NAME: SUPERVISION OF RESIDENTS AND FELLOWS

PURPOSE: The Accreditation Council for Graduate Medical Education (ACGME) Institutional Requirements requires that the Graduate Medical Education Committee (GMEC) ensures that Graduate Medical Education Programs provide appropriate supervision for all residents and fellows, as well as a work hours schedule and a work environment which is consistent with proper patient care, the educational needs of residents and fellows, and the applicable program requirements.

POLICY: The GMEC is responsible for establishing and monitoring policies and procedures with respect to the institution’s residency and fellowship training programs. Residents and fellows 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 sponsoring institution 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 other medical staff members, residents and fellows, other health care providers, and patients. Residents/fellows, medical staff members and other health care providers should inform patients of their respective roles in each patient’s care.

Supervision in the setting of graduate medical education provides safe and effective care to patients; ensures each resident’s development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishes a foundation for continued professional growth.

DESCRIPTION: For purposes of consistency, each graduate medical education program must use the following definition of terms:

**Supervising Physician:** A physician, either medical staff member or more senior resident/fellow, designated by the program director as the supervisor of a junior resident/fellow. Such designation must be based on the demonstrated medical and supervisory capabilities of the physician.

**Licensed Independent Practitioner (LIP):** Physician extenders (e.g. physician assistants, nurse practitioners or advanced practice nurses) with particular expertise in certain diagnostic or therapeutic procedures may provide supervision of residents/fellows, if so designated by the program director.

**Direct Supervision:** The supervising physician is physically present with the resident/fellow and patient.
**Indirect Supervision:**

1. **With direct supervision immediately available** - the supervising physician is physically present within the hospital or other site of patient care, and is immediately available to provide Direct Supervision.

2. **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.

**Oversight:** The supervising physician/provider is available to provide review of procedures/encounters with feedback provided after care is delivered.

**PROCEDURES:**

1. **Progressive Authority and Responsibility:** Residents/fellows will be encouraged to assume increasing, progressive responsibility commensurate with their level of education, ability, and experience. In general, the Program Director, with the advice of supervising physicians and advisory committees responsible for the resident/fellow education within the program, will determine the level of responsibility accorded to each resident/fellow. More specifically, faculty supervision assignments must be of sufficient duration to assess the knowledge and skills of each resident and to delegate to the resident the appropriate level of patient care authority and responsibility.

2. Initially, PGY-1 residents must always be supervised either directly or indirectly with direct supervision immediately available.

3. Each Program Director must oversee and ensure adequate supervision of residents and fellows at all times.

4. Each Program Director must delineate patient care circumstances and procedures that require direct, indirect, or oversight supervision of all residents/fellows in the program. This should be specific to each resident's/fellow's competency and level of training. In some cases, institutional policy will define the minimum experience and competency required before residents/fellows may perform certain procedures without direct supervision.

5. Each Program Director will complete a listing of resident/fellow clinical activities that are permitted by level of training, the required level of supervision for each activity, and any requirements for performing an activity without direct supervision. These descriptions must be provided to the residents/fellows and supervising physicians and also be readily available to other health care providers as needed.

6. Programs must set guidelines for circumstances and events in which residents must communicate with the supervising faculty member(s).

7. Direct Supervision must be documented in the health record by supervising physician notes. Indirect Supervision may be documented in the health record. An audit of medical records in accordance with the hospital's Compliance Plan will monitor documentation of supervision. Audit results
   i. will be presented to the Designated Institutional Officer (DIO) and the program directors. The GMEC will oversee this reporting.

8. Emergency procedures may require immediate action by a resident/fellow while awaiting supervising physician arrival.
9. Residents/fellows must have rapid, reliable systems for communication with supervising physicians.

10. On-call and clinical assignment schedules for attending physicians on-call and trainees, including contact information, must be available at all clinical service locations so that housestaff as well as other health care providers can easily identify the physician(s) responsible for providing supervision. Attending physician and resident/fellow contact information will be available through the operator.

11. Supervising physicians, residents, and fellows will adhere to policies created to recognize signs of fatigue and will follow guidelines in order to prevent and counteract its potential negative effects.

GMEC reviewed 6/1/11

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