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| POLICY | |
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| PURPOSE | <p>This policy outlines the principles for supervision of residents in MHS training programs and is structured to meet the requirements promulgated in the ACGME Institutional Requirements. The policy is structured to comply with relevant requirements while providing residents with an optimal clinical and academic learning environment in which to develop and demonstrate progressive responsibility for patient care that complies with the requirements of the ACGME and the individual specialty boards. All accredited and non-accredited training programs must ensure that residents in their programs, as well as all supervising or attending physicians, adhere to the standards herein.</p> <p>Each program will be responsible for developing specific guidelines reflective of the principles set forth in this document and consistent with both the levels of supervision defined by the ACGME for proper patient care, and the program requirements for the individual specialty or subspecialty.</p> |
| SCOPE | <p>The policy applies to all MHS-sponsored GME residency training programs, both accredited and non-accredited. The term "resident" refers to all medical graduate trainees (interns, residents, fellows) in all postgraduate GME training programs sponsored by MHS.</p> <p><i>Note:</i> In addition to being subject to specific policies and procedures required by all applicable accrediting bodies, GME Residents are also subject to policies and procedures applicable to MHS employees generally and enjoy those benefits of employment applicable to MHS employees of comparable classification.</p> |
| ACRONYMS | <p>ACGME — Accreditation Council for Graduate Medical Education CAO — Chief Academic Officer CMO (H) — Chief Medical Officer of individual hospitals in MHS CMO (S) — Chief Medical Officer of MHS CPME — Council on Podiatric Medicine DIO — Designated Institutional Official GMEC — Graduate Medical Education Committee MHS — Memorial Healthcare System OAA — Office of Academic Affairs PD — Program Director RRC — Resident Review Committee</p> |
| DEFINITIONS | <p>DEFINITIONS</p> <p>I. Attending Physician</p> <p>The physician who has been selected by or assigned to the patient and who has assumed primary responsibility for the treatment and care of the patient.</p> |

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| | <p>II. Faculty</p> <p>Any individuals who have received a formal assignment to teach resident physicians.</p> <p>III. Levels of Supervision</p> <p>Direct Supervision: the supervising physician is physically present with the resident during the key portions of the patient interaction. PGY-1 residents must initially be supervised directly, only as described in VI.A.2.c).(1).(a). (Core) [The Review Committee may describe the conditions under which PGY-1 residents progress to be supervised indirectly]</p> <p>VI.A.2.c).(1).(b) 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. (Core)</p> <p>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.</p> <p>Oversight – the supervising physician is available to provide timely review of procedures/encounters with feedback provided after care is delivered.</p> <p>The program must define when the physical presence of a supervising physician is required. (Core) [from ACGME Common Program Requirements, VI.A.2.b).(2)]</p> |
| PROCEDURES | <p>Progressive Authority and Responsibility</p> <p>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. Faculty supervision assignments should be of sufficient duration to assess the knowledge and skills of each resident and delegate to them the appropriate level of patient care authority and responsibility. Each program is responsible for developing descriptions of the level of responsibility accorded to each resident by rotation and PGY level. These descriptions must include identification of the mechanisms by which the participant's supervisor(s) and program director make decisions about each resident's progressive involvement and independence in specific patient care activities. In particular:</p> <ol style="list-style-type: none"> 1. In all clinical settings, each patient must have an identifiable, appropriately credentialed and privileged attending physician who is ultimately responsible for that patient's care. 2. Accurate on-call and clinical assignment schedules must be available at all patient care sites in a timely manner and easily accessible so that all residents, nursing staff, and ancillary personnel can easily identify the resident's faculty |

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| | <p>supervisor.</p> <ol style="list-style-type: none"> 3. The resident's clinical duties must be conducted in a carefully supervised manner that allows residents to assume progressively increasing responsibility in accordance with their level of education, ability, and experience. <p>Progressive authority and responsibility delegated to each resident must be assigned by the program director and faculty members after assessment of the resident's relevant competencies. 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.</p> 4. Each MHS-sponsored residency 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. Each program must follow its particular RRC rules for supervision, should they exist. 5. Each program must establish a written program-specific supervision policy consistent with the institutional policy and the respective ACGME Common and specialty/subspecialty-specific Program Requirements 6. Each program shall describe: <ol style="list-style-type: none"> a. Types of supervision, using the definitions described herein which are consistent with definitions put forth by the ACGME for all rotations. b. The person(s) providing supervision. c. Supervisory roles of the resident or fellow, when applicable. 7. In recognition of their progress toward independence, senior residents or fellows should be given responsibility to serve in a supervisory role over junior residents based on the needs of each patient and skills of the individual resident, provided their demonstrated progress in the training program justifies this role. 8. Supervision assignments should be of sufficient duration to assess the knowledge and skills of each resident and delegate the appropriate level of |
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patient care authority and responsibility. At appropriate times, supervision must include timely communication with supervising faculty, and residents must be provided with rapid, reliable systems for doing so. Specific guidelines for verbal communication with faculty are defined by each program.

9. Programs must identify and set guidelines for circumstances in which any resident, regardless of training level or proficiency, must verbally communicate with appropriate supervising faculty members. At a minimum, circumstances for such communication should include, but not limited to:
 - a. Emergency admission.
 - b. Transfer to a higher level of care.
 - c. Code Blue Team or other safety alert team activation.
 - d. Clinically significant change in patient status.
 - e. Change in Code Status
 - f. Controversies regarding care management, including concerns raised by nursing and other healthcare personnel.
 - g. Patient or family dissatisfaction.
 - h. Patient requesting discharge against medical advice
 - i. Patient elopement
 - j. Medical error/risk report generated
 - k. End-of-life decisions
 - l. Patient death
 - m. Ethical issues

Faculty Responsibilities

1. Provide residents with the appropriate level of timely indirect or direct supervision, as appropriate to the level of patient care, at all times and at all clinical sites.
2. Appropriately delegate patient care to residents based on the needs of the patient and skill level of the residents.
3. To ensure billing and ACGME supervisory compliance, all resident documentation must be co-signed. Patient care should not be delayed due to lack of attending co-signature. Resident documentation is sufficient to carry out plan of care.
4. Provide regular, timely feedback to residents.
5. All new admissions by resident must be seen by attending physicians within 24 hours or sooner if deemed medically necessary.
6. Daily attending note(s) are required for all patients covered by the house staff.

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| | <p>7. For consultative rotations an attending note is required on each day that resident rounds.</p> <p>8. No patients can be discharged from the hospital without the attending physician approving the discharge.</p> |
| REFERENCES | ACGME Institutional Requirements (effective July 2022) ACGME Common Program Requirements (effective July 2022) Program-Specific Policies and Procedures (latest effective as per specific RRC) |
| ORIGINAL ISSUE DATE | April 15, 2015 |
| REVIEW/REVISION DATES | July 2017 July 2020 May 2023 September 2023 |
| POLICY OWNER | <p>Office of Academic Affairs</p> <p>If any of the statements contained in this policy conflict with any verbal statements or agreements made by any representatives of MHS, then the statements contained in this policy shall control the outcome of any such conflict.</p> <p>Memorial reserves the right to modify this policy in whole or in part, at any time, at the discretion of the Healthcare System or as required by applicable law, regulation, or governing/accrediting body.</p> <p>Employees who have questions regarding information contained in this policy should contact the Office of Academic Affairs.</p> <p>This policy is intended to supplement standard MHS Human Resources (“HR”) policies. To the extent that this policy conflicts with any MHS HR policy, the standard HR policy shall govern and control.</p> |