

POLICY ON SUPERVISION OF RESIDENTS

PURPOSE:

This policy addresses Accreditation Council for Graduate Medical Education (ACGME) *Institutional Requirements III.B.4. Supervision and Accountability*:

The Sponsoring Institution must oversee

III.B.4.a). supervision of residents/fellows consistent with institutional and program-specific policies;

III.B.4.b). and mechanisms by which residents/fellows can report inadequate supervision and accountability in a protected manner that is free from reprisal.

Institutional Requirements IV.J. Supervision:

IV.J.1. The Sponsoring Institution must maintain an institutional policy regarding supervision of residents/fellows. (Core)

IV.J.2. The Sponsoring Institution must ensure that each of its ACGME- accredited programs establishes a written program-specific supervision policy consistent with the institutional policy and the respective ACGME Common and specialty-/subspecialty-specific Program Requirements. (Core)

DEFINITIONS:

See the *NSU Graduate Medical Education Glossary of Terms* dated April 1, 2021; the *ACGME Glossary of Terms* dated March 10, 2023; as well as the *Common Acronyms/Abbreviations Used in Graduate Medical Education* last updated April 4, 2019.

BACKGROUND:

The most important responsibility of any Graduate Medical Education program is to provide an organized educational program with guidance and supervision of the trainees that facilitates professional and personal growth while ensuring safe and appropriate patient care. A trainee will be expected to assume progressively greater responsibility through the course of a training program, consistent with individual growth in clinical experience, knowledge and skill.

Training programs at NSU give trainees significant but appropriately supervised latitude in the management of patients and provides a comprehensive experience in their specialty area in order for them to become independent and knowledgeable clinicians with a commitment to the life-long learning process that is critical for maintaining professional growth and competency.

POLICY:

The education of physician trainees relies on an integration of didactic activities in a structured curriculum with the diagnosis and management of patients under appropriate levels of supervision. During training, all patient care and educational activities are to be under Program Faculty supervision. Each patient must have an identifiable, appropriately credentialed, and privileged attending physician or approved licensed independent practitioner who is ultimately responsible for their care. A patient's responsible Supervising Physician or licensed practitioner should be identified to trainees, faculty members and patients.

Trainees and faculty members should inform patients of their respective roles in each patient's care. The appropriate level of supervision depends on the individual trainee's level of competency as determined by their knowledge, skill and attitudes. The appropriate level of Program Faculty supervision for each trainee is determined by the responsible Program Faculty and Program Director (Program Leadership).

The GMEC is responsible for oversight and monitoring of this process of appropriate supervision and active investigation into issues of inadequate or inappropriate levels of trainee supervision, including oversight of levels of trainee supervision inconsistent with this GME Policy.

PROCEDURE:

The quality of a trainee's GME experience involves a proper balance between educational quality and the quality of patient care. In all Programs and instances, the level of trainee supervision must ensure the highest quality, safety and effectiveness of patient care. Appropriate levels of trainee supervision during educational and patient care activities include the following guidelines:

A. Level of Supervision

1. The level of trainee supervision must be consistent with the educational needs of the trainee. This also includes supervision of activities that may influence learner safety (i.e., duty hour limitations, stress).
2. The level of supervision must be appropriate for the individual trainee's progressive responsibility as determined by the trainee's level of education, competence, and experience. All programs must demonstrate that the appropriate level of supervision is in place for all trainees.
3. The ACGME has also defined certain other applicable Common and specialty/subspecialty-specific Program Requirements that relate to appropriate levels of trainee supervision. Levels of trainee supervision must be in compliance with these requirements.
4. PGY-1 trainees should be supervised either directly or indirectly with direct supervision immediately available. The achieved competencies under which PGY-1 trainees can progress to be supervised indirectly with direct supervision available are defined in the specific ACGME Program Requirements.

B. Determination of Progressive Responsibility

1. There are multiple layers of supervision of trainee educational and patient care activities, including supervision by an advanced-level trainee. Advanced-level trainee supervision is recognition of progress towards independence and demonstration of graded authority and responsibility. The final level of supervision is the responsibility of the responsible Program Faculty and Program Director.
2. Faculty supervision assignments should be of sufficient duration to assess the knowledge and skills of each trainee and delegate to him/her the appropriate level of patient care authority and responsibility.
3. 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 criteria. When available, evaluation should be guided by specific national standards-based criteria.
4. 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.
5. 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.

C. Communication with Supervising Faculty

1. Programs must set guidelines for circumstances and events in which trainees must communicate with appropriate supervising faculty members.
2. An integral part of the supervision of trainee educational and patient care activities includes the availability and access to communication with Program Faculty at all times (24 hours per day, 365 days annually).

D. Feedback

1. The formative evaluation of trainee activities as dictated by the ACGME Program Requirements is an important component of appropriate trainee supervision.
2. The review of trainee documentation of patient care is an important aspect of trainee supervision.
3. Any concerns about inadequate or inappropriate levels of supervision should be addressed by the Program Leadership, with involvement of the GME Office and GMEC if the issues are not appropriately addressed locally. Any individual can bring concerns about trainee supervision to the attention of the GME Leadership.

E. Classification Levels of Supervision

1. Direct Supervision: the supervising physician is physically present with the trainee and patient.
2. Indirect Supervision with direct supervision immediately available: the supervising physician is physically within the hospital or other site of patient care and is immediately available to provide Direct Supervision.
3. Indirect Supervision with direct supervision available: the supervising physician 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.
4. Oversight: the supervising physician is available to provide review of procedures/ encounters with feedback provided after care is delivered.

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