

# University of Colorado School of Medicine

## Graduate Medical Education

Policy: <b>Supervision Policy</b>		
Original Approval: July 1, 2005	Effective date: July 1, 2005	Revision Date: June 8, 2005 April 16, 2014 (Editorial) February 15, 2017 (Editorial) January 5, 2018 (Editorial)

**In this document, “Resident” refers to both specialty Residents and subspecialty fellows.**

### **Purpose**

To ensure that Residents are provided adequate and appropriate levels of supervision at all times during the course of the educational training experience and to ensure that patient care is delivered in a safe manner.<sup>1</sup>

### **Policy**

Each patient must have an identifiable, appropriately-credentialed and privileged attending physician (or licensed independent practitioner as approved by each Review Committee) who is ultimately responsible 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 patients of their respective roles in that patient’s care when providing direct patient care.

All Residents working in clinical settings must be supervised by a licensed physician. Within the State of Colorado, the supervising physician must hold a regular faculty or clinical faculty appointment from the University of Colorado School of Medicine. For clinical rotations occurring outside of Colorado the supervising physician must be approved by the training Program Director.

The program must demonstrate that the appropriate level of supervision 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. The Program Director will ensure all program policies relating to supervision are distributed to Residents/Fellows and Faculty who supervise Residents. A copy of the program policy on Supervision must be included in the official Program Handbook and Policy Manual, and provided to each Resident upon matriculation into the program. To ensure oversight of Resident supervision and graded authority and responsibility, the program must use the ACGME classification of supervision:

#### 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.

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.

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<sup>1</sup> ACGME Common Program Requirements, Section VI.A.2

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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.

Faculty members functioning as supervising physicians must delegate portions of care to residents based on the needs of the patient and the skills of each resident. Senior residents or fellows should serve in a supervisory role to junior residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow.

Faculty supervision assignments must be of sufficient duration to assess the knowledge and skills of each Resident and delegate to him/her the appropriate level of patient care authority and responsibility.

Programs must set written guidelines for circumstances and events in which Residents must communicate with appropriate supervising Faculty members.

Each resident must know the limits of his/her scope of authority, and the circumstances under which he/she is permitted to act with conditional independence. The clinical responsibilities for each Resident must be based on PGY-level, patient safety, Resident education, severity and complexity of patient illness/condition and available support services.

PGY-1 Residents must be supervised either directly or indirectly with direct supervision immediately available. [Each ACGME Review Committee may describe the conditions and the achieved competencies under which PGY1 Residents progress to be supervised indirectly with direct supervision available.]

GMEC oversees the following 2 mechanisms by which Residents/Fellows can report inadequate supervision in a protected manner:

- Housestaff Association Annual Surveys
- ACGME Annual Resident Surveys