Providence Sacred Heart Medical Center (PSHMC) participates in the education and training of resident/fellow physicians. The following residency programs have residents/fellows on site at PSHMC. All programs are fully accredited by the Accreditation Council for Graduate Medical Education (ACGME) with the exception of the Obstetric Fellowship Spokane.

<table>
<thead>
<tr>
<th>PROGRAM</th>
<th>CONTACT PHONE NUMBER</th>
<th>PROGRAM DIRECTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transitional Year Residency Spokane</td>
<td>474-3020</td>
<td>Danielle Wolff, M.D., MPH</td>
</tr>
<tr>
<td>Radiology Residency Spokane</td>
<td>474-3021</td>
<td>Gordon Teel, M.D.</td>
</tr>
<tr>
<td>Psychiatry Residency Spokane</td>
<td>474-4744</td>
<td>Tanya Keeble, MBBS, BSc</td>
</tr>
<tr>
<td>Family Medicine Residency Spokane</td>
<td>624-2313</td>
<td>Gary Newkirk, M.D.</td>
</tr>
<tr>
<td>Family Medicine Rural Training Track (Colville)</td>
<td>624-2313</td>
<td>Gary Newkirk, M.D.</td>
</tr>
<tr>
<td>Internal Medicine Residency Spokane</td>
<td>474-3022</td>
<td>Judy Benson, M.D.</td>
</tr>
<tr>
<td>Sports Medicine Fellowship Spokane</td>
<td>624-2313</td>
<td>Edward Reisman, M.D.</td>
</tr>
<tr>
<td>Obstetrical Fellowship Spokane</td>
<td>624-2313</td>
<td>Karen Wildman, M.D.</td>
</tr>
</tbody>
</table>

Each residency and fellowship program will maintain a listing for each resident/fellow of the procedures he or she may perform independently or with need of supervision. This information is also available to hospital staff in the iMD-Staff physician roster, accessed via the hospital intranet.

**General Information**

Residents (also known as house staff) are physicians participating in graduate medical education programs. Residency/Fellowship program faculty and/or the attending staff physician supervise the residents caring for that physician's patient.

Residents* perform all patient care duties including:

<table>
<thead>
<tr>
<th>Task</th>
<th>Signature Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>History and physical</td>
<td>Countersigned by attending</td>
</tr>
<tr>
<td>Daily progress notes</td>
<td>Countersignature not required</td>
</tr>
<tr>
<td>Procedure notes</td>
<td>Countersigned by attending</td>
</tr>
<tr>
<td>Consultation requests</td>
<td>Countersignature not required</td>
</tr>
<tr>
<td>Orders</td>
<td>The only orders requiring attending co-signature are ‘No Code’ or ‘Limited Code’ orders. These</td>
</tr>
<tr>
<td>• Although residents may not admit, they</td>
<td></td>
</tr>
</tbody>
</table>

*program director name change only
may write admission and admission intent orders on behalf of attending physicians

may be taken as verbal orders from the attending physician and are valid for 24 hours, but require attending physician co-signature within 24 hours

<table>
<thead>
<tr>
<th>Discharge notes</th>
<th>Countersigned by attending</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discharge summaries</td>
<td>Countersigned by attending</td>
</tr>
</tbody>
</table>

*Radiology residents only

1st year resident reports are reviewed/signed off by supervising staff prior to release. 2nd-4th year radiology residents’ dictated reports are available as a preliminary result until signed by the staff following their review.

Countersignatures by the attending, with the exception of ‘No Code’ or ‘Limited Code’ orders as noted above, are generally completed by an e-signature from the attending within the normal time frames for medical record completion.

The supervising attending physician (whether the attending of record or consultant) supervises the residents and is ultimately responsible for the patient care delivered by the residents. The supervising attending physician is an active member of the Medical Staff and supervises only those activities for which they themselves are credentialed to perform in the Medical Center.

The degree of responsibility delegated by the attending physician to the resident is dependent on:

- Type of service
- Oversight by other residents
- Year of postgraduate training
- Demonstrated proficiency

The attending physician reviews the clinical records of all patients on the service (to include co-signature, history and physicals, consultations, operative reports, procedure reports, discharge orders and discharge summaries). In addition, resident progress notes, differential diagnosis and diagnostic plan (to include an approach to ordering tests which incorporates the concern for cost containment) will be monitored by the attending physician.

**Supervision for Invasive Procedures**

*The following procedures require the immediate presence of a credentialed health care provider who has privileges to perform the specific procedure:*

- Bone marrow aspiration and/or biopsy
- Chest tube placement
- Exercise treadmill test
- Liver or renal Biopsy
- Pulmonary artery catheterization (Swan Ganz Catheter)
- Invasive radiographic procedures (Radiology residency only)
- Surgeries
- Electroconvulsive therapy (ECT) (Psychiatry residency only)

*The following procedures can be performed by an R1 resident in the presence of a senior resident (R2 or R3) approved to supervise the procedure OR an attending physician. When the R1 resident has*
performed the procedure a sufficient number of times (as noted in parentheses), the R1 is then promoted to perform the procedure independently AND act as a supervisor.

- Arterial line placement- radial (3)
- Arthrocentesis (3)
- Central venous line placement (5)
- Elective (non-emergent) endotracheal intubation (20)
- Lumbar puncture (3)
- Paracentesis (3)
- Skin/punch biopsy (2)
- Thoracentesis (5)

The following procedures may be performed by an R1 without direct supervision:

- Arterial puncture for blood gas analysis
- Peripheral IV placement
- Foley catheter placement
- Incision and drainage, simple
- Nasogastric tube placement
- Suturing of simple non-cosmetic lacerations that do not involve the face
- Venipuncture

Supervision for Obstetric Procedures:
All patients being managed in the antepartum and labor ward will be supervised by attending level providers (including Obstetric Fellows) on an ongoing basis with direct physical involvement of the attending when it is deemed appropriate given the assessment, needs and condition of the fetus and patient.

The following procedures require the immediate presence of an attending physician who has privileges to perform the specific procedure:

- Spontaneous vaginal delivery
- Assisted vaginal deliveries with vacuum or forceps
- Repair of 3rd and 4th degree episiotomies or tears
- Repair of vaginal or cervical lacerations
- Multiple birth deliveries
- Breecch or other significant malpresentations
- Fetal distress
- Unstable medical status of either fetus or mother
- Manual extraction of the placenta
- Caesarian sections

The following procedures can be performed by an R1 resident in the presence of a senior resident (R2 or R3) approved to supervise the procedure OR an attending physician.

- Insertion of internal fetal monitoring -electrode and internal tocodynamonitor (5)
- Basic interpretation of fetal heart monitoring during labor (independent after FHT course)
- Basic ultrasound assessment for placental, fetal position (10)
- Amniotomy (10)
• Manual rotation of the vertex with complete cervical dilatation and station +2 or greater
• Repair of minor introitus lacerations or grade 1 and 2 episiotomies

Supervision of Other Procedures:
A procedure not mentioned in the above lists requires the presence of a health care provider who has privileges to perform that specific procedure.

Informed consent
Informed consent may be obtained by the residents only for those procedures they may perform without direct supervision, as outlined above. They may participate in informed consent discussions, but the attending staff member must also perform the consent process and sign the consent forms.

The attending staff member must document and disclose to the patient if a resident is assisting with or performing part of the consented procedure.

Emergency situations
In emergent situations, the resident may evaluate and write orders on hospitalized patients at the request of a physician not on the teaching staff. The patient's physician has an obligation to assume total patient care responsibilities as soon as possible.

Reporting of concerns
Staff who have any concern regarding patient care should contact the attending physician. Behavior concerns should be reported to the director of the specific residency/fellowship program.

For additional information regarding supervision of residents or fellows, please refer to the “Policy – Supervision of Residents” on the Providence or Spokane Teaching Health Center website www.providence.org or http://spokane.wsu.edu/sthc/