

POLICY FOR APPOINTMENT AND SUPERVISION OF RESIDENTS

I. Appointment Process

Appointment to the Medical Staff must be processed through the office of the respective department chairman. Resident physicians are responsible for completion of the appropriate application form(s). Resident eligibility for appointment must meet *ACGME Institutional Requirements*. Specifically, applicants with one of the following qualifications are eligible for appointment:

- a. Graduates of medical schools in the United States and Canada accredited by the Liaison Committee on Medical Education (LCME).*
- b. Graduates of colleges of osteopathic medicine in the United States accredited by the American Osteopathic Association (AOA).*
- c. Graduates of medical schools outside the United States and Canada who meet one of the following qualifications:*
 - (1) Have received a currently valid certificate from the Educational Commission for Foreign Medical Graduates or*
 - (2) Have a full and unrestricted license to practice medicine in a U.S. licensing jurisdiction.*

II. Delineation of Clinical Privileges

The delineation of clinical privileges shall be granted by the Board of Directors upon recommendations of the respective department chairman and the Medical Staff Executive Committee, based on the individual's education, training, experience and competence and the ability of the institution to provide necessary resources.

Each department sponsoring a residency program at Bridgeport Hospital has agreed on a process for the delineation of clinical privileges of resident physicians. While it is recognized that certain generic responsibilities are outlined in the position description for all resident physicians, there are **those treatments and procedures specific to a specialty that require evaluation and approval by the respective chairman of the department prior to being performed independently.**

APPOINTMENT AND SUPERVISION OF RESIDENTS - *Continued*

III. Supervision

All residents and fellows at Bridgeport Hospital will be the total responsibility of the program director or designee as it relates to recruitment/selection (see policy for Recruitment and Selection) and clinical matters. The program director may delegate all or some of these responsibilities to another physician but there must be clear delineation of responsibilities.

1. There must be adequate supervision in all settings and at all times and a clear-cut chain of command documented in writing and given to the residents. It is the responsibility of each department to develop a process which is in accordance with institutional policies and the requirements of the relevant ACGME RRC. Disciplinary problems involving residents will be the responsibility of the program director.
2. In general, on-site supervision must be provided by attending staff or qualified senior residents unless RRC *Special Requirements* mandate attending coverage at all times.

IV. Evaluation

All residents in Bridgeport Hospital training programs will be evaluated on a regular basis and in accordance with RRC Program Requirements. It is the responsibility of the Program Director or designee to establish departmental policies and procedures on evaluations and assure compliance with same. While RRC standards take precedent, it will be the policy of Bridgeport Hospital training programs that residents will be evaluated at least semi-annually and written evaluation will be kept in the resident's file. Subsequent to a request made to the Program Director residents will be able to review their evaluations.

On a semi-annual basis, the residency training program directors will summarize for the GMEC the performance status (satisfactory or unsatisfactory) of their residents. An unsatisfactory performance will initiate the remediation process described in *the Bridgeport Hospital Policy on Nonrenewal of Agreement of Appointment*. Quarterly progress reports will be provided to the GMEC as long as a resident's performance is deemed unsatisfactory.

All residents in Bridgeport Hospital training programs will be afforded the opportunity to evaluate their respective program on a regular basis and in accordance with the RRC Program Requirements. It is the responsibility of the Program Directors or designee to establish departmental policies and procedures on program evaluation and assure compliance with same.

All residents at Bridgeport Hospital will be assured of an environment in which issues may be raised and resolved without fear of intimidation or retaliation as per the ACGME Institutional Requirements. It is the responsibility of the Program Director(s) to communicate this to residents. The Director of Medical Education and the Department of Medical Education are available to residents for confidential discussion of any issue.

APPOINTMENT AND SUPERVISION OF RESIDENTS - *Continued*

V. Promotion

Residents at Bridgeport Hospital will be promoted to higher levels of responsibility based on their accomplishments and achievements during the past year. Decisions regarding promotion will be the ultimate responsibility of the Program Director or designee. It is also the responsibility of the Program Director to assure compliance with departmental policies and communicate specific standards for achievement to the respective residents.

VI. Dismissal of Residents/Fellows

The decision to dismiss a resident physician (fellow) is the ultimate responsibility of the program director after thorough deliberation. Such deliberation must include a series of conferences with the resident regarding the problem(s)/ deficiency(ies) under consideration. Such deliberations must include input from and consensus by the appropriately designated department committee. Any and all conferencing should be well documented.

The Director of Medical Education and the Senior Vice President of Human Resources should be involved in the appropriate stage of deliberation.

The decision to place a resident/fellow on probation will be at the discretion of the Program Director and will reflect the individual circumstances which lead to the consideration of dismissal.

The resident physician (fellow) should be given a full explanation regarding the reason for dismissal. The resident physician may choose to utilize the Grievance Procedure and should receive full cooperation in the interest of fairness and due process.

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