



**USF Health - Morsani College of Medicine  
GME POLICY & PROCEDURE**

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**Scope:** Applies to all University of South Florida Morsani College of Medicine (“USF MCOM”) residents and fellows (“Residents”) in Accreditation Council for Graduate Medical Education (“ACGME”) accredited programs as appointed through the House Officer Contract issued by the USF MCOM Graduate Medical Education Office (“GME Office”).

**Background:** Supervision in Graduate Medical Education (“GME”) provides safe and effective care to patients; ensures each resident development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishes a foundation for continued professional growth. 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. As required by section II.B.4 of the ACGME Institutional Requirements, the sponsoring institution must oversee and ensure that supervision of Residents is consistent with the institutional and program specific policies.

**Policy:** Programs, in partnership with the 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. 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.
  - This information must be available to Residents, faculty members, other members of the health care team, and patients.
  - Residents and faculty members must inform each patient of their respective roles in that patient’s care when providing direct patient care.
- Demonstrate that the appropriate level of supervision is in place for all Residents based on the 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.
- Senior Residents 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.

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- Faculty must:
  - delegate portions of care to Residents based on the needs of the patient and the skills of each Resident; and
  - have supervision assignments of sufficient duration to be able to assess the knowledge and skills of each Resident and to delegate to the resident the appropriate level of patient care authority and responsibility.

### **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.

To promote oversight of Resident supervision while providing for graded authority and responsibility, the program must use the following classification of supervision:

- **Direct**: The supervising physician is physically present with the Resident during the key portions of the patient interaction; or, the supervising physician and/or patient is not physically present with the Resident and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology.
- **Indirect Supervision**: The supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the resident for guidance and is available to provide appropriate direct supervision.
- **Oversight**: The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

### **Program-Level Supervision Policies and Procedures**

Programs must 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.

Programs policy must:

- Define when a when physical presence of a supervising physician is required.
- Require that PGY-1 Residents initially (if applicable to Program training levels) be under Direct Supervision, with the physical presence of the supervising physician during the key portion of the patient interaction. Programs must follow any additional requirements as specified by the RC.
- Include guidelines for circumstances and events in which Residents must communicate with the supervising faculty. These guidelines should be specific to patient situations, Resident level, who is to be contacted (by position) and what to do if the contact does not respond.

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Oversight, Mechanisms to Report Supervision Violations

USF MCOM GMEC must oversee the supervision of Residents ensuring consistency with this policy and program specific policies.

**Procedure**

Responsible Party

Action

Program Director

Develop, maintain uphold a program specific supervision policy that addresses areas specified in this policy. The program policy should be reviewed by the Program Evaluation Committee (“PEC”) and submitted for review to GMEC via the Annual Program Evaluation (“APE”). 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.

Provide education to Residents and faculty on supervision policies and procedures.

Faculty Members

Must understand and comply with program specific supervision policy in addition to hospitals medical staff regulatory guidelines.

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.

Must delegate portion of care to Residents based on the needs of the patient and the skills of each Resident and in accordance with hospital and/or departmental policies.

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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 they must communicate with appropriate supervising faculty members.

Document in the medical record the name of supervising physician.

GMEC/CLER/Program Review Committee

GMEC, in conjunction with the Program Review and Special Assessment subcommittee, will ensure that each of its ACGME accredited programs will establish a program specific policy consistent with institutional policy and specialty specific requirements through review of the annual program evaluation and special review process respectively

GMEC, in conjunction with the Clinical Learning Environment Review (“CLER”) committee will oversee mechanisms and reports of inadequate supervision and accountability in a protected manner that is free from reprisal.

APPROVED:




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Senior Associate Dean, Graduate Medical Education/DIO

Date of Origin	Effective	Revision/GMEC Approval:	Originally Policy #
01/1999	12/2022	08/2008; 10/2011; 12/2018; 04/2019; 12/2022; 10/2023	N/A