



## Graduate Medical Education Policy

### GME SUPERVISION AND ACCOUNTABILITY POLICY

Applies to: Elson S. Floyd College of Medicine (ESFCOM) Graduate Medical Education (GME) and all accredited post-graduate medical training programs (i.e. residency or fellowship) and non-accredited clinical fellowship programs sponsored by the College of Medicine

GMEC Approval: January 19, 2021

#### 1.0 Policy Statement:

It is the Elson S. Floyd College of Medicine policy to establish and maintain the effective supervision of all residents and fellows in college of medicine sponsored training programs.

#### 2.0 Definitions

**Accreditation Council for Graduate Medical Education (ACGME):** accredits Sponsoring Institutions, residency, and fellowship programs, confers recognition on additional program formats or components, and dedicates resources to initiatives addressing areas of importance in graduate medical education.

**Attending Physician:** The single identifiable physician ultimately responsible and accountable for an individual patient's care, who may or may not be responsible for supervising residents or fellows

**Designated Institutional Official (DIO):** The individual in a Sponsoring Institution who has the authority and responsibility for all of that institution's ACGME-accredited programs

#### **Direct Supervision:**

- a) The supervising physician is physically present with the Trainee during the key portions of the patient interaction; or,
  - a. PGY-1 residents must initially be supervised directly, only as described above. (Programs define, based on the appropriate ACGME Residency Review Committee's guidelines, the competencies that PGY-1 residents must achieve in order to progress to be supervised indirectly with direct supervision available.)
- b) The supervising physician and/or patient is not physically present with the Trainee and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology (the specific ACGME Review Committee must further specify if this is permitted).

**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.

**Oversight:** The supervising physician is available to provide review of procedures/ encounters with feedback provided after care is delivered.

**Program Director (PD):** The individual designated with authority and accountability for

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the operation of a residency/fellowship program.

**Progressive Responsibility:** graded and progressive responsibility provided to a Trainee according to the individual Trainee's clinical experience, judgment, knowledge, and technical skill assigned by the program director and faculty members.

**Supervision:** in the setting of graduate medical education provides safe and effective care to patients; ensures 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.

**Trainee:** a physician in training at an ACGME accredited graduate medical education program, the term includes Interns, Residents, and Fellows or other trainee enrolled in an educational program whose education falls under the purview of the ESFCOM Office of Graduate Medical Education.

## 3.0 Responsibilities

GMEC through the DIO; Associate Dean for GME

## 4.0 Procedures

ESFCOM will oversee the supervision of Trainees in all college of medicine sponsored programs and provide mechanisms by which Trainees can report inadequate supervision and accountability in a protected manner that is free from reprisal (IR III.B.4.). All Training Programs will define, widely communicate, and monitor a structured chain of responsibility and accountability as it relates to the supervision of all patient care [CPR VI.A.2.] ESFCOM requires each training program to have a written program-specific supervision policy addressing that is consistent with the ACGME Institutional, Common, and specialty/subspecialty Program Requirements and ESFCOM GME policies. Any Training Program that does not have specific accreditation requirements related to supervision will comply with the ACGME Institutional and Common Program Requirements.

Programs must meet each of the following requirements:

- Each patient must have an identifiable and appropriately-credentialed and privileged attending physician (or licensed independent practitioner as specified by the applicable ACGME Review Committee) who is responsible and accountable for the patient's care. [CPR VI.A.2.a).(1)]
- This information must be available to Trainees, faculty members, other members of the health care team, and patients. [CPR VI.A.2.a).(1).(a)].
- Residents and faculty members must inform each patient of their respective roles in that patient's care when providing direct patient care. [CPR VI.A.2.a).(1).(b)]

### Levels of Supervision

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

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physical presence of the supervising faculty member. In some circumstances, supervision may include post-hoc review of resident-delivered care with feedback. [CPR VI.A.2.b)]

The program must demonstrate that the appropriate level of supervision in place for all Trainees is based on each Trainee's level of training and ability, as well as patient complexity and acuity. Supervision may be exercised through a variety of methods, as appropriate to the situation. [CPR VI.A.2.b).(1)]. Each ACGME Review Committee may specify which activities require different levels of supervision. The program must define when physical presence of a supervising physician is required.

To promote appropriate resident supervision while providing for graded authority and responsibility, the program must use the following classification of supervision [CPR VI.A.2.c)]:

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**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.

**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 Trainee must be assigned by the Program Director and faculty members. [CPR VI.A.2.d)]

- 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.

Each program must set guidelines for circumstances and events in which Residents must communicate with appropriate supervising Faculty members, such as after-hours clinic

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call, the transfer of a patient to an intensive care unit, taking a patient to surgery, or end-of-life decisions. [CPR VI.A.2.e)]

- Each resident must know the limits of his/her scope of authority and the circumstances under which he/she is permitted to act with conditional independence.

The Program Director (or his/her designee) must structure faculty supervision assignments for each rotation or clinical experience (inpatient or outpatient) to 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. [CPR VI.A.2.f)]

Trainees can report inadequate supervision and accountability that is free from reprisal using several mechanisms.

1. Reports of inadequate supervision and accountability can be submitted directly to faculty, the program director, any GMEC member, or to the DIO.
2. An ESFCOM web submission form can be utilized by Trainees for all anonymous reporting related to supervision or other program or institutional compliance issues or concerns.
3. Reports can also be submitted through the ESFCOM GME Resident Management System.
4. Trainees can utilize any one of the multiple evaluations process in place including the Institutional and Program Evaluations as well as the annual ACGME survey.

## 5.0 Related Policies

GME Evaluation Policy

## 6.0 Key Search Words

Supervision; Patient Safety
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## 7.0 Revision History

<b>GMEC Approval: Revision/Review Date(s)</b>
05/10/18; 04/16/19; 01/19/21

**Responsible Office:** ESFCOM GME Office

**Policy Contact:** ESFCOM GME Office

**Supersedes:** N/A