



THE UNIVERSITY OF ARIZONA  
COLLEGE OF MEDICINE TUCSON

Graduate Medical  
Education

1501 N. Campbell Avenue, Rm 2445  
P.O. Box 245085  
Tucson, AZ 85724-5085  
Tel: (520) 626-7878  
Tel: (520) 626-6858  
Fax: (520) 626-0090  
[www.gme.medicine.arizona.edu](http://www.gme.medicine.arizona.edu)

# Supervision Policy

## Graduate Medical Education Committee - Policies and Procedures

### **Purpose**

In order to comply with ACGME Institutional and Common Program Requirements, the University of Arizona College of Medicine - Tucson (UACOM-T) Graduate Medical Education Committee (GMEC) sets forth this policy to outline the procedure for ensuring oversight of supervision of trainees enrolled in UACOM-T sponsored programs.

### **The ACGME Institutional Requirements (2022) state:**

*III.B.4.a)(1) the Sponsoring Institution must oversee supervision of residents/fellows consistent with institutional and program-specific policies; (Core)*

*III.B.4.a).(2) mechanisms by which residents/fellows can report inadequate supervision and accountability in a protected manner that is free from reprisal. (Core)*

*IV.J.1. The Sponsoring Institution must maintain an institutional policy regarding supervision of residents/fellows. (Core)*

*IV.J.2. The Sponsoring Institution must ensure that each of its ACGME accredited programs establishes a written program-specific supervision policy consistent with the institutional policy and the respective ACGME Common and specialty-/subspecialty-specific Program Requirements. (Core)*

### **The ACGME Common Program/Fellowship/One-Year Fellowship Requirements (2023) state:**

*IV.A.3. The curriculum must contain delineation of resident responsibilities for patient care, progressive responsibility for patient management, and graded supervision; (Core)*

*VI.A.2.a) 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.*

*VI.A.2.a).(1) Residents and faculty members must inform each patient of their respective roles in that patient's care when providing direct patient care. (Core)*

*VI.A.2.a).(1).(a) This information must be available to residents, faculty members, other members of the health care team, and patients. (Core)*

*VI.A.2.a).(2) 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. (Core)  
[The Review Committee may specify which activities require different levels of supervision.]*

**VI.A.2.b) Levels of Supervision** - *To promote appropriate resident supervision while providing for graded authority and responsibility, the program must use the following classification of supervision: (Core)*

**VI.A.2.b).(1) Direct Supervision:**

*VI.A.2.b).(1).(a) the supervising physician is physically present with the resident during the key portions of the patient interaction; (Core) [The Review Committee may further specify]*

*VI.A.2.b).(1).(a).(i) PGY-1 residents must initially be supervised directly, only as described in VI.A.2.c).(1).(a). (Core) [The Review Committee may describe the condition under which PGY-1 residents progress to be supervised indirectly]*

*VI.A.2.b).(1).(b) the supervising physician and/or patient is not physically present with the resident and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology. (Core) [The Review Committee may choose not to permit this requirement. The Review Committee may further specify]*

**VI.A.2.b).(2) 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. (Core)*

**VI.A.2.b).(3) Oversight** - *the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered. (Core)*

**VI.A.2.c)** *The program must define when the physical presence of a supervising physician is required. (Core)*

**VI.A.2.d)** *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. (Core)*

**VI.A.2.e)** *Programs must set guidelines for circumstances and events in which residents must communicate with the supervising faculty member(s). (Core)*

**VI.A.2.f)** *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. (Core)*

**Procedure:**

1. Each program must identify a list of procedures for which trainees in the program are expected to progress with progressive authority and conditional independence (from Direct to Indirect to Oversight.) At a minimum, this list must include all of the bedside procedures included in the Banner Health Bedside Procedure Policy that trainees in the program are expected to perform.
2. Program directors in each ACGME-accredited and NST program will develop and maintain a program-specific Supervision Policy consistent with this institutional policy which includes the establishment and implementation of the following areas (at a minimum):
  - A. A process to select and approve the ongoing participation of teaching faculty at all participating sites.

- B. A process to monitor trainee supervision at all participating sites and ensure participation in ongoing faculty development of all approved teaching faculty.
  - C. A process to teach trainees how they are expected to communicate their role, and their attending's role, to each patient for whom they provide direct patient care.
  - D. A process, developed by the program director in discussion with faculty and the CCC, to determine the progressive authority and conditional independence of each trainee (from Direct to Indirect to Oversight supervision) for each year of training, and on each clinical rotation.  
This process must include:
    - a. A determination of the level of supervision for each trainee based on the individual's level of education and ability, as well as patient acuity and complexity.
    - b. How it will be determined that a PGY-1 resident is ready to move from Direct to advanced levels of supervision.
    - c. How the level of supervision is determined for all PGY levels based on criteria established by the program that utilizes Milestones assessments as one tool in making these determinations.
    - d. Demonstrate how trainees are determined to have met a level of competence in a specific procedure sufficient to perform that procedure in the absence of direct supervision.
    - e. A clear explanation of the circumstances and events in which the physical presence of a supervising physician is required.
  - E. How levels of supervision for each year of training and each clinical rotation are made available to residents, faculty members, the health care team, and patients.
  - F. How each clinical rotation in which a trainee provides direct patient care will clearly delineate the responsibilities of each trainee on that rotation.
  - G. The process on each clinical rotation to communicate the responsible attending physician's contact information to the trainee, faculty members, and health care team.
  - H. How supervision is provided in telemedicine encounters.
  - I. The process for trainees to report concerns for inadequate supervision and/or accountability by following the institutional Grievance Policy.
  - J. How faculty supervision assignments are assigned to ensure they are of sufficient duration to assess the knowledge and skills of each resident.
2. Program leadership will review the supervision policy **annually** and make updates as necessary. To help maintain the supervision policy, the program leadership will review:
- A. Specialty-specific program requirements for updates.
  - B. Specialty-specific FAQs related to supervision.
  - C. Specialty-specific CCC and Milestones Guidebooks for guidance on implementing supervision requirements.

- D. The Guide to the Common Program Requirements for suggestions on how to implement supervision requirements.
  - E. CLER reports available on the ACGME website for updates on best practices related to resident supervision.
3. The program will submit a copy of the supervision policy annually to the GME office for oversight.

### **Addendum for Bedside Procedures:**

- A. Programs in which residents perform common bedside procedures must develop a process to ensure trainees are instructed, assessed, and approved to perform them. At a minimum, this must include the following seven (7) procedures:
  - 1) paracentesis; 2) thoracentesis; 3) central venous catheterization (internal jugular and femoral); 4) arterial catheterization (radial and femoral); 5) bladder catheterization or Foley catheterization (male and female); 6) lumbar puncture; and 7) nasogastric/orogastric/nasoenteric tube placement.
- B. For each bedside procedure identified in the Banner Health Safe Procedures 2024 policy, there must be a process to ensure the policy he following:
  - 1. The name of each bedside procedure expected to be performed by each trainee in the program. The identified procedures would include at a minimum the procedures identified in the Banner Health
  - 2. How trainees are educated and trained in each procedure including understanding all Banner requirements for performing these procedures.
  - 3. What metrics are used to determine when a trainee has become cleared to perform this procedure without direct supervision.
  - 4. Documentation, in real time, of each trainee's level of required supervision for each bedside procedure.
  - 5. Immediate access to that documentation by all relevant members of the healthcare team
- C. While GMEC provides oversight of each program's defined process for clearing a trainee to move from direct to indirect and/or oversight supervision, faculty who verify bedside procedures are responsible for ensuring that data entered are valid, and programs are responsible for ensuring that supervision reports are documented correctly.
- D. Granting of indirect and/or oversight supervision based upon prior training is at the discretion of the program director.
- E. Trainees who do not have documentation for clearance to perform a procedure with indirect and/or oversight supervision must be directly supervised by a faculty member or a cleared trainee. Trainees who perform procedures without direct supervision who are not authorized to do so may face disciplinary action.

Effective 10/01/2003

Revised 07/01/2018

Revised April 2024, GMEC 05/03/2024