

GRADUATE MEDICAL EDUCATION  
POLICIES FOR HOUSE STAFF

TEACHING PROGRAM

**GENERAL**

- A. All Medical Staff members shall be attentive to their duties and obligations in the needs of the teaching programs. It is important that private practitioners utilize their own private patients and their care as a means of personally assisting in the education of the house staff and fellows.
- B. Requirements for service time by the Medical Staff as prescribed by the Bylaws shall be met.
- C. Each private practitioner shall be attentive to the requests and courtesy due each practitioner, house staff and fellow.
- D. Each practitioner who does not want any of his/her patients seen by the house staff or fellows must indicate this in writing to the Chief Medical Officer.
- E. As a means of upgrading the quality of care rendered by the Medical Staff(s) and improving the teaching programs of LBMMC/MCH, there will be a program of continuing evaluation of patient care and teaching. In addition to the work of the Quality Review Committee, Medical Staff attendings must observe critically the quality of care being given to all patients. If a deficiency is noticed, this shall be mediated through the appropriate committees, the department/section chairs, and the MEC(s).
- F. When the house staff and fellows are involved in patient care, documentation in the medical record of their supervision is to be assured by a supervising attending. In the case of an inpatient ward team, this documentation shall occur daily and in the case of a consulting team, it shall occur in association with the consulting house staff's notes. H&P's, operative reports, consultations, discharge summaries on all cases, and all Do Not Resuscitate (DNR) orders shall have a supervising attending co-signature. House staff and fellows assigned to the various services must be supervised on each individual patient in accordance with program requirements by a member of the Medical Staff. Payors may require further documentation if billing occurs as a result of this activity.
- G. The Medical Staff leaders of LBMMC/MCH are committed to promoting a Continuing Medical Education (CME) program that supports and fosters comprehensive and cost-effective high quality care. This is accomplished by their development of programs that support the participation of practicing practitioners in educational activities that provide a forum through which assessment occurs, needs are identified, education is initiated, and change in practice occurs, as appropriate.
- H. Surgical Supervision  
Specific privileges are determined by the teaching programs and the attending practitioners. All surgeries must be supervised, and the attending practitioner must be present in the surgery area and immediately available to provide direct surgical care if needed.