

Policies and Procedures

<i>Section:</i> School of Medicine						
<i>Chapter:</i> Graduate Medical Education	<i>Issued:</i> <i>DATE</i> 12/2014	<i>REV. A</i> 10/31/14	<i>REV. B</i> 11/4/19	<i>REV. C</i> 1/27/21		
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PURPOSE

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.

SCOPE

The policy applies to all Creighton University residents, fellows and their respective training programs.

DEFINITIONS

- **Direct supervision:** Unless specified by a specific Review Committee, direct supervision means the supervising faculty is physically present during key portions of the patient interaction. Physically present is defined as the teaching physician is either located in the same room as the patient and/or performs a face-to-face service or it can be met through interactive video real-time communications technology that is synchronous when permitted by the appropriate Review Committee. Audio only technology does not meet this requirement.
- **Indirect supervision:** The supervising physician is not providing physical or concurrent visual supervision but is immediately available to the resident for guidance and is available to provide appropriate direct supervision.
- **Oversight supervision:** The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered
- **Supervising faculty:** An appropriately credentialed and qualified physician or licensed independent practitioner (as allowed by each accrediting body) appointed to the program faculty to provide resident education and supervision and who has responsibility for the patient's care. Credentialing must be for independent performance. Faculty members who are under proctoring or other restrictions from the medical staff cannot perform as supervising faculty.
- **Regulatory requirements:** Those dictated by a Graduate Medical Education accrediting body, the sponsoring institution or a governmental or other oversight body such as, but not limited to, Medicare or Joint Commission.

POLICY

Graduate Medical Education (GME) is the crucial step of professional development between medical school and autonomous clinical practice. It is in this vital phase of the continuum of medical education that residents learn to provide optimal patient care under the supervision of faculty members who not only instruct, but serve as role models of excellence, compassion, professionalism, and scholarship. The care of patients is undertaken with appropriate faculty supervision and conditional independence, allowing residents to attain the knowledge, skills, attitudes, and empathy required for autonomous practice. As resident trainees acquire the knowledge and judgment that accrue with experience, they are allowed the privilege of increased responsibility for patient care as they progress to practice independently. Faculty members ensure that patients receive the level of care expected from a specialist in the field. They recognize and respond to the needs of the patients, residents, community, and institution.

The process of progressive responsibility is the underlying educational principle for all graduate medical and

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professional education, regardless of specialty or discipline. The responsibility of supervising faculty is to enhance the knowledge of residents while ensuring patient safety and quality care. Such responsibility is exercised by observation, consultation, and feedback, and includes the imparting of knowledge, skills, and attitudes/behaviors to the residents and the assurance that care is delivered in an appropriate, timely, and effective manner.

Supervision may be exercised through a variety of methods. For many aspects of patient care, the supervising physician may be a more advanced resident or fellow. Other portions of care provided by the resident can be adequately supervised by the appropriate availability of the supervising faculty member, fellow, or senior resident physician, either on site or by means of telecommunication technology. Some activities require the physical presence of the supervising faculty member. In some circumstances, supervision may include post-hoc review of resident-delivered care with feedback. If direct supervision is not required, the assigned supervising faculty must still be able to arrive at the health care site within a reasonable period of time when supervision needs are required because the patient care needs exceed the skill of the resident or fellow. Each program is responsible for training their supervising faculty in their roles and responsibilities.

RESPONSIBILITIES

The provisions of this policy are applicable to any type of patient care activity provided by residents or fellows.

- a. Supervising faculty are ultimately responsible for the care provided to each patient and they must be familiar with each patient for whom they are responsible. Fulfillment of that responsibility requires personal involvement with each patient and each resident who is participating in the care of that patient. Each patient must have a supervising faculty member whose name is identifiable in the patient record. Supervising faculty members should appropriately delegate portions of care to residents, based on the needs of the patient, the skills of the residents and other regulatory requirements. Other supervising faculty may at times be assigned responsibility for the care of the patient and the supervision of the residents involved. It is the responsibility of the supervising faculty member to be sure that the residents involved in the care of the patient are informed of such reassignment and can readily access a supervising faculty member at all times.
- b. Services that provide 24-hour, 7-day a week (24/7) resident coverage, must provide call schedules to the medical center administration. Call schedules must delineate both resident and supervising faculty coverage.
- c. Each training program is structured for residents to assume increasing levels of responsibility according to their experience, skill, knowledge, and judgment. The Clinical Competency Committee of each program defines the levels of responsibilities for each milestone of training and determines the clinical activities a resident may perform under what level of supervision. The GME office ensures that this list of graduated levels of responsibility is available to the health care site. The health care site will ensure all who need access to this data will have access to it and can distribute it to other appropriate staff as needed.
- d. In order to ensure patient safety and quality patient care while providing the opportunity for maximizing the educational experience of the resident in the ambulatory setting, it is required that an appropriately qualified supervising faculty member is physically present for supervision during clinic hours.

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Telesupervision is permitted only when allowed by the appropriate Review Committee.

- e. In each training program, there will be circumstances in which all residents, regardless of level of training and experience, must verbally communicate with appropriate supervising faculty. Programs must identify and set guidelines for these circumstances and these guidelines must be available in writing for all residents. At a minimum, these circumstances will include:
1. Emergency admission;
 2. Consultation for urgent condition;
 3. Transfer of patient to a higher level of care;
 4. Code Blue Team activation or equivalent activation, which could also include Rapid Response Team
 5. Change in DNR status as defined by individual program policies
 6. Patient or family dissatisfaction in accordance with hospital policy, but this policy does not supersede institutional requirements
 7. Patient requesting discharge AMA, or
 8. Patient death.
- f. Programs may set additional guidelines for circumstances and events in which residents must communicate with appropriate supervising faculty. Programs must provide a copy of their program supervision policy to the GME office.
- g. 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.

MONITORING OF COMPLIANCE

The Sponsoring Institution must oversee supervision of residents/fellows and have mechanisms by which resident/s/fellows can report inadequate supervision and accountability in a protected manner that is free from reprisal.

The quality of resident supervision and adherence to supervision guidelines and policies shall be monitored through annual review of the resident's evaluation of their supervisors and rotations, and by the Graduate Medical Education Committee (GMEC). Any program that has a score of less than 90% on the ACGME question regarding appropriate level of supervision will need to submit an action plan to the GMEC, and the program director may be required to submit progress notes to the GMEC until the issue is resolved

REFERENCES

ACGME

AMENDMENTS OR TERMINATION OF THIS POLICY

Creighton University reserves the right to modify, amend, or terminate this policy at any time. This policy supersedes all program level policies regarding this area/topic. In the event of any discrepancies between program policies and this GME policy, this GME policy shall govern.

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REVIEW AND APPROVAL:

P&P Committee: standardization of “supervising faculty” terms requested (too many variations being used) and addition of verbiage to include non-ACGME programs; to be reviewed 11/4/19; 11/4/19 added to definitions, updated “c” to include reference to New Innovations for data, changed “d” from privileged physician to qualified physician, modified “e” items, 4, 5, 6 and added #8. Added in new telesupervision language, added in Institutional responsibility for monitoring adequacy of supervision. Updated to match new Common and Institutional requirements.

Phx GEC: 1/4/21 - approved, no changes discussed or recommended.

Omaha GEC: 1/15/21

Exec GMEC: 1/27/21