

GMEC approved April 18, 2024

Objective: Residents learn to provide optimal patient care under the supervision of faculty members who not only instruct, but serve as role models of excellence, compassion, professionalism, and scholarship.

The care of patients is undertaken with appropriate faculty supervision and conditional independence, allowing Residents to attain the knowledge, skills, attitudes, and empathy required for autonomous practice.

Supervision in the setting of graduate medical education provides safe and effective care to patients; monitors the progress of 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.

Definitions:

1. Supervision - may be exercised through a variety of methods. For many aspects of patient care, the supervising physician may be a more advanced Resident or Fellow. Other portions of care provided by the Resident can be adequately supervised by the appropriate availability of the supervising faculty member, Fellow, or senior Resident, either on site or by means of telecommunication technology. Some activities require the physical presence of the supervising faculty member. In some circumstances, supervision may include post-hoc review of Resident-delivered care with feedback.
 - a. The degree of supervision is expected to evolve progressively as a Resident gains more experience, even with the same patient condition or procedure.
 - b. All Residents have a level of supervision commensurate with their level of autonomy in practice; this level of supervision may be enhanced based on factors such as patient safety, complexity, acuity, urgency, risk of serious adverse events, or other pertinent variables.
2. Direct Supervision - the supervising physician is physically present with the resident during the key portions of the patient interaction.
 - a. PGY-1 Residents must initially be directly supervised.
3. 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.
4. Oversight - the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.



Procedure:

1. All inpatient and outpatient care rendered by Residents shall be under faculty supervision.
2. The Program must define when physical presence of a supervising physician is required.
3. The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each Resident must be assigned by the Program Director and faculty members.
4. The Program Director must evaluate each Resident's abilities based on specific criteria, guided by the Milestones.
5. Faculty members functioning as supervising physicians must delegate portions of care to Residents based on the needs of the patient and the skills of each Resident.
6. 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.
7. Programs must set guidelines for circumstances and events in which Residents must communicate with the supervising faculty member(s).
8. Each Resident must know the limits of his/her scope of authority, and the circumstances under which the Resident is permitted to act with conditional independence.
9. 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.
10. It is the responsibility of the Graduate Medical Education Council (GMEC) to monitor that each Program meets the expectation of this Policy.
11. This includes the periodic review of Program supervision policies as part of the procedure of reviewing Annual Program Evaluations.
 - a. This includes the periodic review of Program supervision policies as part of the procedure of reviewing Annual Program Evaluations.

References:

- https://www.acgme.org/globalassets/pfassets/programrequirements/cprresidency_2022v3.pdf
- https://www.acgme.org/globalassets/pdfs/specialty-specific-requirement-topics/dio-direct_supervision_telecommunication.pdf



Administered By:

A handwritten signature in black ink that reads "Phil Byrne". The signature is written in a cursive, flowing style.

Phillip D. Byrne, EdD
Associate Dean of Graduate Medical Education