

Tilman J. Fertitta Family College of Medicine

Graduate Medical Education Policies

SUPERVISION

ACGME Policies

IR.IV.J. 1. The Sponsoring Institution must maintain an institutional policy regarding the supervision of residents/fellows.

IR.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.

Background

The Tilman J, Fertitta Family College of Medicine (COM) is committed to safe and high-quality patient care and training experiences for all residents/fellows in ACGME-accredited GME programs. Appropriate, consistent supervision forms the base to allow residents/fellows to develop the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine.

While the attending/supervising physician is ultimately responsible for the care of every patient, each physician and member of the healthcare delivery team shares in the responsibility and accountability for their efforts in the provision of care.

Procedure

All ACGME-accredited programs sponsored by the COM must develop and maintain a structured chain of responsibility and accountability as it relates to the supervision of all patient care, in accordance with the philosophy of the SI. These policies must be communicated to team members, patients, and their families.

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.

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 physician, 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.

UHCOM-sponsored ACGME-accredited programs must demonstrate that the appropriate level of supervision is in place for all residents/fellows. This includes defining when the physical presence of a supervising physician is required.

To ensure oversight of residents/fellows and graded authority and responsibility, the program must use the following classification of supervision, from the ACGME Common Program Requirements (CPR. VI.A.2. – CPR.vI.A.2.f):

- Direct supervision: The supervising physician is physically present with the resident/fellow during the key portions of the patient interaction or is concurrently monitoring the patient care through appropriate telecommunication technology. ***PGY 1 residents must initially be supervised directly.***
- Indirect supervision: The supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the resident/fellow for guidance and is available to provide direct supervision.
- Oversight: The supervising physician 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 resident must be assigned by the Program Director and faculty members.

The Program Director must evaluate each resident's abilities based on specific criteria, guided by the 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 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.

Programs must set guidelines for circumstances and events in which residents must communicate with the supervising faculty member(s).

Each resident must know the limits of their scope of authority, and the circumstance under which the resident is permitted to act with conditional independence. ***In particular, PGY 1 residents should be supervised directly or indirectly with direct supervision immediately available. (Each Review Committee will describe the achieved competencies under which PGY 1 residents progress to be supervised indirectly, with direct supervision available).***

The COM and its affiliated hospital and clinical partners expect that all Program Directors will provide appropriate supervision levels over more advanced residents/fellows who are new to a program, until such time as the trainee demonstrates expected skill levels, and familiarity with the specific clinical environment.

Faculty supervision assignments should be of sufficient duration to assess the knowledge and skills of each resident/fellow and delegate to him/her the appropriate level of patient care authority and responsibility.

The clinical responsibilities for each resident/fellow must be based on PGY-level, patient safety, resident/fellow education, severity and complexity of patient illness/condition and available support services. Optimal clinical workload will be further specified by each Residency Review Committee.

Residents/fellows must care for patients in an environment that maximizes effective communication. This must include the opportunity to work as a member of effective interprofessional teams that are appropriate to the delivery of care in the specialty. Each Residency Review Committee will define the elements that must be present in the specialty.

Resident/fellows, faculty, nursing or other members of the educational team should report any instances of inappropriate supervision to the Program Director as soon as possible. If they do not feel that is the appropriate contact, or the Program Director is unavailable, they should call the DIO directly. All such reports submitted in good faith shall not result in any punitive action against the reporter and shall be treated with the upmost confidentiality.

EFFECTIVE DATE: September 1, 2021

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NEXT REVIEW DATE: January 31, 2024