

USF – College of Medicine
GRADUATE MEDICAL EDUCATION POLICY & PROCEDURE

Title: Supervision and Accountability of Post-Graduate Residents	No.: GME-204
Effective Date: 1/1/99	Approved: 4/10/2019

Scope: Applies to all USF Health Morsani College of Medicine (MCOM) residency and fellowship programs in all clinical disciplines.

Background: Supervision in the setting of graduate medical education provides safe and effective care to patients; ensures each resident and fellow (herein after resident) development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishes a foundation for continued professional growth. [CPR VI.A.2.a)]. Although the attending physician is ultimately responsible for the care of the patient, every physician shares in the responsibility and accountability for their efforts in the provision of care [CPR VI.A.2.a)].

Policy: As required by section II.B.4 of the ACGME Institutional Requirements, the sponsoring institution must oversee and ensure that supervision of residents and fellows are consistent with the institutional and program specific policies.

In accordance with the requirements set forth by the ACGME, it is the policy of the MCOM office of Graduate Medical Education that programs, in partnership with their Sponsoring Institutions, must define, widely communicate, and monitor a structured chain of responsibility and accountability as it relates to the supervision of all patient care [CPR VI.A.2.a)]. Programs must meet the following requirements:

Each patient must have an identifiable and appropriately credentialed and privileged attending physician (or licensed independent practitioner as specified by the applicable Review Committee) who is responsible and accountable for the patient’s care. [CPR VI.A.2.a).(1)].

Residents and faculty members must inform each patient of their respective roles in that patient’s care when providing direct patient care [CPR VI.A.2.a).(1).(b)]. This information must also be available to residents, faculty members and other members of the health care team [CPR VI.A.2.a).(1).(a)].

Residency Programs must establish schedules which assign qualified faculty physicians, residents, or fellows to supervise at all times and in all settings residents of the Residency Program who provide any type of patient care. The type of supervision to be provided is delineated in the curriculum’s rotation description.

Senior residents or fellows should serve in a supervisory role to junior residents in recognition of their progress toward independence, based on the

needs of each patient and the skills of the individual resident or fellow. [CPR VI.A.2.d).(3)]

USF MCOM requires all residency and fellowship training programs to develop and maintain a policy on resident supervision. Program policies must meet the educational objectives and patient care responsibilities of the training program, and must comply with the requirements regarding supervision of residents according to specialty-specific Program Requirements, the Common Program Requirements, and the Institutional Supervision and Accountability Policy. Program must also consider hospital medical staff and regulatory requirements. In addition, the policy must also address:

- Any Review Committee specific conditions and the achieved competencies under which PGY-1 residents' progress to be supervised indirectly with direct supervision available.
- A comprehensive list of all specific circumstances and events in which residents must communicate with appropriate supervising faculty members.
- Address faculty members' responsibilities for supervision

Levels of Supervision:

The program must demonstrate that the appropriate level of supervision in place for all residents is based on each resident's level of training and ability, as well as patient complexity and acuity. Supervision may be exercised through a variety of methods, as appropriate to the situation. [CPR VI.A.2.b). (1)].

To promote oversight of resident supervision while providing for graded authority and responsibility, the program must use the following classification of supervision [CPR VI.A.2.c)]:

- Direct: The supervising physician is physically present with the resident and the patient.
- Indirect Supervision with Direct Supervision Immediately Available: The supervising physician is physically present in the hospital or other site of patient care, and is immediately available to provide Direct Supervision.
- Indirect Supervision 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 is available to provide review of procedures/encounters with feedback provided after care is delivered.

Initially, PGY-1 residents must be supervised either directly, or indirectly with direct supervision immediately available. Each Review Committee may describe the conditions and the achieved competencies under which the PGY-1 resident progresses from having direct supervision to indirect supervision with direct supervision available [CPR VI.A.2.e). (1)].

Procedure

Responsible Party

Action

Program Director

Develop and maintain a program specific supervision policy that includes; any review Committee specific conditions and the achieved competencies under which PGY-1 residents’ progress to be supervised indirectly with direct supervision available, a comprehensive list of all specific circumstances and events in which residents must communicate with appropriate supervising faculty members, and addresses faculty members’ responsibilities for supervision. The program policy should be reviewed regularly by the Program Evaluation Committee (PEC). The policy must be shared with faculty and residents.

Ensures direct supervision is provided to the resident when appropriate by a senior provider who is physically present and competent for the applicable procedure or activity.

Evaluates each resident’s abilities based on specific criteria guided by the milestones [CPR VI.A.2.d).(1)].

Sets guidelines for circumstances and events in which residents must communicate with appropriate supervising physicians [CPR VI.A.2.e)].

Faculty

Faculty members must understand and comply with program specific supervision policy in addition to hospitals medical staff regulatory guidelines

Faculty, in conjunction with the program director, will assure that residents are provided an appropriate level of supervision at all times and at all clinical sites. Faculty supervision assignments should be of sufficient duration to assess the knowledge and skill of each resident.

In every level of supervision, the supervising faculty member must review and sign progress notes, procedural and operative notes, discharge summaries and documentation on patient care documentation which include history and physicals as per the medical staff rules and regulatory guidelines.

Faculty must delegate portions of care to residents based on the needs of the patient and the skills of each resident [CPR VI.A.2.d).(2)] and in accordance with hospital and/or departmental policies.

Resident

Understands the limits of his/her scope of authority, the circumstances under which he/she is permitted to act with conditional independence [CPR VI.A.2.e).(1)].

Follows the guidelines for circumstances and events in which residents must communicate with appropriate supervising faculty members.

Document in the medical record the name of supervising physician.



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