

Graduate Medical Education

POLICY ON SUPERVISION AND ACCOUNTABILITY FOR GME TRAINEES

Purpose: To ensure safe, effective patient care and support the professional development of residents and fellows through structured supervision, progressive responsibility, and compliance with the standards of ACGME, the Joint Commission, and other accrediting bodies.

Scope: Supervision is required to provide safe and effective care to patients. It also ensures the trainee's development of the skills, knowledge and attitudes required to enter the unsupervised practice of medicine and establishes a foundation for continued professional growth. This policy applies to all trainees participating in Graduate Medical Education (GME) programs at UI Health Care, as well as supervising providers across all affiliated clinical sites, and applies to all institutions to which a trainee rotates.

Definitions: Resident/Fellow/Trainee: A physician in an accredited or non-accredited GME training program.
Supervising Physician: A credentialed faculty or licensed independent practitioner (LIP) responsible for supervising the performance of, and care rendered by, resident or fellow, in accordance with Medical Staff and Departmental Policies, as well as ACGME requirements. Every physician shares a responsibility and is accountable for their contribution to patient care. Senior trainees can provide direct and indirect supervision for junior trainees, but all activities are under the oversight of the Faculty / Attending Supervisor.

Levels of Supervision: Programs will use the following classifications of supervision to promote oversight of trainee supervision while providing for graded authority and responsibility:

- **Direct Supervision** – the supervising physician is either (a) physically present with the resident / fellow during key portions of the patient interaction, or (b) if permitted by a Program's applicable ACGME Review Committee and the supervision policy of the specific Program, the supervising physician is not physically present with the trainee but is concurrently monitoring the patient care through appropriate telecommunication technology.
- **Indirect Supervision** – the supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the trainee for guidance and is available to provide appropriate Direct Supervision.
- **Oversight** – the supervising physician is available to provide review of procedures/encounters and documentation, with feedback (including performance evaluations) provided after care is delivered.

Types of supervision included in these categories can include, but are not limited to, in person, electronic or telephonic, review of documentation, and submission and review of performance evaluations.

Policy: When providing care as part of their training program, all trainees must be supervised at all times, in accordance with their level of training, competence, and the complexity of patient care. Supervising physicians are ethically and legally responsible for patient outcomes and must ensure trainees are informed of their roles and limitations. Programs are responsible for structuring on-call schedules for supervisors and senior trainees to ensure that direct supervision is readily available to those who require it, and that supervision assignments are of sufficient duration to assess, evaluate, and delegate effectively.

REQUIREMENTS FOR PROGRAMS:

Each program will have a written, program-specific supervision policy consistent with this policy and with the ACGME Common and Specialty-/Subspecialty-specific Program Requirements. (Continued on next page.)

Program-specific policies will include the following:

- **Definition** of who is qualified to supervise trainees (in addition to faculty attendings) including more advanced trainees or licensed independent practitioners as specified by the applicable ACGME Review Committee.
- **Criteria and competencies** in compliance with applicable ACGME Review Committee requirements that define when a trainee is approved to safely and effectively perform procedures or clinical activities without direct supervision, and when the physical presence of a supervising physician is required. In general, Program Directors and supervisors determine the level of progressive authority, responsibility, and conditional independence accorded to each trainee based on these guidelines and determine readiness for supervisory roles. The supervising physician determines the nature of supervision and delegates appropriate responsibility based on the complexity of the patient care situation, the level of training and experience, and direct interaction with the trainee.
- **In all programs, PGY-1 residents** must initially be under Direct Supervision, with the physical presence of the supervising physician during key portions of the patient interaction. In this case, the supervising physician can be a senior trainee if deemed appropriate by the Faculty / Attending Supervisor.
- **Mechanism by which trainees can be deemed competent** to perform a procedure(s) under Indirect Supervision or Oversight. Programs may have lists of approved clinical activities by program year.
- **Process for consistent formative feedback and summative evaluation**, guided by specialty-specific competencies, to determine level of supervision required and readiness for graduated responsibility and autonomy. Each trainee must know the limits of their scope of authority and under what circumstances conditional independence is permitted.

Each program will have a process to identify the following:

- **Attending / Faculty Supervisor:** Each patient must have an identifiable and appropriately credentialed and privileged physician or licensed independent practitioner (as specified by the applicable RRC), who is responsible and accountable for the patient's care. This provider must be available to each trainee, faculty member, or other health care team members and patients.
- **Roles:** Each patient must be informed by the learner and faculty member as to their roles in providing the patient with care.

Each program will also include guidelines for circumstances in which trainees must communicate with the Attending/ Faculty Supervisor. These should be specific to patient situations, trainee level, who is to be contacted (by position), and what to do if the contact does not respond. **Per Institutional Guidelines, all trainees must communicate directly with Supervising Physician in the following cases:**

- Unexpected death
- Code or Rapid Response Activation
- Acute Decompensation (significant change in the care plan or code status, transfer to Intensive Care, emergent or unexpected need for procedure or surgery)

Procedure

1. Documentation. Supervision must be documented in the medical record, including:
 - a. Attending and/or supervisor involvement in care
 - b. Consultations and procedures
2. Each program's policy will be available from Program Director or Coordinator upon request.