

University of Colorado School of Medicine

Graduate Medical Education

Policy: Supervision Policy		
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) May 24, 2023 September 27, 2023

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.¹

Policy

Each patient will have an identifiable and appropriately credentialed and privileged attending physician (or licensed independent practitioner as specified by the applicable Review Committee) who is responsible and accountable for the patient’s care. Residents and faculty members must inform patients of their respective roles in that patient’s care when providing direct patient care. This information must be available to residents, faculty members, other members of the health care team, and patients.

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 during the key portions of the patient interaction, or [the Review Committee may further specify] PGY1 residents must initially be supervised directly. [The Review Committee may describe the conditions under which PGY1 residents progress to be supervised indirectly.] OR,

Some specialties allow Direct Supervision through telecommunication under specific circumstances. Telecommunication cannot be used as a method of Direct Supervision unless the Specialty-Specific ACGME Review Committee accepts it.² The supervising physician and/or patient is not physically present with the resident and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology (Refer to the CUGME [GME Residents Performing](#)

¹ ACGME Common Program Requirements, Section VI.A.2

² [Specialty-Specific Program Requirements: Direct Supervision Using Telecommunication Technology](#)

University of Colorado School of Medicine

Graduate Medical Education

[Telemedicine Policy](#).) [The Specialty Specific ACGME Review Committee may choose not to permit this requirement and may further specify.]

Indirect Supervision:

The supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the resident for guidance and is available to provide appropriate Direct Supervision.

Oversight:

The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

Programs must define when physical presence of a supervising physician is required.

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. 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 their scope of authority, and the circumstances under which the resident is permitted to act with conditional independence.

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. GMEC oversees the following 2 mechanisms by which Residents/Fellows can report inadequate supervision and accountability in a protected manner that is free from reprisal:

- Housestaff Association Annual Surveys
- ACGME Annual Resident Surveys
- Questions pertaining to supervision on the CUSOM GME Work Hours Survey

Non-Standard Training (NST) Programs

The NST program director must oversee NST trainee supervision, education, and assessment at all participating sites. At least annually, the GMEC must complete and document an assessment of supervision and assessment of NST trainees. The NST program must make available to NST trainees and faculty members a curriculum that includes delineation of NST trainee responsibilities for patient care, responsibility for patient management, and supervision during the NST program. **Each supervising faculty member must be physically present to supervise the NST trainee with all patients until the NST program director has documented the NST trainee's ACGME Milestones achievement as a sufficient basis for delegating progressive authority and responsibility and conditional independence, as assigned by the NST program director and faculty members.**