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TITLE: Resident Fellow Supervision	EFFECTIVE: October 27, 2022
DEPARTMENT: Graduate Medical Education (GME)	OWNER: Admin Director Medical Education

## Intent

The Accreditation Council for Graduate Medical Education requires the Sponsoring Institution to have a written policy regarding resident and fellow supervision.

## Policy Statement

Appropriate supervision of residents ensures the provision of safe and effective care to patients and ensures each resident's development of appropriate skills, knowledge and attitudes required to enter the unsupervised practice of medicine.

## Description

The Graduate Medical Education Committee (GMEC) monitors supervision of trainees and ensures that supervision is consistent with the provision of safe and effective patient care, the educational needs of trainees, and progressive responsibility appropriate to each trainee's level of education, competence, and experience. Each training program will develop program specific supervision guidelines in compliance with the appropriate Review Committee (RC) program requirements. Each department & division, through the program director and program education coordinator, is responsible for ensuring full compliance with this policy.

## Graduate Level of Responsibility


Graduate medical education is based on the principle of progressively increasing levels of responsibility, in caring for patients, under the supervision of the faculty. The program director and supervising physicians are responsible for evaluating the progress of each resident in acquiring the skills necessary for the resident to progress to the next level of training. Factors considered in this evaluation include the resident's clinical experience, judgment, professionalism, cognitive knowledge, and technical skills. For purposes of consistency, levels of supervision are defined as follows:

### Direct Supervision

The supervising physician faculty member is physically present with the resident and patient.

### Indirect Supervision

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

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2. With direct supervision available - the supervising physician faculty member 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 faculty member is available to provide review of procedures/encounters with feedback provided after care is delivered.

The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each trainee must be assigned by the program director and faculty members.


The program director must evaluate each trainee's abilities based on specific competency criteria. When available, evaluation should be guided by specific national standards-based criteria.

Faculty members functioning as supervising physicians should delegate portions of care to trainees, based on the needs of the patient and the skills of the trainees.

Senior residents or fellows should 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.


Each program must develop program-specific guidelines for when an intern can transition from direct supervision to indirect supervision with direct supervision immediately available. Programs should consult the RC website for specialty-specific language and for FAQs on resident supervision standards.


Programs must set guidelines for circumstances and events in which trainees must communicate with appropriate supervisors, such as the transfer of a patient to an intensive care unit, or end-of-life decisions. Each trainee must know the limits of his/her scope of authority, and the circumstances under which he/she is permitted to act with conditional independence. In particular, PGY-1 residents should be supervised either directly or indirectly with direct supervision immediately available (individual RCs will describe the achieved competencies under which PGY-1 residents may progress to be supervised

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indirectly, with direct supervision available.)

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.

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