

IDENT	GME11
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Title of Owner	Dir GME
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**TITLE:** GME Trainee Supervision

**POLICY STATEMENT:** Patient care provided by residents/fellows (trainees) must be supervised appropriately to maintain high standards of care, safeguard patient safety, and ensure high quality education.

**PROCEDURE:** The program must demonstrate that the appropriate level of supervision is in place for all residents/fellows who care for patients.

1. In the clinical learning environment, each patient must have an identifiable, appropriately credentialed and privileged attending physician or licensed independent practitioner who is ultimately responsible for that patient's care. For aspects of patient care and as appropriate, a more advanced resident, fellow or mid-level provider may provide supervision.
  - a. Trainees must know who the accountable attending physician is prior to making clinical decisions on behalf of a patient and are responsible for keeping the accountable physician informed.
  - b. Trainees must inform patients of their respective roles during patient care.
2. Levels of Supervision - To ensure oversight of trainee supervision and graded authority and responsibility, the program must use the following ACGME classification for supervision: Direct, Indirect, and Oversight.
  - a. Direct Supervision
    - i. The supervising physician is present with the trainee during key portions of the patient interaction either physically or using telecommunication technology if an appropriate practice for the specialty/subspecialty.
  - b. Indirect Supervision:
    - i. 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.
  - c. Oversight
    - i. The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.
3. Dental Residency - A faculty member must be present in the dental clinic for consultation, supervision and active teaching when residents are treating patients in scheduled clinic sessions.
4. The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each trainee is assigned by the program director, with feedback from faculty.
  - a. The program director should evaluate each trainee's abilities based on specific criteria, guided by the Milestones.
  - b. Faculty functioning as supervising physicians should delegate portions of care to trainees, based on the needs of the patient and the skills of the trainees.
  - c. Senior trainees should serve in a supervisory role of junior trainees in recognition of their progress toward independence, based on the needs of each patient and the skills of individual trainees.
5. Programs should set guidelines for circumstances and events in which trainees must communicate with appropriate supervising faculty.
  - a. Trainees must know the limits of their scope of authority, and the circumstances under which they are permitted to act with conditional independence.
  - b. PGY-1 residents must initially be supervised directly, only as described in the above definition.
6. Faculty supervision assignments should be of sufficient duration to assess the knowledge and skills of each trainee and delegate to them the appropriate level of patient care authority and responsibility.

Documents Status: **APPROVED**

**DEFINITIONS:** None

**REFERENCES:** Accreditation Council for Graduate Medical Education, Institutional Requirements

**REVIEWERS:** Dir GME

**OWNER:** Dir GME

**APPROVING OFFICIAL:** DIO, GMEC