

Guidelines for the Supervision of Junior Residents by Senior Residents

For the purposes of this policy, a senior resident is one who is at least one year in training ahead of the resident that is being supervised. In any setting, unusual findings or complicated questions should be directed to the faculty attending for that service.

Supervision of junior residents and medical students by senior residents is an integral part of the residency program, and this helps junior residents and students to learn and to improve the teaching skills of senior residents. In all settings, the ability of the senior resident to competently supervise the junior resident will be based upon the context of the specific activity and the senior resident's skill in that area, as documented by procedure logs. Although it is an expectation of the program that senior residents will supervise junior residents, it is always at the discretion of the faculty to decide whether or not a senior resident is competent to supervise others. In addition, there are some activities that must always have staff in attendance.

Specific guidelines:

1. **Consults:** Seniors are asked to help junior residents the first few weeks of medicine; surgery, geriatric, and neurology consult services. This includes reviewing the initial consult history and physical, writing therapy orders, deciding level of care and appropriateness of inpatient rehabilitation. Trauma and Neurosurgery are senior rotations only; therefore, junior resident supervision is not typically involved although the PGY-4 may supervise the PGY-3.
2. **Clinics:** Seniors' supervising roles consists of assisting the junior with uncomplicated patients and teaching basic exam skills. All cases are presented to an attending. For simple procedures (such as trigger point injections), the supervising resident must be checked off by a faculty member as competent to teach that specific procedure before doing so.
3. **Wards:** Seniors are responsible for helping to review admission H&Ps, reviewing admission orders and therapy orders, and daily supervision of clinical issues, as needed.
4. **EMG/NCSs:** Seniors are permitted to supervise nerve conduction studies, once they have been approved to do so by an attending. Cranial nerve conduction studies and needle examinations should not be done without faculty supervision. Prior to report generation, regardless of the resident's experience, all results must be reviewed and confirmed by the faculty.
5. **Injections:** injections in clinics may be supervised by residents as outlined above. However, for all procedures performed in the ambulatory surgery center, hospital policy always requires the faculty member to be present for the entire procedure.

WHEN IN DOUBT, PLEASE ASK THE SUPERVISING ATTENDING.