



COLLEGE
OF MEDICINE

Graduate Medical Education
Tel: (520) 626-7878
Fax: (520) 626-0090
medicine.arizona.edu

1501 N. Campbell Ave.
P.O. Box 245085
Tucson, AZ 85725-5085

GME Institutional Supervision Policy

Graduate Medical Education Committee - Policies and Procedures

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.

There are four different types of supervision that co-exist in the pursuit of graduate medical education training and patient care. They are defined as follows:

1. Direct: Direct supervision exists when faculty has direct contact with the patient and participates in providing care together with the resident.
2. Participatory: Participatory supervision exists when faculty closely observes and advises the resident before and during a patient encounter.
3. Indirect: Indirect supervision exists when faculty review the care given to patients by examination of the medical record or treatment plan with the resident.
4. General: General supervision exists when faculty are involved in patient care through instruction and the establishment of a system of patient care within which the resident must function.

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.



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- 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



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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.

Effective 10/1/2003

Revised 4/22/2010