**University of Nebraska Medical Center**
**Department of Internal Medicine/Section of Geriatrics**
**Geriatric Fellowship Program**
**House Officer Roles and Responsibility**

Supervision of House Officer

House officer training is an educational experience designed to offer house officers the opportunity to participate in the clinical evaluation and care of patients in a variety of patient care settings. All aspects of patient care rendered by house officer physicians must receive close supervision.

All aspects of patient care are ultimately the responsibility of the attending physician and involved consultants. Attending physicians have the right to prohibit house officer participation in the care of their patients without penalty, and when allowing care of their patients by house officers do not relinquish their rights or responsibilities to: examine and interview, admit or discharge their patients, write orders, progress notes, and discharge summaries; obtain consultations; or to correct house officer medical record entries deemed to be erroneous or misleading by crossing through the erroneous statement and initialing the change.

When a house officer is involved in the care of a patient, it is the house officer's responsibility to communicate effectively with their supervising physician regarding the findings of their evaluation, physical examination, interpretation of diagnostic test, and intended interventions on a continuous basis.

The attending physician and consulting physicians must review all entries by house staff in the medical record on a daily basis and make any necessary corrections in the entries. Attending and consultant physicians must document that they have personally performed the key components of each medical encounter in order to maintain compliance with guidelines for teaching physicians.

The goal of house officer training is to develop house officer physicians into independent practitioners by allowing increasing responsibility in the assessment of patients and the development and implementation of therapeutic strategies. However, it remains the responsibility of all participating staff physicians to closely supervise house staff in the care of patients. House staff must always notify the appropriate attending or consulting physicians of any change in a patient's condition or prior to initiating changes in a patient's treatment.

1. Ambulatory Setting:
   In the ambulatory setting, geriatric house officers are always supervised by a faculty person assigned to a particular clinic. Faculty review all cases with the house officers. All patients are seen by faculty after the resident's initial evaluation.

2. Inpatient Setting:
   In the inpatient setting, especially if there is a "technical procedure" performed, the same type of supervision occurs as in #1. In this low tech specialty, procedures are limited to joint injection and spinal tap. During the first six months of training, the house officer functions similarly to a 3rd year medical house officer, with increasing responsibilities as the fellowship year progresses. During the second six months the house officer is expected to assume more responsibility for patient care and for supervision of students and house officers.

Faculty members are present and actively participate in all new patients, inpatients, and complex patient evaluation. Faculty review key elements of the history, physical and participate in decision-making process.

3. Work Rounds:

   Initially, work rounds are supervised by faculty. After a short time, house officers are expected to conduct work rounds with students and residents. Faculty always conduct teaching rounds with students, and house officers. For all inpatient experiences teaching rounds occur daily. As house officers assume more responsibilities, they may conduct the teaching rounds, but always with the faculty present.

4. Admission History and Physicals/Consultations:

   House officers may perform history and physical examination, and consultations without attending physician being physically present. It is the responsibility of the house officer to discuss their findings with the attending physician upon completion of their examination. The attending physician must confirm the key portions of the history and physical exam, make additions and corrections in the documented history and physical, and co-sign the house officer's documentation. It is the attending physician's responsibility to document within the appropriate teaching physician guidelines.

5. Daily Progress Notes:

   House Officers may evaluate patients and write daily progress notes without the attending physician being physically present. It is the responsibility of the house officer to discuss their findings and treatment plans documented in their progress note with the attending physician on a daily basis, or more often as described above, when a patient's condition changes, or prior to initiating changes in patient's treatment. The attending physician must perform the key portions of the exam and confirm the house officer's documentation in the progress note on a daily basis to maintain compliance with documentation guidelines for teaching physicians. Attending and consulting physicians must make additions and corrections in the daily progress notes and signify these with initials and a date and time of the additions to the medical record. All documentation by house staff and attending physicians must be legible to those who use the medical record, including signatures. All entries must be dated and signed.

6. Daily Orders:

   House officers may write daily orders on patients for whom they are participating in the care. These orders will be implemented without the co-signature of an attending or consulting physician. It is the responsibility of the house officer to discuss their orders with the attending or consulting physician. Attending and consulting physicians may write orders in the patient's chart on all teaching cases. House officers should notify the appropriate nursing or support staff of orders entered into the chart to facilitate timely patient care. House officers are encouraged to evaluate all patients for whom they are initiating orders. However, if it is clinically appropriate, house officers are allowed to place "verbal" orders over the phone. All phone orders must be signed, dated, and timed within 24 hours.