

## Supervision and Accountability

### Scope

This policy applies to the residents and supervising physicians associated with the University of Alabama **Family Medicine Residency**-Tuscaloosa Program.

### Purpose

To identify to the residents and supervising physicians those aspects of patient care that require progressive levels of responsibility for residents, as well as, oversight/supervision by upper levels and/or supervising physicians, and to document the educational role of the supervising physician. The clinical responsibilities for each resident must be based on the following factors: PGY-level, patient safety, resident education, severity and complexity of patient illness/condition and available support.

### Policy

The Sponsoring Institution (SI) maintains an overall institutional policy regarding supervision of residents/fellows. Additionally, the SI must ensure that each of its ACGME-accredited programs establishes a written program-specific supervision policy consistent with the SI policy **and the specialty specific Family Medicine Program Requirements** and the Common Program Requirements.

### Procedures

This policy and corresponding set of procedures will be distributed to all residents and teaching faculty at least once per year via email.

**ACGME Requirements appear in Bold Font.** *CCHS Requirement appear in Italics Font.*

#### General Supervision:

**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 into the unsupervised practice of medicine; and establishes a foundation for continued professional growth.**

- **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.**

**Although the attending physician is ultimately responsible for the care of the patient, every physician shares in the responsibility and accountability for their efforts in the provision of care. Effective programs, in partnership with their Sponsoring**

**Institutions, define, widely communicate, and monitor a structured chain of responsibility and accountability as it relates to the supervision of all patient care.**

**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 or upper level resident or fellow. Other portions of care provided by the resident can be adequately supervised by the immediate availability of the supervising faculty member, fellow, or upper level resident physician, either on site or by means of telephonic and/or electronic modalities. 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.**

**The program must demonstrate that the appropriate level of supervision in place for all residents is based on each resident'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:**

- *Medical services must be rendered under the oversight of the supervising physician or be personally furnished by a supervising physician. Documentation of this oversight is entered into the EMR by the supervising physician or reflected within the resident's progress note at a frequency appropriate to the patient's condition.*
- *The resident's note shall include the name of the supervising physician with whom the case was discussed as well as a summary of that discussion. The supervising physician countersigns and adds an addendum to the resident's note detailing his/her involvement and supervision. The supervising physician shall review the progress notes and provide constructive commentary on content. These progress notes shall be countersigned in a timely fashion. The supervising physician shall provide an addendum to both inpatient and outpatient progress notes detailing his/her involvement and oversight as needed.*
- *The supervising physician oversees the care of the patient and provides the appropriate level of oversight based on the nature of the patient's condition, the likelihood of major changes in the management plan, the complexity of care, and the experience and judgment of the resident being supervised.*
- *The supervising physician advises the residency program director if he/she believes a change in the level of the resident's responsibility and supervision should be considered. The supervising physician fosters an environment that encourages questions and requests for support or oversight from the resident, and encourages the resident to call or inform the supervising physician of significant or serious patient conditions, or significant changes in a patient's condition.*
- *Residents should be given progressive responsibility for the care of their patients. The determination of a resident's ability to provide care to patients without a supervisor present or to act in a teaching capacity as an upper level will be based on documented evaluation of the resident's clinical experience,*

*judgment, knowledge, and technical skill. The overriding consideration must be the safe and effective care of the patient that is the personal responsibility of the supervising physician.*

- *Residents assigned to rotations with community specialists, either inpatient or outpatient, will be involved with the care of those patients under the oversight of these community physicians.*
- *In an emergency (defined as a situation where immediate care is necessary to preserve the life, or prevent serious impairment to the health, of a patient), all residents, assisted by other clinical personnel as available, shall be permitted to do everything possible to save the life of a patient or to save a patient from serious harm. The resident will contact the supervising physician as soon as possible to apprise him/her of the situation, and the resident will promptly document the patient encounter in the patient's medical record.*

Levels of Supervision:

**To promote oversight of resident supervision while providing for graded authority and responsibility, the training program(s) must use the following classification of supervision:**

**Direct Supervision: the supervising physician is physically present with the resident and patient.** *(At CCHS, this applies within the first 24 hours of every patient admission to the hospital AND all Medicare patients in the outpatient clinic.)*

**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.

**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.

**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.**

**Upper level residents or fellows should serve in a supervisory role to PGY-1s in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident.**

**Each resident must know the limits of their scope of authority, and the circumstances under which the resident is permitted to act with conditional independence.**

**Initially, PGY-1 residents must be supervised either directly, or indirectly with direct supervision immediately available.**

**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.**

Circumstances and events in which residents must communicate with the supervising faculty member(s) either prior to the event or immediate/as soon as possible if deemed to be an emergency situation:

- 1) *Patient in the ED;*
  - 2) *New admission or new transfer to attending service;*
  - 3) *Acute change of patient condition to the worse;*
  - 4) *Transfer of patient to a higher level of care within the hospital premises or to an outside hospital;*
  - 5) *Patient discharge, either planned or Against Medical Advice (AMA);*
  - 6) *Need to consult other specialty unless emergency;*
  - 7) *Need to perform a procedure on the patient unless emergency;*
  - 8) *Patient expired;*
  - 9) *Any other event that would may be determined to be a “sentinel” event by the hospital or facility. This may include things such as falls, elopement or failure of the patient to cooperate with the management plan.*
- *The supervising physician (including faculty and preceptors) has the responsibility to enhance the knowledge of the resident and ensure the quality of care delivered to each patient by any resident.*
  - *Residents are to familiarize themselves with this policy and the resident must be aware of his/ her level of training, his/ her specific clinical experience, judgement, knowledge, technical skill, and any associated limitations.*
  - *The resident must not independently perform procedures or treatments, or management plans that he/she is unauthorized to perform or lacks the skill and training to perform. The resident is responsible for communicating to the supervising physician any significant issues regarding patient care and patient safety.*

Outpatient Supervision:

- *A supervising physician is defined as a member of the teaching faculty, a fellow, or a community based provider. For outpatient office visits and outpatient procedures that are provided by residents in our Family Medicine Practice (FMP) sites, these services must be overseen by a supervising physician, however, the level of oversight may vary depending on PGY level and by payor. This distinction is clarified below.*

- For each outpatient encounter (office visit and procedure), a supervising physician must: 1) ensure that services provided are appropriate; 2) review with the intern/resident the patient's progress notes and provide constructive feedback regarding history, physical examination, diagnosis, assessment/plan and billing, and 3) document the extent of his/her participation in the review and direction of services provided to the patient. This review must occur before or shortly after the conclusion of each visit.
- The supervising physician must be present during every encounter for all Medicare patients regardless of level of resident training. This includes all office visits (regardless of the level of evaluation and management (E/M) code) and all procedures.
- During the performance of all outpatient diagnostic and therapeutic procedures, a supervising physician must be present during all critical or key portions of the procedure, regardless of level of procedure or level of resident training.
- During the PGY-1 intern's first six months of training, a supervising physician must be physically present for the key portions of every outpatient office visit encounter between the patient and the intern, regardless of payer. After successful completion of the first six months of training as a PGY-1, for all non-Medicare patients, a supervising physician does not have to be present during the outpatient office visit encounters that are low or mid-level E/M codes for either new or established patients.
- All interns and residents must discuss High-level E/M codes with a supervising physician, allowing time for the supervising physician to make the determination if he/she needs to see the patient in conjunction with the intern/resident.

#### Inpatient Supervision:

- For patients admitted to the inpatient team, the supervising physician must meet the patient early in the course of care (within 24 hours of admission, including weekends and holidays). This personal involvement in the patient's care must be personally documented in a history and physical or progress note within 24 hours of admission.
- The supervising physician's progress note will include findings and concurrence with the resident's initial diagnosis and treatment plan as well as any modifications or additions. The progress note must be properly signed, dated, timed, and reflect ongoing supervision of the resident.
- Supervising physicians are involved in the ongoing care of the patients assigned to them in a manner consistent with the clinical needs of the patient and the level of the trainee. The supervising physician shall review and cosign all progress notes and provide comments on content of the note including history, physical exam and assessment/plan in a timely manner.

(See also Supervision Guidance- <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-LN/MLNProducts/Downloads/Teaching-Physicians-Fact-Sheet-ICN006437.pdf>)