

RESIDENT* SUPERVISION**RATIONALE**

Supervision in the setting of Graduate Medical Education (GME) has the goals of assuring the provision of safe and effective care to the individual patient; assuring each Resident's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishing a foundation for continued professional growth. One of the core principles of is the concept of graded and progressive responsibility. As Residents gain experience and demonstrate growth in their ability to care for patients, they assume roles that permit them to exercise those skills with greater independence.

In this policy, the term “**Faculty**” refers to a physician who has been appointed to the Faculty of the University of Tennessee College of Medicine Chattanooga, is a member of the Medical Staff of the affiliated hospital facilities in which our Residents train, and serves as an attending physician for given patients.

PROGRAM LETTERS OF AGREEMENT

In order to ensure Residents receive appropriate educational experience under the appropriate level of supervision, programs should annually review Resident clinical assignments and, if changes have occurred, update the appropriate Program Letter of Agreement (PLA) for each participating site providing a required program assignment. The Program Director must monitor Resident supervision at all participating sites and should review Faculty supervision assignments to determine if they are of sufficient duration to assess the knowledge and skills of each Resident and delegate to each Resident the appropriate level of patient care authority and responsibility. PLA's must be updated every five years and signed by the Program Director, Site Director, Associate Dean/DIO, Dean, and CEO/President of the Primary Clinical Training Site if the rotation occurs at an external hospital. The PLA must include the following information:

- identify Faculty name/or general Faculty group who teaches/supervises Residents
- specify their responsibilities for teaching, supervision, and formal evaluation of Residents
- specify the duration and content of the educational experience; and
- state that Residents must abide by the policies of the site, the program, and the GME Committee.

A copy of the signed PLA will be provided to and maintained by the Director of GME.

SUPERVISION OF RESIDENTS

Each patient must have an identifiable, appropriately-credentialed and privileged attending physician (or licensed independent practitioner as specified by each ACGME Review Committee) who is responsible and accountable for that patient's care.

- This information must be available to Residents, Faculty members, other members of the health care team, and patients.
- Residents and Faculty members must inform each patient of their respective roles in that patient's care when providing direct patient care.

Programs must demonstrate that the appropriate level of supervision, as defined by ACGME, is 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.

- Some activities require the physical presence of the supervising Faculty member.
- For many aspects of patient care, the supervising physician may be a more advanced Resident.
- Other portions of care provided by the Resident can be adequately supervised by the immediate availability of the supervising Faculty member or Resident physician, either in the institution, or by means of telephonic and/or electronic modalities.
- In some circumstances, supervision may include post-hoc review of Resident-delivered care with feedback as to the appropriateness of that care.

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.

The Program Director must evaluate each Resident's abilities based on specific criteria, guided by the Milestones. Based on the needs of the patient and the skills of the Residents, Faculty members functioning as supervising physicians must delegate portions of care to Residents.

Senior Residents should serve in a supervisory role of junior Residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual Resident. A more senior Resident may be designated by the Program Director as a supervising physician when he or she has demonstrated the medical knowledge, procedural competency skill set, and supervisory capability to teach and oversee the work of junior Residents.

Each Resident must know the limits of his or her scope of authority, and the circumstances under which he/she is permitted to act with conditional independence.

Initially, PGY-1 Residents must be supervised either directly or indirectly with direct supervision immediately available as described in the following four levels of supervision. [Each Review Committee may describe the conditions and the achieved competencies under which PGY-1 Residents progress to be supervised indirectly, with direct supervision available.]

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.

LEVELS OF SUPERVISION:

Programs must use the following classification of supervision to promote oversight of Resident supervision while providing for graded authority and responsibility:

- **DIRECT SUPERVISION** – the supervising physician is physically present with the Resident and patient.
- **INDIRECT SUPERVISION 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.
- **INDIRECT SUPERVISION 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.
- **OVERSIGHT** – The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

In an emergency, defined as a situation where immediate care is necessary to preserve life or prevent serious impairment, Residents are permitted to initiate whatever care is necessary and reasonable to save a patient from serious harm even if an attending physician is not immediately available to supervise. The appropriate Medical Staff member should be notified as soon as possible.

Supervising physicians may be more advanced Residents. Documentation of supervision will be by progress note, signature, additional evaluation note by the attending physician, or may be reflected within the Resident's progress notes of notification and will be consistent with the management plan previously agreed upon with the attending physician at a frequency appropriate to the patient's condition.

Residents are not members of the hospital's Medical Staff but are recognized as health care providers who will be involved in patient care under the supervision of an appropriate physician who holds a Faculty appointment and is a member of the hospital Medical Staff, as defined in the hospital's Medical Staff Bylaws and Rules and Regulations. Residents may provide assistance in the care of patients of physicians on the service to which they are assigned.

All patients receiving care at the participating hospital facilities are assigned to a member of the hospital's Medical Staff, designated as that patient's attending physician. The attending physician responsible for the care of patients with whom Residents are involved will provide the appropriate level of supervision based on the nature of the patient's condition, the likelihood of major changes in the management plan, the complexity of care, and the experience and judgment demonstrated by the Residents being supervised. The Medical Staff/Faculty Member, within the limits of his clinical privileges and with continued supervision, may extend specific patient care responsibilities to the Resident, commensurate with the Resident's demonstrated competence.

As part of the training programs, Residents will have the privilege of progressive responsibility for the care of patients and may act in a teaching capacity and provide supervision to less experienced Residents and Medical Students. It is the decision of the Faculty member, with advice from the Program Director, as to which activities the Resident will be allowed to perform within the context of the assigned levels of responsibility, based on the needs of the patient and the skills of the Resident. The overriding consideration must be the safe and effective care of the patient.

Fee for Teaching Physician Services: In those instances in which the attending physician may submit a bill for services as the teaching physician, supervision must be provided in keeping with the HCFA (CMS) Final Rule and its subsequent revisions.

PROGRAM-LEVEL SUPERVISION POLICIES AND PROCEDURES

Each ACGME-accredited training program is required to establish a written program-specific supervision policy consistent with GME institutional policies and individual Residency Review Committee (RRC) requirements. Programs must use the ACGME classification of supervision and the UT GME Patient Care Supervision schema and must demonstrate that appropriate levels of supervision are in place. Program-specific policies and procedures should include the following:

- Definition of who is qualified to supervise Residents (in addition to Faculty attendings) including more advanced Residents or licensed independent practitioners as specified by each RRC.
- Criteria in compliance with individual RRC requirements that define when a Resident is approved to safely and effectively perform certain procedures or clinical activities without direct supervision. The Program Director will define the mechanism by which Residents can be deemed competent to perform a procedure(s) under indirect supervision or oversight. Lists of approved clinical activities should be maintained for each Resident so that they can be made available for review by all patient care personnel.
- Requirement that PGY-1 Residents (if applicable to program training levels) should be supervised either directly or indirectly with direct supervision immediately available and, if defined by a program's RRC, a listing of achieved competencies under which PGY-1 Residents progress to be supervised indirectly, with direct supervision available.
- Guidelines for circumstances and events in which Residents must communicate with the supervising Faculty. These guidelines should be specific to patient situations, Resident level, who is to be contacted (by position) and what to do if the contact does not respond.
- A description of clinical responsibilities for each Resident based on PGY-level, patient safety, Resident education, severity and complexity of patient illness/condition and available support services. (RRC may specify optimal clinical workloads.)

- Educating Residents and Faculty on supervision policies and procedures including the ACGME requirement that Residents and Faculty members should inform patients of their respective roles in each patient's care.

Programs should annually review Faculty supervision assignments and the adequacy of supervision levels. A copy of each program's current supervision policy should be submitted to the Director of GME along with a sample procedure/clinical activity competency list. Compliance with these requirements may be monitored by the GMEC through periodic audits, review of annual program evaluation meeting minutes, and the internal review process.

Please refer to the UT GME Policy #405 regarding Patient Care Settings and Resident Supervision Standards.

*The term "Resident" refers to both Resident and Fellow trainees.

Approved by the GMEC and updated 5/1/2018. Administrative edits 5/7/2019. Reviewed 5/19/2020.