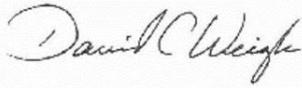


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**Policy Title:** Supervision of Graduate Medical Education Residents



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**GMEC Endorsed:** April 2017  
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**PURPOSE:**

To ensure:

- the provision of safe, effective, and high quality patient care at all times;
- the presence of a clear and uniform structure for resident supervision within all UTSW training programs that is consistent with national standards of supervision and graduated responsibility as defined by the Accreditation Council for Graduate Medical Education (ACGME);
- educational needs of all residents are attained in a structured environment that provides appropriate supervision and graded responsibility appropriate to the residents' level of education, competence and experience;
- all training environments promote the development of health care providers who are competent to deliver patient care independently upon completion of their training.

**DEFINITIONS**

For purposes of this policy, the following definitions are taken from the ACGME Glossary (April 2017).

**Clinical Supervision:** A required faculty activity involving the oversight and direction of patient care activities that are provided by residents/fellows.

**Conditional Independence:** Graded, progressive responsibility for patient care with defined oversight.

**Faculty:** Any individuals who have received a formal assignment to teach resident/fellow physicians. At some sites, appointment to the medical staff of the hospital constitutes appointment to the faculty.

**Program Director:** The one physician designated with authority and accountability for the operation of the residency/fellowship program.

**Program Year:** Refers to the current year of education within a specific program; this designation may or may not correspond to the resident's graduate year level.

**Resident:** A physician in an accredited graduate medical education specialty program.

**Site:** An organization providing educational experiences or educational assignments/rotations for residents/fellows.

**Sponsoring Institution:** The organization (or entity) that assumes the ultimate financial and academic responsibility for a program of GME. The sponsoring institution has the primary purpose of providing educational programs and/or health care services (e.g., a university, a medical school, a hospital, a school of public health, a health department, a public health agency, an organized health care delivery system, a medical examiner's office, a consortium, an educational foundation).

**POLICY:**

**Roles and Responsibilities:**

Resident education is progressively graduated in both experience and responsibility with primary attention to the benefit, and safety of the patient. Development of mature clinical judgment requires that each resident be involved in the decision-making process. The conditional independence of the resident should be determined by each program and individualized to be commensurate with the clinical circumstances and ability of the resident. In such an environment, each physician participating in the clinical training environment will have specific and defined roles and responsibilities:

- Attending Physicians are responsible for:
  - the assessment, diagnosis, treatment, and outcomes of all patients undergoing care at sites of care functioning under the sponsoring institution;
  - ensuring their role is identified to patients per hospital policy and ACGME requirements;
  - delegating portions of care to residents based on the needs of the patient and the skills of each resident;
  - providing the appropriate level of supervision based upon the nature of a patient's condition, complexity of care, and level of competence of the residents being supervised. (PGY-1 residents should be supervised either directly or indirectly with direct supervision immediately available.)
- The Program Director is responsible for
  - demonstrating that the appropriate level of supervision is in place for all residents who care for patients;
  - establishing faculty supervision assignments 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;
  - setting guidelines for circumstances and events in which residents must communicate with appropriate supervising faculty members, such as the transfer of a patient to an intensive care unit, or end-of-life decisions;
  - monitoring resident supervision at all participating sites;
  - communication and collaboration with residents, faculty, clinical and operational leadership to ensure these guidelines are understood;
  - monitoring adherence to these guidelines.
- Residents
  - are supervised by an attending physician;
  - are responsible for being aware of their limitations, roles, and responsibilities within the course of patient clinical care;
  - must know the limits of their scope of authority, and the circumstances under which the resident is permitted to act with conditional independence;
  - are supervised in a manner consistent with national standards of supervision as defined by the Accreditation Council for Graduate Medical Education;
  - are provided progressive authority and responsibility, conditional independence, and, when appropriate, a supervisory role in patient care as assigned by the program director and faculty members.;
  - are expected to communicate effectively with attending physicians and other members of the health care team;
  - are required to inform patients of their respective role in each patient's care.

**Communication:**

Communication between residents and the attending physician will occur at the time patient care decisions are being made. Prior to clinical care decisions, the attending physician will facilitate communication regarding care decisions. Examples include, but are not limited to, the following:

- Admission and discharge of a patient;
- Decision making applied to high risk or complex procedures and/or interventions, to include surgeries, use of moderate sedation, and high risk or complex diagnostic procedures;
- An important change in status occurs and/or when a patient is transferred from one service to another and/or from one level of service to another (e.g. Admission of a patient from the clinic, transfer of a patient to an intensive care unit, etc.)
- When a patient's condition is unexpectedly deteriorating, or when a patient is not improving clinically in an expected fashion or time course; and
- When disclosure of a significant adverse event is necessary.

**Documentation:**

Direction of clinical care and supervision of the residents must be documented in the medical record in accordance with the Bylaws and/or Rules and Regulations of the participating site. In particular, the following events require attending documentation that reflects appropriate supervision and ensures comprehensiveness of the record:

- Patient history and physical examination, and/or patient admission;
- Patient discharge;
- Surgeries and high-risk procedures; and
- Progress notes that cover significant events, complications, patient and family communication, treatments and response to treatment. An attending progress note is particularly important in the event of transfer of responsibility of care

Consultation: Clinical consultation ranges from verbal advice to interdisciplinary concurrent care. The documentation will reflect the complexity of the clinical question and degree of consultant involvement.

Programs must submit completed Supervision Grids to the Graduate Medical Education Office annually. The Supervision Grid template is available through the GME Office.

**Emergencies:**

In an emergency situation to preserve life or prevent serious impairment to health, residents shall be permitted to implement life support services. Notification must be made to the supervising physicians as soon as possible. The responsibilities of the attending physician to the patient and to the residents are not changed by these circumstances.