

IDENT	GME11
Type of Document	Policy
Applicability Type	Department-Level
Title of Owner	Dir GME
Title of Approving Official	GMEC
Date Effective	5/16/2019
Date of Next Review	5/16/2022



TITLE: Resident/Fellow Supervision

POLICY STATEMENT: The supervising physician of record is responsible for the quality of all of the clinical care services provided to his/her patients. The supervising physician must be privileged and have sufficient experience in caring for specific problems and/or performing specific procedures. All clinical services provided by residents/fellows must be supervised appropriately to maintain high standards of care, safeguard patient safety, and ensure high quality education.

PROCEDURE: The program must demonstrate that the appropriate level of supervision is in place for all residents/fellows who care for patients.

1. In the clinical learning environment, each patient must have an identifiable, appropriately-credentialed and privileged attending physician (or licensed independent practitioner as approved by each Review Committee) who is ultimately responsible for that patient's care. For many aspects of patient care, the supervising physician may be a more advanced resident or fellow.
 - a. This information should be available to residents/fellows, faculty members, and patients.
 - b. Residents/Fellows and faculty members must inform patients of their respective roles in each patient's care.
2. Levels of Supervision - To ensure oversight of resident/fellow supervision and graded authority and responsibility, the program must use the following classification of supervision: Direct, Indirect, and Oversight
 - a. Direct Supervision
 - i. The supervising physician is physically present with the resident and patient.
 - b. Indirect Supervision:
 - i. With direct supervision immediately available – the supervising physician is physically within the hospital or other site of patient care, and is immediately available to provide Direct Supervision.
 - ii. With direct supervision available – the supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide Direct Supervision.
 - c. Oversight
 - i. The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.
3. The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident/fellow must be assigned by the program director and faculty members.
 - a. The program director must evaluate each resident's/fellow's abilities based on specific criteria. When available, evaluation should be guided by specific national standards-based criteria.
 - b. Faculty members functioning as supervising physicians should delegate portions of care to residents/fellows, based on the needs of the patient and the skills of the residents/fellows.
 - c. Senior residents/fellows should serve in a supervisory role of junior residents/fellows in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident/fellow.
4. Programs must set guidelines for circumstances and events in which residents/fellows must communicate with appropriate supervising faculty members, such as the transfer of a patient to an intensive care unit, or end-of-life decisions.
 - a. Each resident/fellow must know the limits of his/her scope of authority, and the circumstances under which he/she is permitted to act with conditional independence.
 - b. In particular, PGY-1 residents should be supervised either directly or indirectly with direct supervision immediately available. [Each Review Committee will describe the achieved competencies under which PGY-1 residents' progress to be supervised indirectly, with direct supervision available.]

Documents Status: **Approved**

5. Faculty supervision assignments should be of sufficient duration to assess the knowledge and skills of each resident/fellow and delegate to him/her the appropriate level of patient care authority and responsibility.

DEFINITIONS: None

REFERENCES: Accreditation Council for Graduate Medical Education, Institutional Requirements

REVIEWERS: Karen Miller, Dir GME

OWNER: Karen Miller, Dir GME

APPROVING OFFICIAL: Melissa Davidson, MD, GMEC