

This policy applies to: <input checked="" type="checkbox"/> <i>Stanford Health Care</i> <input checked="" type="checkbox"/> Stanford Children’s Hospital <input checked="" type="checkbox"/> <i>Stanford Health Care Tri-Valley</i>	Last Approval Date: March 2023
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I. PURPOSE

To establish the process for supervision of residents, fellows, students, and other trainees at Stanford Health Care (SHC), Stanford Children’s Health (SCH) and Stanford Health Care Tri-Valley (SHCTV).

II. POLICY STATEMENT

It is the policy of Stanford Health Care Stanford Children’s Health and Stanford Health Care Tri-Valley to ensure that all housestaff and trainees treating patients at these facilities me appropriately supervised.

III. PROCEDURES

A. Qualifications of Attending Physicians

1. Only an attending physician with appropriate privileges on the, SCH, SHCTV and/or SHC Medical Staff will be permitted to supervise housestaff and trainees.

B. Supervision of Housestaff and Trainees

1. Housestaff are supervised by the attending physician. The attending physician has ultimate responsibility for patient care.
2. Medical students are supervised by residents and/or fellows and/or attendings; PA students are supervised by PAs or attendings.
3. All orders done by the PGY-1's me approved by the supervising resident or attending physician.
4. The resident and the attending physician must complete a history and physical within twenty-four (24) hours if they are the primary physicians for the patients.
5. At the time of discharge, a discharge summary is done. For patients with a hospital stay less than 48 hours, a note in the chart and discharge instructions must be filled out completely. For all other patients, a discharge summary must be completed and authenticated within 14 days.
6. All significant changes in the status of the patient must be reported to the attending physician and indicated in the progress notes.
7. The roles and responsibilities of residents and/or fellows on each service, unit, clinic or rotation are in the various academic departments and are located on the

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School of Medicine (SOM) Website for the respective departments.

IV. RELATED DOCUMENTS

- A. SHC, SCH and SHCTV Medical Staff Bylaws
- B. The Joint Commission Standards
- C. RRC Guidelines

V. DOCUMENT INFORMATION

- A. Legal Authority/References
 - 1. Ann Dohn
- B. Author/Original Date
 - Becky Blankenburg, M.D., M.P.H., Program Director, and Carrie Rassbach, M.D., Xiaolin Jia, M.D., Co-Program Director; Danielle Hendrickson, Co- Program Director; Debra Green, Director, Medical Staff and House Staff Services
- C. Gatekeeper of Original Document
 - Medical Staff Services
- D. Distribution and Training Requirements
 - 1. This policy resides in the Medical Staff Manuals of SHC, SCH and SHC-TV.
- E. Review and Renewal Requirements
 - This policy will be reviewed and/or revised every three years or as required by change of law or practice.
- F. Review and Revision History
 - Revised: 11/21/19
- G. Approvals
 - SHCTV Policy Committee- 12/19, 2/23
 - Medical Executive Committee (SHC and SHCTV) - 12/19, 3/23
 - Board of Directors (SHC and SHCTV) – 12/19, 3/23

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