

**RUSH UNIVERSITY MEDICAL CENTER
Graduate Medical Education Policy**

SUPERVISION OF HOUSESTAFF

It is the responsibility of each program to arrange for supervision of housestaff in all of their clinical activities.

Areas of clinical activities to be supervised include the management of emergency patients, consultations, inpatients, outpatients, performance of procedures, and telephone contacts.

Supervision may be in the form of direct observation of the resident/patient interaction, re-examination by the attending physician, timely discussion of findings and plans between the resident and attending physician, or other appropriate methods.

Residents should be able to assume increasing responsibility according to their level of education, ability, and experience. Policies regarding supervision of residents must be consistent with the program requirements for each Residency Review Committee.

Programs must keep the policies and procedures concerning supervision of residents on file and communicate these to all residents and attending physicians. When formulated or changed, a copy is to be sent to the GME Office for purposes of institutional oversight.

1/26/1999 Approved and Adopted by RUSH GMEC
5/24/2004 Revised, Approved and Adopted by RUSH GMEC