



GME Policy – Resident Supervision

PURPOSE

It is the policy of the Graduate Medical Education Committee (GMEC) to follow requirements of the ACGME regarding supervision of residents. Residents at St. Joseph Medical Center (SJMC) will be supervised by faculty physicians in a manner that is consistent with the ACGME common program requirements and program-specific requirements.

PROCEDURE

1. The Program Director shall provide explicit written descriptions of lines of responsibility for the care of patients, which shall be made clear to all members of the teaching teams. Residents shall be given a clear means of identifying supervising physicians who share responsibility for patient care on each rotation. In outlining the lines of responsibility, the Program Director will use the following classifications of supervision:

- a. Direct Supervision: the supervising physician is physically present with the resident and patient.
- b. 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.
- c. Indirect 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 to provide Direct Supervision.
- d. Oversight: the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

2. Supervision shall be structured to provide residents with progressively increasing responsibility commensurate with their level of education, ability, and attainment of program-specific milestones.

The Program Director in conjunction with the program's faculty members shall make determinations on advancement of house officers to positions of higher responsibility, readiness for a supervisory role in patient care, and conditional independence through assessment of competencies based on specific criteria. Faculty members functioning as supervising physicians should assign portions of care to residents based on the needs of the patient and the skills of the resident.

Based on these same criteria and in recognition of their progress toward independence, senior residents shall serve in a supervisory role for junior residents.

3. 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. PGY-1 residents will be supervised either directly or indirectly with direct supervision immediately available. Programs will define, based on the appropriate Residency Review Committee's guidelines, the competencies that PGY-1 residents must achieve in order to progress to supervision indirectly with direct supervision available.

4. Residents will be assigned a faculty supervisor for each clinical experience (inpatient or outpatient). The faculty supervisor shall provide to the Program Director a written evaluation of each resident's performance during the period that the resident was under his or her direct supervision. The Program Director will structure faculty supervision assignments 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.