):

1. ACGME Common Program Requirements
2. ACGME Specialty Program Requirements
3. NJMS Housestaff Agreement

RESPONSIBILITIES/REQUIREMENTS

The Rutgers NJMS Housestaff are expected to take advantage of the educational opportunities offered within the institution and its affiliated core teaching hospitals in order to fulfill the educational requirements prescribed by the respective Review Committee. In addition to fulfilling all educational objectives, Housestaff, as part of their training, are expected to provide medical treatment to the hospitals' patients in a competent and caring manner. Appropriate moral, ethical and professional behavior is expected of Housestaff at all times.

To meet these responsibilities, Housestaff are expected to:

1. Attend and actively participate in all conferences and teaching rounds within the assigned department.
2. Render appropriate medical care to patients in a kind caring manner under the supervision of the attending physician.
3. Attend assigned clinics.

4. Participate in the evaluation of the program, peers, staff and teaching faculty as requested by the Program Director.
5. Participate in scholarly and quality improvement activities of the program and affiliated hospitals.
6. Document care and sign patient charts/medical records in accordance with the requirements of the assigned institution.
7. Volunteer to serve and then participate as a member of various departmental, hospital, and medical school committees.
8. Be on time for all assignments.
9. Respond and communicate on a timely basis.
10. Maintain a professional conduct in an ethical and moral manner.
11. Maintain a professional appearance, comportment and conduct.
12. Assume progressive responsibilities as he/she gains experience.
13. Provide supervision and instruction to more junior Housestaff and medical students.
14. Document completion of procedures and submit information on a timely basis to the appropriate forum (e.g. ACGME Case Log System, specialty boards, departmental database, etc.).
15. Cooperate with nursing and support staff.
16. Perform "other duties" as required by his/her department/Program Director.

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GRADUATE MEDICAL EDUCATION POLICY

Number:	**005-002**
Section:	**Responsibilities and Supervision**
Title:	**Housestaff Involvement in Medical School and Hospital Affairs**

Effective Date: 9/21/2017
Previous Review & Approval by GMEC: 5/24/2007, 3/15/2012, 5/21/2015
Responsible Office: NJMS Graduate Medical Education
Update: Every five years from effective date or as needed

Purpose: To provide guidelines to ensure that residents participate on committees and councils whose actions affect their education and/or patient care.

Scope: This policy is directed to all members of the Housestaff and to members of all Rutgers New Jersey Medical School (Rutgers NJMS) committees.

Definitions:

1. **Housestaff**/House Officer- refers to all interns, residents and subspecialty residents (fellows) enrolled in a Rutgers New Jersey Medical School (Rutgers NJMS) graduate medical education program. A member of the Housestaff may be referred to as a house officer.
2. **Designated Institutional Official (DIO)** – refers to the individual who has the authority and responsibility for the graduate medical education programs.
3. **Program** – refers to the structured medical education experience in graduate medical education which conforms to the Program Requirements of a particular specialty, the satisfactory completion of which may result in eligibility for board certification.
4. **Program Director** – the one physician designated to oversee and organize the activities for an educational program.
5. **Review Committee –** The Accreditation Council for Graduate Medical Education (ACGME) delegates authority to accredit programs/institutions to its Review Committees. The Review Committees are comprised of peer specialists in the field and resident physicians.

Reference(s):

1. ACGME Common Program Requirements

Policy:

The Rutgers NJMS will ensure that residents participate on committees and councils whose actions affect their education and/or patient care, including the medical school and its affiliated hospitals.

Housestaff Selection and Participation

A. The Housestaff representatives to committees and councils are to be peer selected. Housestaff representatives are expected to attend a majority of activities associated with committee membership.
B. To further the understanding and functioning of the organization and to fully utilize the contributions of Housestaff members, the medical school and affiliated hospitals have made Housestaff participation a requirement on those committees and councils whose actions affect their education and/or patient care. Examples of such committees are: Program Evaluation Committee, Quality and Assurance Committee, Institutional Review Board, etc.

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GRADUATE MEDICAL EDUCATION POLICY

Number:	**005-003**
Section:	**Responsibilities and Supervision**
Title:	**Medical Records**

Effective Date: 9/21/2017
Previous Review & Approval by GMEC: 5/24/2007, 3/15/2012, 5/21/2015
Responsible Office: NJMS Graduate Medical Education
Update: Every five years from effective date or as needed

Purpose: To establish guidelines for the prompt and accurate completion of medical records.

Scope: These guidelines apply to all Housestaff.

Definitions:

1. **Housestaff**/House Officer- refers to all interns, residents and subspecialty residents (fellows) enrolled in a Rutgers New Jersey Medical School (Rutgers NJMS) graduate medical education program. A member of the Housestaff may be referred to as a house officer.
2. **Designated Institutional Official (DIO)** – refers to the individual who has the authority and responsibility for the graduate medical education programs.
3. **Program** – refers to the structured medical education experience in graduate medical education which conforms to the Program Requirements of a particular specialty, the satisfactory completion of which may result in eligibility for board certification.
4. **Program Director** – the one physician designated to oversee and organize the activities for an educational program.
5. **Review Committee –** The Accreditation Council for Graduate Medical Education (ACGME) delegates authority to accredit programs/institutions to its Review Committees. The Review Committees are comprised of peer specialists in the field and resident physicians.

Reference(s):

Policy:

A. The Medical Record reflects the quality of patient care given in a hospital. The record is the basic tool for planning patient care and for communication between physicians and other persons contributing to patient care. The medical record must accurately document the course of each patient's illness and care and must be available to the Housestaff at all times. The medical records system must support the education of Housestaff and quality assurance activities and provide a resource for scholarly activity.

B. Records for which the Housestaff are responsible must be completed in standardized and timely fashion.
   i. Discharge summaries must be completed on the day of or immediately after discharge.
   ii. Operative reports must be completed within 24 hours of the operation/procedure and a brief operative note must be entered into the medical record immediately upon completion of surgery.
   iii. All electronic and written notes and orders must conform to each hospital's policies and procedures for format and content, and may only contain hospital-approved abbreviations. All written notes and orders must be legible.

C. Notification by the Hospital's Medical Records Department is sent to each department indicating delinquent charts. These charts must be addressed immediately by Housestaff. All medical records (both inpatient and outpatient) must be completed within the period of time mandated by each hospital's policies and procedures. (Delinquencies in chart completion may result in disciplinary action.)

D. Housestaff shall familiarize themselves with departmental and hospital-specific or site-specific procedures for prompt completion of medical records and the sanctions that result if they are not completed in a timely fashion.

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GRADUATE MEDICAL EDUCATION POLICY

Number:	**005-004**
Section:	**Housestaff Responsibilities and Supervision**
Title:	**Supervision and Accountability of Housestaff**

Effective Date: 9/21/2017
Previous Review & Approval by GMEC: 5/24/2007, 3/15/2012, 5/21/2015
Responsible Office: NJMS Graduate Medical Education
Update: Every five years from effective date or as needed

Purpose: To establish an institutional supervision policy to ensure all residency/fellowship training programs provide progressive responsibility with appropriate supervision for all Housestaff.

Scope: This policy is applicable to all postgraduate training programs.

Definitions:

1. **Housestaff**/House Officer- refers to all interns, residents and subspecialty residents (fellows) enrolled in a Rutgers New Jersey Medical School (Rutgers NJMS) graduate medical education program. A member of the Housestaff may be referred to as a house officer.
2. **Designated Institutional Official (DIO)** – refers to the individual who has the authority and responsibility for the graduate medical education programs.
3. **Program** – refers to the structured medical education experience in graduate medical education which conforms to the Program Requirements of a particular specialty, the satisfactory completion of which may result in eligibility for board certification.
4. **Program Director** – the one physician designated to oversee and organize the activities for an educational program.
5. **Review Committee-** The Accreditation Council for Graduate Medical Education (ACGME) delegates authority to accredit programs/institutions to its Review Committees. The Review Committees are comprised of peer specialists in the field and resident physicians.

Reference(s):

1. ACGME Common Program Requirements

Policy:

1. Although the attending physician is ultimately responsible for the care of the patient, every physician shares in the responsibility and accountability for their efforts in the provision of care. Effective programs, in partnership with their Sponsoring Institutions, define, widely communicate, and monitor a structured chain of responsibility and accountability as it relates to the supervision of all patient care.
2. Supervision in the setting of graduate medical education provides safe and effective care to patients; ensures each resident's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishes a foundation for continued professional growth.
3. The clinical responsibilities for each resident must be based on PGY-level, patient safety, resident education, severity and complexity of patient illness/condition and available support services. In the clinical learning environment, each patient must have an identifiable, appropriately-credentialed and privileged attending physician (or licensed independent practitioner as specified by each Review Committee) who is responsible and accountable for the patient's care. This information must be available to residents, faculty members, other members of the healthcare team, and patients. Residents and faculty members must inform patients of their respective roles in that patient's care when providing direct patient care.
4. Each program must demonstrate that the appropriate level of supervision is in place for all residents who care for patients. Supervision may be exercised through a variety of methods. For many aspects of patient care, the

supervising physician may be a more advanced resident or fellow. Other portions of care provided by the resident can be adequately supervised by the immediate availability of the supervising faculty member, fellow or senior resident physician, either on site, or by means of telephonic and/or electronic modalities. Some activities require the physical presence of the supervising faculty member. In some circumstances, supervision may include post-hoc review of resident delivered care with feedback.

5. The program must demonstrate that the appropriate level of supervision is in place for all residents who care for patients is based on each resident's level of training and ability, as well as patient complexity and acuity. Supervision may be exercised through a variety of methods, as appropriate to the situation. [The Review Committee may specify which activities require different levels of supervision.]
6. To promote oversight of resident supervision while providing for graded authority and responsibility, each program must use the following classification of supervision:
   a. Direct Supervision – the supervising physician is physically present with the resident and patient.
   b. Indirect Supervision:
      1) With direct supervision immediately available – the supervising physician is physically within the hospital or other site of patient care, and is immediately available to provide Direct Supervision.
      2) With direct supervision available – the supervising physician is not 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.
   c. Oversight – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.
7. The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident must be assigned by the Program Director and faculty members. The Program Director must evaluate each resident's abilities based on specific criteria, guided by the Milestones. When available, evaluation should be guided by specific national standards-based criteria. Faculty members functioning as supervising physicians must delegate portions of care to residents, based on the needs of the patient and the skills of the residents. Senior residents or fellows should serve in a supervisory role of junior residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow.
8. Each program must set guidelines for circumstances and events in which residents must communicate with supervising faculty members. Each resident must know the limits of his/her scope of authority, and the circumstances under which he/she is permitted to act with conditional independence. Initially, PGY-1 residents must be supervised either directly or indirectly with direct supervision immediately available.
9. Faculty supervision assignments should be of sufficient duration to assess the knowledge and skills of each resident and delegate to him/her the appropriate level of patient care authority and responsibility.

Process:

1. Program Directors are responsible for establishing a detailed written policy describing Housestaff supervision at each level of training, kept on file in both the GME and program offices.
2. The requirements for on-site supervision are established for and by each program in accordance with ACGME guidelines, monitored through departmental and GMEC internal reviews. Programs' policies for supervision must ensure that supervision is consistent with:
   a. The provision of safe and effective patient care.
   b. Educational needs of residents.
   c. Progressive responsibility appropriate to residents' level of education, competence and experience.
   d. All applicable Common and specialty/subspecialty-specific Program Requirements.