Supervision and Accountability

Scope
This policy applies to all residents, fellows and supervising physicians associated with all of the graduate medical education programs at CCHS.

Purpose
To identify to the residents/fellows and supervising physicians the aspects of patient care that require progressive levels of responsibility for residents/fellows 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/fellow must be based on PGY-level, patient safety, resident/fellow education, severity and complexity of patient illness/condition and available support.

Policy
The Sponsoring Institution (SI) must maintain an overall institutional policy regarding supervision of residents/fellows.

The SI must also ensure that each of its ACGME-accredited programs establishes a written program-specific supervision policy consistent with this SI policy and the specialty/sub-specialty specific Program Requirements and the Common Program Requirements.

Procedures
Procedures for each training program will be developed at the program level and subject to GMEC review and approval. Each program will be responsible for the annual distribution of its specific policy to its trainees and teaching faculty.

ACGME Requirements appear in Bold Font. CCHS Requirement appear in Italic Font.

General Supervision:
Supervision in the setting of graduate medical education provides safe and effective care to patients; ensures each resident/fellow’s development of the skills, knowledge, and attitudes required to enter 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/fellows, 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/fellows 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/fellow 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/fellow delivered care with feedback.

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

[Program-specific information inserted here]

Levels of Supervision:

To promote oversight of resident/fellow 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/fellow and patient.

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/fellow’s abilities based on specific criteria, guided by the Milestones.

   Faculty members functioning as supervising physicians must delegate portions of care to residents/fellows based on the needs of the patient and the skills of each resident/fellow.

   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/fellow.

Each resident/fellow must know the limits of their scope of authority, and the circumstances under which the resident/fellow 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/fellow and to delegate to the resident/fellow the appropriate level of patient care authority and responsibility.

Circumstances and events in which residents/fellows 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: [Program-specific information inserted here]

Outpatient Supervision: [Program-specific information inserted here]

Inpatient Supervision: [Program-specific information inserted here]