

## THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL SCHOOL OF MEDICINE

Department of Medicine

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Resident Supervision Policy
UNC Internal Medicine Residency Program
Updated September 28, 2022

The UNC internal medicine residency program follows the UNC GME policy on resident supervision: <a href="https://unchealthcare-uncmc.policystat.com/policy/token-access/5456e082-feda-44b6-9adc-822f8e8e18a5/">https://unchealthcare-uncmc.policystat.com/policy/token-access/5456e082-feda-44b6-9adc-822f8e8e18a5/</a>

All PGY 1 residents will work with direct supervision or indirect supervision with direct supervision immediately available – all PGY 1 residents will work directly with a PGY 2 or PGY 3 resident at all times or on some rotations will work directly with faculty physicians who are on site and present with the PGY 1 resident.

PGY 2 and PGY 3 residents working with more indirect supervision will have faculty who are available for direct supervision (attending faculty on assigned services, or hospital medicine faculty within the department of medicine who are present at all times). Residents are expected to communicate directly with their attending physician for situations in which patient care is escalated (transferring a patient to the ICU), a patient is transferred to another service, or a patient death. Residents are encouraged to communicate directly with their attending physician for any questions or concerns. Attending expectations are clearly defined, and include the requirement that attendings be present frequently and available at all times. Attendings should also be present on morning rounds in order to assist in developing work plans on each patient.

All residents must undergo simulated training for procedures, and are required to have supervised procedures done and recorded by delegated faculty. Only those residents who have received the appropriate training, supervision, and documentation of demonstrated competency will be allowed to perform procedures with indirect supervision. Residents must have recorded documentation to support this competency in any procedure they are independently performing and this documentation must be carried with them as part of their badge and be accessible to nursing or other staff.