

Supervision Policy

Graduate Medical Education Committee — Policies and Procedures

Purpose

In order to comply with the ACGME Common Program Requirements for Graduate Medical Education, this policy is set forth by the University of Arizona College of Medicine Graduate Medical Education Committee (GMEC) to assure that all residents are appropriately supervised, consistent with proper patient care, the educational needs of residents, and the applicable program requirements.

Levels of Supervision:

To ensure oversight of resident supervision and graded authority and responsibility, the program must use the following classification of supervision:

- **Direct Supervision** - the supervising physician is physically present with the resident 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.
 - *with direct supervision* - 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.

Provisions

1. The patient's attending physician is responsible for ensuring patient safety and quality patient care. While attending physicians may not directly supervise all aspects of care for each patient, they have ultimate authority for patient care.
2. Qualified attending physician faculty members are assigned supervisory responsibility for all residents and fellows at all times when a resident/fellow is on duty or on call. The level of responsibility must be determined by the attending staff. Faculty members are responsible to:
 - Exercise control of the care given a patient through each of the different types of supervision that have been defined above.
 - Be immediately available upon the request of resident who may be under a level of supervision that does not involve "Direct" supervision.
 - Recognize the importance of enabling the resident to take responsibility for "first decision" making prior to faculty involvement. First decision making by the resident will aid in the maturation of each resident whereas "final decision" making after involvement is the province of the faculty.

- Review progress notes, sign procedural and operative notes and discharge summaries.
 - Participate in the departmental evaluation process of residents that includes both formative and summative feedback.
 - Provide residents with constructive feedback when appropriate.
 - Adhere to all RRC/ACGME, institutional, GMEC and Departmental policies regarding supervision.
 - Be familiar with program specific level of responsibility and teach residents according to the level that is commensurate with training, education, and demonstrated skill. It is the responsibility of the program director and/or chair to develop program specific levels of responsibility.
 - Members of the attending faculty must supervise operative, invasive, and/or other high risk procedures. The level of supervision required for performance of a particular procedure by an individual resident is determined by the faculty member, but will include at a minimum, all key portions of the procedure. During non-supervised portions of the procedure, the faculty member remains available for consultation and/or return to the operating room.
 - Faculty members must be continuously present and actively involved when providing supervision in ambulatory settings.
 - On-call schedules for teaching staff must be structured to ensure that supervision is readily available to residents on duty.
3. The amount of supervision required for each resident shall vary according to the critical nature of each patient and be commensurate with the level of training, education, and experience of resident that is involved with the patient's care. The program director and/or chair shall be responsible in ensuring that program specific teaching goals are met by attending faculty physicians in their department.
 4. Each program director shall establish detailed, written policies for supervision in his/her respective program. The program supervision policies shall incorporate any and all ACGME specialty-specific program requirements related to resident supervision. It is the responsibility of the program director to write supervision policies and keep an updated version on file in the GME office.

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