CHRISTIANACARE

POLICY:	**Resident/Fellow Supervision**
DEPARTMENT:	GMEC
DATE OF ORIGIN:	January 22, 2001
LAST REVISION DATE:	December 6, 2021
REGULATORY REFERENCE:	ACGME

POLICY:

The **GMEC** recognizes and supports the importance of graded and progressive responsibility in graduate medical education. This policy outlines the requirements to be followed when supervising residents. The goal is to promote assurance of safe patient care, and the resident's maximum development of the skills, knowledge, and attitudes needed to enter the unsupervised practice of medicine.

DEFINITION:

Supervising Physician: A faculty physician, or a more senior resident/fellow.

Supervision:

Four levels of supervision are recognized. They are:

- Direct: The supervising physician (or "supervisor" if specialty-specific RRC permit supervision by non-physicians) is physically present with the resident and the patient.

- Indirect: There are two types of indirect supervision:

  - Indirect Supervision with Direct Supervision Immediately Available:

    The supervising physician is present in the hospital (or other site of patient care) and is immediately available to provide Direct Supervision.

    The supervisor should not be engaged in any activities (such as a patient care procedure, unless in emergent situations) that would delay his/her response to a resident requiring direct supervision.

  (**NOTE:** A qualified supervisor must be in house whenever a resident is on duty that may require Direct Supervision or Indirect Supervision with Direct Supervision Immediately Available.)

  - Indirect Supervision with Direct Supervision Available:

    The supervising physician is not required to be present in the hospital or site of patient care, or may be in-house but engaged in other patient care activities, but is immediately available through telephone or other electronic modalities, and can be summoned to provide Direct Supervision.

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

PROCEDURE:

The principles which apply to supervision of residents include:

- ***Residency/Fellowship Programs*** establish schedules that assign qualified faculty physicians, residents, or fellows ***(or appropriate other licensed independent practitioner as permitted by the RRC)*** to supervise at all times and in all settings in which residents of the ***Residency/Fellowship Programs*** provide any type of patient care. The type of supervision to be provided is delineated in the curriculum's rotation description.

- The minimum amount/type of supervision required in each situation is determined by the definition of the type of supervision specified, but is tailored specifically to the demonstrated skills, knowledge, and ability of the individual resident. In all cases, the faculty member functioning as a supervising physician should delegate portions of the patient's care to the resident, based on the needs of the patient and the skills of the resident.

- Senior residents and fellows serve in a supervisory role overseeing more junior residents in recognition of their progress toward independence.

- All PGY-1 residents are supervised either directly or indirectly with direct supervision immediately available.

- In every level of supervision, the supervising faculty member must review progress notes, sign procedural and operative notes and discharge summaries, as required by department.

- Faculty members must be continuously present to provide supervision in ambulatory settings, and be actively involved in the provision of care, as assigned.

All GMEC Programs are required to submit to the GMEC for approval, specialty-specific Supervision policies.

Policy Approval Graduate Medical Education Committee

SIGNATURES/APPROVALS:

Reviewed 1/2/2025

DO, FACP, FAAP

Associate Designated Institutional Official