

**Supervision Requirements  
Dermatology Residents  
14 Dec 2012**

1. Definitions and Responsibilities.

a. PGY-2 and PGY-3 residents are considered intermediate level residents. PGY-4 residents are considered senior level residents. Only PGY-3 and PGY-4 residents participate in inpatient consultation. PGY-2 residents only care for patients in clinic during normal duty hours.

b. "Supervision" constitutes any method of oversight of patient care for the purpose of ensuring quality of care and enhancing learning. Supervision may occur through a variety of methods and are defined using the ACGME and SAUSHEC classification of direct supervision, indirect supervision with direct supervision immediately available or with direct supervision available and oversight.

c. Supervision is conducted by a licensed physician at all times in the clinic. The supervisor in most cases will be a credentialed staff physician provider; however, may, at times, be a senior level resident.

d. Supervision policies and the attendant documentation will meet SAUSHEC, SAMMC and WHASC requirements.

e. All residents are responsible to evaluate and care for patients of all ages who are referred for disorders of the skin, hair or nails. This includes recognition and management of medical dermatologic issues, surgical treatment of benign and malignant skin lesions, laser therapy, phototherapy, patch testing and result interpretation and cosmetic procedures to include laser therapy, botulinum toxin, soft tissue augmentation and sclerotherapy. Residents will perform with less supervision and more autonomy as they progress in training from intermediate level residents to senior level residents as detailed in the supervision policy below. In addition to the clinical care detailed above, intermediate level residents are responsible for clinical teaching of rotating medical students and non-dermatology residents while in clinic. Senior level residents are responsible for clinical teaching of rotators and other dermatology residents on an assigned basis.

2. All resident physicians will introduce themselves to the patient as a resident physician and ensure that the patient is aware of their role and identify the supervising staff of record.

3. All outpatient visits provided by trainees will be done under the supervision of a staff provider. For PGY-2 residents, 100% of patient visits will have direct supervision by the staff provider or chief resident prior to assessments, diagnostic procedures, recommendations and therapeutic plan being rendered. PGY2 residents initially will perform procedures under the direct supervision of a staff member or chief resident until the procedural competency checklist is signed off and the staff designates the resident competent at each individual procedure. Each resident will maintain a copy of their procedural competency log and have it available for all staff and resident supervisors. Surgical excisions will be directly supervised until the consensus of the surgical faculty using direct observation determines that a resident is technically competent to perform excisions with conditional independence. This will occur at different times for different residents and will depend on the specific procedure to be performed (body location, size of lesion, type of closure). All excisions will be discussed with supervising staff prior to their initiation regardless of the resident's ability or level. Once a PGY-2 resident is deemed capable of performing procedures with conditional independence, the procedure may be performed with indirect supervision but with direct supervision immediately available at all times.

4. Promotion to the PGY-3 level and PGY-4 level will not occur until all staff members agree that the resident can manage common dermatologic disorders and simple diagnostic and therapeutic procedures without direct supervision. Each resident is discussed at the end of the year and promotion to the next level is only recommended when the educational committee approve promotion.

The decision to promote a resident will be based on the faculty's collective observation and evaluation of the resident's performance in clinic and on the laser and surgical service. All residents who are promoted are capable of performing minor diagnostic procedures required for inpatient consultation, specifically bedside shave and punch biopsies

5. Once a resident is promoted to the PGY-3 and PGY-4 level, the resident no longer requires direct supervision for all patients seen in clinic. A list of conditions which require direct supervision regardless of residency year group follows this paragraph. For those cases in which direct supervision is not required, the resident has the option to staff the patient using indirect supervision. During normal clinic hours, direct supervision will always be immediately available. Direct supervision will be utilized at the request of the patient, resident or staff provider. The staff physician has full responsibility for care provided, whether or not he/she chooses to personally verify the trainee interview, examination or laboratory data. The name of the responsible supervising staff will be clearly recorded in the patient or clinic records. All resident notes documenting the care of patients not seen by the supervising physician will be forwarded to, reviewed by and cosigned by the supervising physician so as to guarantee oversight of all resident delivered patient care.

6. Inpatient Consults (PGY-3/4s): All cases will be at least indirectly supervised by a staff physician before the consult result or recommendations are considered valid. Resident physicians are responsible to discuss every case with the supervising physician within two hours of the initial consult. Direct supervision will be available at all times and rendered in a timely manner if the patient, resident physician, consulting staff physician or supervising staff physician requests it. The name of the supervising physician will be documented in writing on the initial consult. The consulting staff is responsible for all the recommendations made by the consultant team. All consult patients must be physically seen for confirmation of the history and physical findings within 24 hours of the consultation by the supervising physician. Any resident on consults or inpatient rotation at either facility is considered to be competent to perform biopsies and sample collection at the bedside without direct supervision.

7. Hand-offs of Patients on the Inpatient Consult Service. An inpatient log is maintained by the consult resident detailing patient demographics, diagnoses, hospital course and other important background information. This log is reviewed by the inpatient resident with the resident on call over the weekend every Friday afternoon. Staff on the inpatient service also reviews this log with the on-call staff for the weekend. On Monday morning, the resident who was on call for the weekend ensures that the log is updated and verbally reviews it with the incoming inpatient resident.

8. Hand-offs of Outpatients: When a resident is on an away rotation (UTSW in Dallas), the resident will create a log of patients who require close follow up while they are gone. This log is then given to the resident who will follow them to UTSW. That resident is responsible for seeing the patient or following up on any outstanding items while the patient's resident is in Dallas. All residents designate a surrogate prior to going on leave. This surrogate fields urgent phone calls and lab results until the resident returns to duty.

9. Staff discretion: Occasions may arise when it is in the program, patient, or resident's best interest to temporarily increase the level of supervision. The designated staff may, at any time, declare that staffing requirements for a particular type of patient, clinic session, or resident panel for that session has changed as long as these changes reflect closer supervision rather than less.

10. If it is felt, because of academic or clinical deficiencies, that continued close supervision of a particular resident is required, this should be coordinated with the program director and the resident's advisor. In such case it may be more appropriate to document the in-house remediation or consider formal probation.

11. For all residents the following patients need direct staffing before the patient leaves the clinic:

- a. **Initiation** of Accutane
- b. **Initiation** of all phototherapy (UVB, UVA)
- c. **Initiation** of any systemic therapy except antibiotics including:
  - 1) Prednisone
  - 2) Systemic antifungals
  - 3) Azothioprine (Immuran) or Mycophenolate mofetil (Cellcept)
  - 4) Methotrexate
  - 5) Systemic retinoids
  - 6) Plaquenil
  - 7) Cyclosporine
  - 8) Other systemic therapy including all biologic initiation or change in regimen
- d. **All** surgeries before cutting (including ED&C's), **all** chemical peels, botox, and sclerotherapy
- e. Patients not responding to therapy or who represent diagnostic dilemmas
- f. **Initial** laser therapy for all units, **every** CO<sub>2</sub> laser treatment
- g. **Initial** visit on all patients under 12 years old
- h. Any **pigmented lesion** that will not be biopsied
- i. **Any patient with a history of melanoma**
- j. Any consult for a skin lesion that will not be biopsied
- k. Service academy physical consultations
- l. MEPS consultations
- m. Any patient referred by commanders to have evaluation for tattoo removal
- n. Inpatient consultations
- o. Other: Residents are encouraged to staff cases freely even if they "don't have to." Supervision of cases where attending staff do not directly see the patient will come through chart review.

12. Staff Confirmation of Trainee Procedural Competencies. When requested by hospital nurses or other personnel with need to know, attending staff physicians must verify whether residents can perform medically-necessary procedures without direct faculty or senior resident supervision. Attending staff can comply with this Medical Staff requirement by the following measures:

- a. All cosmetic, laser and surgical procedures will be staffed by a faculty member prior to the procedure.
- b. Residents will demonstrate professionalism by informing their attending physician and other hospital personnel, when they are not approved to perform a procedure without direct supervision by a senior resident or staff physician.

When necessary, **hospital nurses and other personnel will telephone/page the attending staff physician (who is available 24/7)** to confirm whether a resident is approved to perform a procedure without direct faculty supervision.

13. Supervision in Emergency Situations.

a. An “emergency” is defined as a situation where immediate care is necessary to preserve the life of, or to prevent serious impairment to the health of a patient.

b. In such situations, any resident is expected to do everything possible to save the life of a patient or to save a patient from serious harm. Residents will make all reasonable efforts to obtain assistance from more senior residents and/or any staff available in the hospital and will contact the appropriate attending as soon as possible.

c. The resident will document all aspects of any emergency patient care rendered, (including who was contacted) in the patient’s record.

14. Trainee Grievances Regarding Supervision.

a. The program director is responsible for ensuring that residents are aware that their concerns regarding adequate technical or professional supervision or professional behavior by their supervisors will be addressed in a safe and non-threatening environment per SAUSHEC and ACGME guidelines.

b. The residency program will follow SAUSHEC resident grievance policies should residents have concerns regarding their level of supervision. If a resident feels uncomfortable discussing their concern with the program director, they may take their concerns to the SAUSHEC Associate Dean of GME, an ombudsman or their service chief. These grievance mechanisms must ensure that fair and just relationships between residents and teachers are perpetuated.

*//ORIGINAL SIGNED//*

Program Director, Dermatology Residency  
SAUSHEC