

Protocol for faculty involvement in patient care

In general, in accordance with our shared goal of patient safety, UNC urology faculty are involved in all high level decisions in patient care, and in complex procedures. Communication between residents and faculty in our group has historically been excellent and the foundation of patient care on the urology service is that any active patient issue is communicated to the responsible faculty, whether during the day or after hours. In all situations, residents should be given as much autonomy as possible without compromising quality of patient care.

Specific situations that require faculty involvement include: The decision to accept a transfer from an outside institution, transfer of an inpatient to a higher level of care (i.e. ISCU, ICU), family meetings, DNR/DNI decisions, and all procedures requiring attending “time-out” per institutional policy. With increasing experience, senior and chief residents should be involved in the decision-making process in these and other situations while the faculty provides a supportive supervisory role. When there is any question whether faculty should be involved in particular patient care situation, residents are assured that communicating the issue to their upper level residents and their faculty is encouraged and preferred to a lack of communication.

Faculty involvement can take many forms. These include:

Direct supervision: The supervising physician is physically present with the resident and patient

Indirect supervision 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.

Indirect supervision with direct supervision available: The supervising physician is not physically present in the hospital, but is immediately available by telephone or pager, and is available to provide direct supervision.

Oversight: The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

Supervision levels as described above should vary with resident experience. For example, a PGY2 level resident should have direct supervision during a prostate biopsy procedure until the faculty considers the resident competent in the performance of the procedure. At that point the appropriate level of supervision should be indirect supervision with direct supervision immediately available. For chief residents doing prostate biopsies, the “oversight” level of supervision is appropriate. Levels of supervision can similarly be considered for clinic patient encounters including new patient evaluations, postoperative follow-ups and continuity appointments. Graded autonomy appropriate with level of training is an active and ongoing educational goal of UNC Urology.

Discussion of examples of faculty levels of supervision is welcome at any time with the Program Director or any faculty member.