

SUBJECT: Supervision of Residents

POLICY

STATEMENT: The Accreditation Council for Graduate Medical Education Institutional Requirements requires that the GMEC ensure that Graduate Medical Education Programs provide appropriate supervision for all residents, as well as a duty hour schedule and a work environment, which is consistent with proper patient care, the educational needs of residents, and the applicable program requirements. Resident supervision will be reviewed during the internal review process.

Residents must be appropriately supervised at all times and in all settings in which graduate medical education occurs. This includes both inpatient and outpatient settings, as well as any rotation away from the medical center proper. In these clinical learning environments, each patient must have an identifiable, appropriately-credentialed and privileged attending physician who is ultimately responsible for that patient's care. This information should be available to residents, other faculty members, and patients. Residents and faculty members should inform patients of their respective roles in each patient's care.

DESCRIPTION: Each program will develop mechanisms for supervision of residents that are appropriate to the specialty, Residency Review Committee (RRC) requirements, and consistent with appropriate educational development as may be determined by progress in educational milestones.

1. **Levels of Supervision:** To ensure oversight of resident supervision, each program must use the following classification of supervision:
 - a. **Direct Supervision:** The supervising physician is physically present with the resident and the 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:** The supervising physician is available to provide review of procedures / encounters with feedback provided after care is delivered.
2. **Progressive Authority and Responsibility:** The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident must be assigned by the program

director and faculty members. Faculty supervision assignments should be of sufficient duration to assess the knowledge and skills of each resident and delegate to him/her the appropriate level of patient care authority and responsibility. The program is responsible for developing descriptions of the level of responsibility accorded to each resident by rotation and year level and should have these available for each internal review. These descriptions must be provided to the residents and medical staff. These descriptions must include identification of the mechanisms by which the participant's supervisor(s) and graduate education program director make decisions about each participant's progressive involvement and independence in specific patient care activities. Specifically:

- a. The program director must evaluate each resident's abilities based on specific criteria established by the faculty of the training program which in turn are based on ACGME milestones. .
 - b. Supervising faculty members will delegate patient care activities to residents based on the needs of the patient and the demonstrated abilities of the resident.
 - c. Senior residents or fellows should serve in a supervisory role of junior residents with appropriate patients, provided their demonstrated progress in the training program justifies this role.
 - d. In each training program, there will be circumstances in which ALL residents, regardless of level of training and experience, must communicate with appropriate supervising faculty. Programs must identify and set guidelines for these circumstances - for example - unexpected escalation of care to an ICU, and these guidelines must be available in writing for all residents and discussed at the beginning of each rotation, as applicable.
 - e. In addition, each program must define level specific circumstances in which all residents at the level must communicate with their attending physician. Each resident must know the limits of his / her scope of authority to make decisions, and the circumstances under which he/ she is permitted to act with conditional independence.
 - i. Specifically, PGY-1 resident supervision should be either direct or indirect with direct supervision immediately available. If indirect supervision is provided, such supervision must be consistent with RRC policies, and PGY-1 residents must meet established criteria in order to be eligible for indirect supervision.
3. Resident supervision must also be consistent with current billing practice regulations.
 4. On-call and clinical assignment schedules must be available at all clinical service locations (that includes contact information) so that housestaff as well as ancillary personnel can easily identify faculty responsible for providing supervision, 24-hours a day 7-days a week.

Review and Approved
Graduate Medical Education Committee (GMEC)
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