



SUBJECT: Supervision of Residents

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APPROVAL:

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DISTRIBUTION: Program Directors, Residents and Staff

The University of Arizona/UPHK
Graduate Medical Education Consortium
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/UPHK Graduate Medical Education Consortium 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.

Policy:

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

1. **Direct Supervision:** Direct supervision exists when the supervising physician is physically present with the resident and patient.
2. **Indirect Supervision:**
 1. 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.
 2. 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.

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

Procedure:

1. An appropriately credentialed and privileged attending physician (or licensed independent practitioner as approved by each Review Committee) must be the assigned, clearly identifiable attending physician for each hospitalized patient. This information must be available to residents, faculty, staff and patients. Patients should be informed of the respective roles of residents and faculty in their care.
2. The patient's attending physician is responsible for ensuring patient safety and quality patient care. The designated attending is responsible to provide the appropriate level of supervision of all aspects of care for each assigned patient.
3. In some aspects of patient care, the supervising physician may be a more advanced resident or fellow. The privilege of progressive authority and responsibility, conditional independence and a supervisory role in patient care must be assigned by the program director and faculty members while adhering to the following criteria:
 - a) Exercise control of the care given a patient through each of the different types of supervision that have been defined above.
 - b) Be immediately available upon the request of resident who may be under a level of supervision that does not involve "Direct" supervision.
 - c) 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.
 - d) Review and sign progress notes, procedural and operative notes and discharge summaries.
 - e) Participate in the departmental evaluation process of residents that includes both formative and summative feedback.
 - f) Provide residents with constructive feedback when appropriate.
 - g) Adhere to all RRC/ACGME, institutional, GMEC and Departmental policies regarding supervision.
 - h) 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.

- i) 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.

4. Call schedules must be available to residents, faculty members and hospital staff. They must be structured to ensure that attending physician assignments are of sufficient duration to assess resident skills and knowledge and delegate appropriate level of patient care, authority and responsibility.
5. 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.
6. The program must establish guidelines for circumstances and events in which residents must communicate with appropriate supervising faculty members.
7. 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 annually.

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1st Revision: October 21, 2008

2nd Revision: October 23, 2009

3rd Revision: June 25, 2010

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