General Attending Physician Responsibilities

Scope
The policy applies to the residents of the University of Alabama Family Medicine Residency-Tuscaloosa Program.

Purpose:
To create an understanding of the educational role of the attending physician.

Policy and Guidelines

Resident Supervision Policy

The attending physician (including faculty and preceptors) has the responsibility to enhance the knowledge of the resident and ensure the quality of care delivered to each patient by any resident. Attending physicians are responsible for the care provided to each patient, and they must be familiar with each patient for whom they are responsible. Residents are to familiarize themselves with the Supervision of Resident/Responsibility of Attending and Resident Policy and the resident must be aware of his/her level of training, his/her specific clinical experience, judgement, knowledge, technical skill, and any associated limitations. The resident must not independently perform procedures or treatments, or management plans that he/she is unauthorized to perform or lacks the skill and training to perform. The resident is responsible for communicating to the attending physician any significant issues regarding patient care.

General Supervision:

The attending physician oversees the care of the patient and provides the appropriate level of supervision based on the nature of the patient’s condition, the likelihood of major changes in the management plan, the complexity of care, and the experience and judgment of the resident being supervised. Medical services must be rendered under the supervision of the attending physician or be personally furnished by the attending physician. Documentation of this supervision is entered into the EMR by the attending physician or reflected within the resident’s progress note at a frequency appropriate to the patient’s condition. The resident note shall include the name of the attending physician with whom the case was discussed as well as a summary of that discussion. The attending countersigns and adds an addendum to the resident note detailing his/her involvement and supervision. The attending physician shall review the progress notes and provide constructive commentary on content. These progress notes shall be countersigned in a timely fashion. The attending physician shall provide an addendum to both inpatient and outpatient progress notes detailing his/her involvement and supervision as needed.
Outpatient Supervision

All residents will function under the supervision of attending physicians (Attending). A responsible attending physician must be immediately available to the resident in person or by telephone and able to be present within a reasonable period of time (generally considered to be within 30 minutes of contact), if needed. For outpatients, all evaluation and management (E/M) services, such as office visits and procedures provided by residents in the Family Medicine Practice (FMP) site must be overseen by an attending physician (faculty or community-based staff). For each encounter, the attending physician must: 1) ensure that services provided are appropriate; 2) review with the resident the patient's history, physical examination, and diagnosis, and; 3) document the extent of his/her participation in the review and direction of services provided to the patient. This review must occur before or shortly after the conclusion of each visit.

During a resident’s first six months of residency, the Attending must be physically present for the key portion of every encounter between the patient and that resident. The Attending must also see and review each patient with the intern. After completion of six months of residency, the Attending does not have to be present during encounters that are low- or mid-level E/M codes for either new or established patients. The Attending shall review progress notes and provide constructive feedback regarding history, physical exam, assessment/plan and billing. The Attending must see all Medicare patients.

Residents should be given progressive responsibility for the care of their patients. The determination of a resident’s ability to provide care to patients without a supervisor present or to act in a teaching capacity will be based on documented evaluation of the resident’s clinical experience, judgment, knowledge, and technical skill. Ultimately it is the decision of the attending physician as to which activities the resident will be allowed to perform within the context of the assigned levels of responsibility. The overriding consideration must be the safe and effective care of the patient that is the personal responsibility of the attending physician.

The attending physician advises the program director if he/she believes a change in the level of the resident’s responsibility and supervision should be considered. The overriding consideration must be the safe and effective care of the patient and that is the personal responsibility of the attending physician.

The attending physician fosters an environment that encourages questions and requests for support or supervision from the resident, and encourages the resident to call or inform the attending physician of significant or serious patient conditions, or significant changes in patient condition.
During the performance of any diagnostic and therapeutic procedures, an attending physician will provide an appropriate level of supervision. Determination of this level of supervision is generally left to the discretion of the attending within the context of the previously described levels of responsibility assigned to the individual resident involved. This determination is a function of the experience and competence of the resident and the complexity of the specific case.

An “emergency” is defined as a situation where immediate care is necessary to preserve the life of, or prevent serious impairment of the health, of a patient. In such situations, any resident, assisted by other clinical personnel as available, shall be permitted to do everything possible to save the life of a patient or to save a patient from serious harm. The appropriate attending physician will be contacted and apprised of the situation as soon as possible. The resident will document the nature of that discussion in the patient’s record.

Inpatient Supervision- see inpatient handbook

Related policy-Sponsoring Institution Policy on Supervision