VALLEY HEALTH TEAM
Family Medicine Residency Program

Section:	*Family Medicine Residency Program*
Document Number:	*GME0011*
Title:	*Supervision of Residents Policy*
Responsible Department:	*Graduate Medical Education*
Created:	*07/12/2016*
Revised:	*09/28/2020*
Superseded:	*07/12/2016*
GMEC Approved:	*10/20/2020*
Board of Directors Approved:	*10/22/2020*
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POLICY:

Residents must be appropriately supervised at all times and in all settings in which graduate medical education occurs. This includes both inpatient and outpatient settings, as well as any rotation away. In these clinical learning environments, each patient must have an identifiable, appropriately-credentialed and privileged attending physician who is ultimately responsible for that patient's care. This information should be available to residents, other faculty members, and patients. Residents and faculty members should inform patients of their respective roles in each patient's care.

SCOPE:

This policy applies to all residents training in Valley Health Team, Inc. sponsored programs.

PURPOSE:

The Accreditation Council for Graduate Medical Education (ACGME) Institutional Requirements requires that the Graduate Medical Education Committee (GMEC) ensure that Graduate Medical Education Programs provide appropriate supervision for all residents, as well as a clinical experience and education (duty hour) schedule and a work environment, which is consistent with proper patient care, the educational needs of residents, and the applicable program requirements.

PROCEDURE:

Each program will develop mechanisms for supervision of residents that are appropriate to the specialty, Residency Review Committee (RRC) requirements, each resident's level of training, consistent with appropriate educational development as may be determined by progress in educational milestones and the patient complexity and acuity.

The program must define when physical presence of a supervising physician is required. (Common Program Requirement V1.A.2.b).(2)`

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Levels of Supervision:

To promote appropriate resident supervision while providing for graded authority and responsibility, the program must use the following classification of supervision (Common Program Requirement VI.A.2.c)

a. Direct Supervision:
   i. The supervising physician is physically present with the resident during the key portions of the patient interaction (VI.A.2.c).(1).(a); or
      - The Review Committee many further specify
        a. PGY-1 residents must initially be supervised directly only as described in VI.A.2.c).(1).(a).
      - The Review Committee may describe the conditions under which PGY-1 residents progress to be supervised indirectly
   ii. 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 (VI.A.2.c).(1)(b)
      - The Review Committee must further specify if VI.A.2c).(1).(b) is permitted
      - The Review Committee will choose to require either VI.A.2.c).(1).(a), or both VI.A.2.c).(1).(a) and VI.A.2.c).(1).(b)

b. Indirect Supervision:
   i. 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 (VI.A.2.c).(2)

c. Oversight:
   i. The supervising physician is available to provide review of procedures / encounters with feedback provided after care is delivered. (VI.A.2.c).(3)

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Progressive Authority and Responsibility:

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. 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. The program is responsible for developing descriptions of the level of responsibility accorded to each resident by rotation and year level and should have these available for each internal review. These descriptions must be provided to the residents and available medical staff. These descriptions must include identification of the mechanisms by which the participant's supervisor(s) and graduate medical education program director make decisions about each participant's progressive involvement and independence in specific patient care activities.

The program director must evaluate each resident's abilities based on specific criteria established by the faculty of the training program which in turn are based on ACGME milestones.

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.

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.

In each training program, there will be circumstances in which ALL residents, regardless of level of training and experience, must communicate with appropriate supervising faculty. Programs must identify and set guidelines for these circumstances - for example - unexpected escalation of care to an ICU, and these guidelines must be available in writing for all residents and discussed at the beginning of each rotation, as applicable.

In addition, each program must define level specific circumstances in which all residents at the level must communicate with their attending physician. Each resident must know the

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limits of his / her scope of authority to make decisions, and the circumstances under which he/ she is permitted to act with conditional independence. Specifically, PGY-1 resident supervision should be either direct or indirect with direct supervision immediately available. If indirect supervision is provided, such supervision must be consistent with RRC policies, and PGY-1 residents must meet established criteria in order to be eligible for indirect supervision.

Resident supervision must also be consistent with current billing practice regulations.

On-call and clinical assignment schedules must be available at all clinical service locations (that includes contact information) so that housestaff as well as ancillary personnel can easily identify faculty responsible for providing supervision, 24- hours a day 7-days a week.

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10/22/2020
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