



Graduate Medical Education Office

GME POLICY: 200-050385-019

Supervisor of Residents and Fellows

There must be sufficient institutional oversight to assure that residents are appropriately supervised. Residents must be supervised by teaching staff in such a way that the residents assume progressively increasing responsibility according to their level of education, ability, and experience. On-call schedules for teaching staff must be structured to ensure that supervision is readily available to residents on duty. The teaching staff must determine the level of responsibility accorded to each resident.

The attending physician or attending practitioner is responsible for all care provided to the patients. The attending physician shall participate in or supervise the care provided by residents and others to assure that all aspects of care meet acceptable standards.

Policy

Each program must have formal policies for the supervision of residents. These policies must provide information concerning the method of scheduling of attending physicians so that they are available to the resident at all times. In most instances program directors are required to prepare written explicit lines of responsibility for the care of patients in all clinical sites that are communicated to all members of the staff. These documents must be included in the program's Policies and Procedures Binder for monitoring by the Graduate Medical Education Committee during annual reports and for internal reviews.

The program also should be in substantial compliance with the Los Angeles County Department of Health Services Guidelines for the Supervision of Resident Physicians. The program must be in substantial compliance with the specific program requirements of the Accreditation Council for Graduate Medical Education.

At a minimum, the following supervision standards must be met and communicated to all faculty and housestaff:

In Accordance with ACGME Common Program Requirements:

VI.A.2. Supervision and Accountability

VI.A.2.a) Although the attending physician is ultimately responsible for the care of the patient, every physician shares in the responsibility and accountability for their efforts in the provision of care. Effective programs, in partnership with their Sponsoring Institutions, define, widely communicate, and monitor a structured chain of responsibility and accountability as it relates to the supervision of all patient care.

Supervision in the setting of graduate medical education provides safe and effective care to patients; ensures each resident's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishes a foundation for continued professional growth.

VI.A.2.a).(1) Residents and faculty members must inform each patient of their respective roles in that patient's care when providing direct patient care.

VI.A.2.a).(1).(a) This information must be available to residents, faculty members, other members of the health care team, and patients.

VI.A.2.a).(2) 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 Review Committee/Specialty may specify which activities require different levels of supervision]

VI.A.2.b) Levels of Supervision

To promote appropriate resident supervision while providing for graded authority and responsibility, the program must use the following classification of supervision:

VI.A.2.b).(1) Direct Supervision:

VI.A.2.b).(1).(a) the supervising physician is physically present with the resident during the key portions of the patient interaction; or, [The Review Committee may further specify]

VI.A.2.b).(1).(a).(i) PGY-1 residents must initially be supervised directly, only as described in VI.A.2.c).(1).(a).

[The Review Committee may describe the conditions under which PGY-1 residents progress to be supervised indirectly]

VI.A.2.b).(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. [The RC may choose not to permit this requirement. The Review Committee may further specify]

VI.A.2.b).(2) 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.

VI.A.2.b).(3) Oversight:

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

VI.A.2.c) The program must define when physical presence of a supervising physician is required.

VI.A.2.d) 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.

- A supervisory resident is a Resident Physician designated and documented to have attained competency to perform specific patient-care functions (i.e., specific operative procedures or defined patient-care activities) without direct supervision by an Attending Physician and may supervise a non-supervisory Resident to perform the specifically designated procedures as determined by each residency training program.

VI.A.2.d).(1) The program director must evaluate each resident's abilities based on specific criteria, guided by the Milestones.

VI.A.2.d).(2) 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.

VI.A.2.d).(3) 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.

VI.A.2.e) Programs must set guidelines for circumstances and events in which residents must communicate with the supervising faculty member(s).

VI.A.2.e).(1) 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.

VI.A.2.f) 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.

References:

ACGME Common Program Requirements, 07/01/2023