I. Purpose

To delineate the rules under which Residents/Fellows may participate in clinical care and teaching programs at Indiana University Health North Hospital.

II. Scope

All Residents/Fellows and members of the IU Health North Hospital Medical Staff involved with the education and supervision of residents and Fellows.

III. Definitions

**Accredited Program:** A Medical School or Osteopathic Program that is accredited by the Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA).

**Credentialed Fellow:** Upon the completion of his or her residency program, a Fellow that has completed the Indiana University Health North Hospital credentialing process for the purpose of performing procedures that he or she has been determined to be clinically competent.

**Fellow:** A graduate of a medical school or Doctor of Osteopathy School and holding an unrestricted license to practice medicine as an M. D. or D. O. in the State of Indiana that is admitted to a Fellowship program.

**Program Letter of Agreement (PLA):** A formal letter of agreement between the Graduate Medical Education Office, signed by the Director of an accredited school and specific program Section Chief and/or Indiana University Health North Hospital Section Chief or Executive Officer defining the specific terms and conditions of the program in accord with the hospital mission.

**Resident:** A physician admitted into a Residency program with a Resident License.
IV. Policy Statements

1. IU Health North Hospital will follow policies with respect to "Supervision of Resident" that have been developed and approved by the Indiana University School of Medicine. These policies are in compliance with the general requirements for accredited residency training programs as published by the Accreditation Council for Graduate Medical Education (ACGME). Supervision will be in compliance with the Centers for Medicare and Medicaid Services (CMS) regulations.

2. The intent of the Teaching Program at IU Health North Hospital is to provide Residents/Fellows with an opportunity to augment previous experience in clinical and basic science areas in preparation for his/her chosen career. This program will enable the individual to observe the practice of medicine in its various forms in a community setting.

3. Residents must always work under the direct supervision of their preceptor/supervising physician who is a member in good standing of the Medical Staff of IU Health North Hospital.

Anyone in an accredited or non-accredited Fellowship training program cannot apply for full privileges at IU Health North Hospital. Fellows can opt for either of the privilege pathways as outlined below:

a. Fellows may complete the short application form associated with this policy (Attachment A). These fellows must always work under the direct supervision of their preceptor/supervising physician who is a member in good standing of IU Health North Hospital Medical staff.

b. Fellows can complete the form described in 2-a. above and complete a standard, full initial application form for privileges at IU Health North Hospital. Fellows may apply for all privileges which would be appropriate for, associated with, and applicable to his/her completed residency training, exclusive of those privileges which would be associated with his/her Fellowship training program. For the area/areas of clinical practice associated with his/her Fellowship, the Credentialed Fellow can participate in patient care at IU Health North Hospital only under the direct supervision of their preceptor/supervising physician who is a member in good standing of the IU Health North Hospital Medical staff.
4. With preceptor oversight, the Resident/Fellow may participate in the care and treatment of patients associated with IUH North Hospital, both inpatient and outpatient.

   a. IU Health North Hospital allows Residents/Fellows from an approved teaching program to participate in the following:
      - performing and entering history and physical examinations,
      - entering orders and progress notes,
      - proposing treatment plans,
      - performing and interpreting diagnostic evaluations,
      - diagnosis of surgical problems and diseases,
      - management of pre- and post-operative care,
      - assisting in surgery,
      - completing discharge summaries.

   b. The Residents will participate in all aspects of patient care under the direction of an IUH North Hospital Medical or AHP staff member acting as Preceptor and/or his/her designee. When functioning as a Fellow, he/she will practice within the scope of clinical practice under which the Fellow is being trained.

5. Active participation by Residents/Fellows, whether hands-on or documentation in the medical record, is performed under the general supervision of IU Health North Hospital physicians acting as Preceptors. Preceptors will provide personal oversight to assure the Resident/Fellow meets acceptable standards of practice. Fellows who are approved as medical staff members may independently exercise those limited privileges granted pursuant to the medical staff application process; however, such privileges shall never permit unsupervised practice in areas for which the Fellow is receiving fellowship training.

6. Documentation for any services provided with the participation of a Resident/Fellow should properly reflect the teaching physician’s participation in the service provided.

   a. Documentation may be through the Resident/Fellow’s dictated note and/or the teaching physician’s personally written or dictated note for the encounter. The teaching physician shall personally document his/her participation in the service, if personal documentation is required by the Centers for Medicare & Medicaid Services (CMS) teaching physician guidelines, by documenting to the level required by the CMS rules and regulations related to teaching physicians for the particular type of service provided.
b. The teaching attending of record for each patient encounter shall sign off on the Resident’s/Fellow’s electronic note within one week of the note’s generation.

This policy applies to all patient encounters regardless of payer, and applies to all providers in all settings. All Residents/Fellows must be supervised by teaching physicians with adequate documentation for services that are billed by the teaching physician. To reasonably assure compliance with regulatory requirements, the chart documentation pertaining to Resident/Fellow supervision is subject to periodic audits by the Medical Staff Office. Any problems identified will be brought to the attention of the appropriate Section Chair.

V. Procedure(s)

1. Fellows opting for the pathway described in IV 2-b above shall follow all steps and requirements applicable to individuals seeking membership on the medical staff (Refer to IUH North Hospital Credentials Manual.)

2. With regard to Residents and all Fellows, regardless which pathway they choose, the following shall also apply:

   IU Health North Hospital physicians acting as Preceptors of an accredited school of medicine or an accredited Resident/Fellowship program shall provide documentation of their association on an annual basis to the Medical Staff Office.

   The Preceptor has both an ethical and a legal responsibility for the care of the individual patient and for the initial and ongoing supervision the Resident(s)/Fellow(s) involved in the care of a patient.

3. The affiliate School of Medicine or the Indiana University School of Medicine, will provide IU Health North Hospital with a Program Letter of Agreement (PLA) for appropriate review and signature.

4. Resident/Fellows will complete and file with the Medical Staff Office a “Participation in Patient Care Form” no later than five (5) business days prior to the first day of instruction at IU Health North Hospital. This form shall be cosigned by the IU Health North Hospital Preceptor or their designee (Attachment A).

   a. All Fellows will be required to provide scope of fellowship documentation. Resident/Fellows that are NOT affiliated with an accredited IUSM Graduate Medical Education (GME) program will be
required to provide the following with the Participation in Patient Care form:

1) A copy of their IN medical license
2) Malpractice insurance coverage information
3) Health evaluation status/immunization record
4) Proof of current TB testing or questionnaire (must also provide updates annually if applicable)
5) Proof of current flu vaccination if applicable at time of application (must also provide updates annually if applicable)

IUSM Resident/Fellow documents will be maintained by the GME office and/or IUPUI Health Services and must be provided upon request.

b. All Residents/Fellows will also be required to complete an online abbreviated orientation session prior to any participation in patient care at IU Health North Hospital. Arrangements may be made through Medical Staff Services.

c. Residents/Fellows shall identify themselves whenever seeing patients. Appropriate identification badges from IU Health North Hospital must be worn at all times. Patients have the right to refuse treatment that involves participation by Residents/Fellows.

d. Information regarding Resident/Fellow affiliations will be available on the IU Health North Hospital PULSE page or by contacting the IU Health North Hospital Medical Staff Office.

VI. References

GME Policy #: 27 IUSM Subject: Resident Supervision
GME Policy #: 06 IUSM Subject: Policy on Resident Duty Hours and the Clinical Learning Environment
Credentialing/Privileging Policy for Residents/Fellows
Moonlighting Policy
IUH North Hospital Credentials Manual
IUH North Hospital Medical Staff Bylaws
IUH North Hospital Medical Rules and Regulations

VII. Responsibility

Credentials Committee
Medical Executive Committee
VIII. **Approval Body**

Medical Executive Committee
Board of Directors

IX. **Approval Signatures**

______________________________    _______________________
James Leland, MD, Chairman   Date
Credentials Committee

______________________________    _______________________
Kevin L. Smith, MD, President, Medical Staff   Date
Chair, Medical Executive Committee

______________________________    _______________________
Paul Calkins, MD   Date
Chief Medical Officer

______________________________    _______________________
Jonathan R. Goble, MHA, MBA, FACHE   Date
President and Chief Executive Officer
ATTACHMENT A

Participation in Patient Care

_____ Resident  _____ Fellow (Please check one)

_________________________________________________   _________________________
Participant Name

DOB

As a Resident/Fellow of ________________________________________________ (Institution)
I will be participating in clinical practice at IU HEALTH NORTH HOSPITAL under the preceptorship of:
(List all preceptors please.)

________________________________________________________________________
________________________________________________________________________

From ______________________________________ through _________________________________
As such, I agree to abide by the IU HEALTH NORTH HOSPITAL policy regarding Residents and/or Fellows as stated in the Medical Staff Bylaws, Rules and Regulations, Credentials Manual and Resident/Fellow Policies.

All Fellows must provide scope of fellowship documentation. Residents and/or Fellows NOT affiliated with an accredited IUSM GME program* must also provide:

- Copy of medical license
- Health evaluation status/immunization record including proof of current PPD
- Proof of malpractice coverage/Certificate of Insurance
- Proof of current Flu shot with request and annually if applicable

*Residents/Fellows in an IUSM GME program and covered by the Trustees of Indiana University, IUMC affiliation agreement Certificate of Insurance do not need to provide the above documentation at time of submission. IUSM Resident/Fellow documents will be maintained by the GME office and/or IUPUI Health Services and must be provided upon request.

__________________________________________________      ______________________
Participant Signature                                                                      Date

_________________________________________________________________________________________
Home Address

Email address:

__________________ ______________________ _____________________________________
Last 5 digits of SSN      Office Phone        Pager and Home/Cell

_________________________________________________________________________________________
Preceptor Signature          Date

Return form and required attachments to the MEDICAL STAFF OFFICE no later than five (5) business days prior to the first day of instruction at IU Health North Hospital.  Fax: 317-688-2873    Email: iuhnhmedstaff@iuhealth.org    If questions, please phone: 317-688-2810.

Received in MSO by: ______________________________________ Date: _____________

Signature, Chief Medical Officer: ________________________________Date: _____________

Active Participation of Fellows in Patient Care