Policy Statement

It is the policy of the College of Medicine of the University of South Florida and in keeping with the statutes of the State of Florida that post-graduate trainees function only under a faculty member or more senior resident or fellow who is competent to perform the relevant activities and procedures for a patient and who is ultimately responsible for that patient’s care. Four types of supervision are recognized by the Accreditation Council for Graduate Medical Education (ACGME) and the College of Medicine follows the institutional requirements of the ACGME, including the classification of supervision outlined by the ACGME. The levels of supervision include:

- **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. The supervisor may not be engaged in any activities (such as a patient care procedure) which would delay his/her response to a resident requiring direct supervision.

- **Indirect Supervision with Direct Supervision Available:** The supervising physician is not required to be physically present in the hospital or site of patient care, or may be in-house but engaged in other patient care activities, but is immediately available through telephone or other 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.

Residency Programs recognize and support the importance and privilege of graded and progressive authority and responsibility, conditional independence, and a supervisory role in patient care in graduate medical education. This policy and procedure outlines the requirements to be followed when physicians are supervising residents. The goal is to promote assurance of safe patient care, and the resident’s maximum development of the skills, knowledge, and attitudes needed to enter the unsupervised practice of medicine.

The principles which apply to supervision of residents include:

- 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.

- The minimum amount/type of supervision required in each situation is determined by the definition of the type of supervision specified, but is tailored specifically to the PGY level, demonstrated skills, knowledge, and ability of the individual resident, as well as patient safety, severity and complexity of patient illness/condition and available support services. In all cases, the faculty member functioning as a supervising physician should delegate portions of the patient's care to the resident based on the above criteria.

- Senior residents and fellows serve in a supervisory role of 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.

- All residents, regardless of year of training, must communicate with the appropriate supervising faculty member, according to the guidelines set forth by the Program Director and the guidelines below:
  
  - All PGY-1 residents are supervised either directly or indirectly with direct supervision immediately available based on specific ACGME Residency Review Committee (RRC) requirements and resident abilities.
  
  - In every level of supervision, the supervising faculty member must review progress notes, sign procedural and operative notes and discharge summaries.
  
  - Faculty members must be actively involved in the provision of care, as assigned.

**Responsibility**

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<tr>
<th>Responsible Party</th>
<th>Action</th>
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<tr>
<td>Program Director</td>
<td>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.</td>
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**Procedure**
Sets guidelines for circumstances and events in which residents must communicate with appropriate supervising physicians.

Faculty

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 and delegate to him/her the appropriate level of patient care authority and responsibility.

Delegate portions of care to residents based on the needs of the patient and skill of the residents.

Resident

Understands the limits of his/her scope of authority, the circumstances under which he/she is permitted to act with conditional independence.

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

APPROVED:

[Signature]

Associate Dean, Graduate Medical Education

[Signature]

Dean, College of Medicine

c:p&p\supervision\resident
REVIEWED, APPROVED – 8/2008; 10/2011