Title: Graduate Medical Education - Supervision Policy

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I. Policy Statement

a. The purpose of this policy is to set forth institutional standards for faculty supervision of residents that assures their education and our compliance with Accreditation of Graduate Medical Education (ACGME) institutional standards. These standards are not meant to comply with standards required for billing purposes.

b. This policy is important because compliance with ACGME standards for supervision of residents is one of the requirements for continued accreditation for individual training programs as well as for the accreditation of the institution. Appropriate supervision of residents is important to the education of the resident and to patient safety.

II. Definitions

Supervising Physician: The individual supervising a resident can be a faculty member or a more senior resident than the one needing supervision.

III. Process/Content

a. Assuring adequate supervision of residents is the responsibility of the program director, faculty physicians, departments and the institution.

b. The following are standards for all University of Missouri Health Care (MUHC) resident positions, no matter where those residents are training. These are minimum rules. No program can fall below these standards, but the standards will be expanded if:

   i. Medical Staff rules at a given institution exceed these.

   ii. Additional standards are required by Det Norske Veritas Healthcare, Inc. (DNV), Centers for Medicare and Medicaid Services (CMS), Program for Appropriate Technology in Healthcare (PATH), or other regulatory bodies.

   iii. An individual program has more stringent Residency Review Committee (RRC) requirements for supervision.

iv. The clinical setting where the resident physician in training has additional rules.

c. Standards:
   i. All patient care performed by residents during training will be under the supervision of a physician faculty member qualified to provide the appropriate level of care. The specifics of this supervision must be documented in the medical record by the supervising physician or resident. Residents and faculty members should inform the patients of their respective roles in each patient's care.

d. Levels of Supervision
   i. Appropriate supervision of residents must be available at all times. Levels of supervision may vary depending on the circumstances or skill and experience of the resident. Definitions relative to levels of supervision are:
      1. Direct Supervision: The supervising physician is physically present with both the resident and the patient.
      2. Indirect Supervision with Direct Supervision immediately available: The supervising physician is physically within the confines of the site of the patient care and immediately available to provide direct supervision.
      3. Direct Supervision Available: The supervising physician is not physically present within the confines of the site of patient care, but is immediately available by phone, and is available to come in and provide direct supervision.
      4. Oversight: The supervising physician is available to provide review of procedures and encounters, with feedback provided after the care has been delivered.

e. Each resident must know the level of supervision required for them in all circumstances. PGY-1 residents must have, at all times, either Direct Supervision or Indirect Supervision with Direct Supervision Immediately Available. PGY-1 residents may **not** be alone on the hospital service. PGY-1 residents can take At-Home Call as long as the Program Director deems that they have the requisite skills and judgement to do so. Direct Supervision or Indirect with Immediate Availability is required and can be provided by a PA, an ER Physician, or a resident more senior than the PGY-1 based on the needs of the patient and the skills of the individual.

f. The supervising physician must be immediately be available to the resident in person or by telephone 24 hours a day during clinical duty. Programs must

assure that residents know which supervising physician is on call and how to reach that individual. Contact information and schedules for residents, attending physicians, and other designated patient care individuals should be readily available to all parties involved with patient care.

g. The attending physician must clearly communicate to the residents when and under which circumstances they expect to be contacted by the resident concerning patients. At a minimum, the resident must notify the attending of any significant changes in the patient's condition, including, but not limited to:
    i. Patient admission to the hospital
    ii. Transfer of patient to intensive care unit
    iii. Need for intubation or ventilator support
    iv. Cardiac arrest or significant changes in hemodynamic status
    v. Development of significant neurological changes
    vi. Development of major wound complications
    vii. Medication errors requiring clinical intervention
    viii. Any significant clinical problem that will require an invasive procedure or surgery
    ix. Any condition which requires the response of a special team
    x. End of life decisions
    xi. When the patient requests the resident do so.

h. Inpatient Supervision: The supervising physician must obtain a comprehensive presentation for each admission. This must be done within a reasonable time, but always within 24 hours of admission. The supervising physician must also require the resident to present the progress of each inpatient daily, including discharge planning. All required supervision must be documented in the medical record by the resident and/or the supervising faculty member.

i. Outpatient Supervision: The supervision physician must require residents to present each outpatient's history, physical exam, and proposed decisions. All required supervision must be documented in the medical record by the resident and/or the supervision faculty member.

j. Transitions of Patient Care
    i. Covered in Transitions of Care Policy (GME-20)

k. Supervision of Consultations: The supervising attending must communicate with the resident and obtain a presentation of the history, physical exam, and proposed decisions for each referral. This must be done within an appropriate time, but no longer than 24 hours after notification of the consultation request. All required supervision must be documented in the medical record by the resident and/or the supervising faculty member.

l. Supervision of Procedures: The supervising faculty physician must be certain that the procedures performed by the resident are warranted, that adequate informed consent has been obtained, and that the resident has appropriate supervision during the procedure. Whenever there is more than minor risk to the patient, the supervising physician must be present during the key part of the procedure. All required supervision must be documented in the medical record by the resident and/or the supervising faculty member.

m. Supervision of Emergencies: During emergencies, the resident should provide care for the patient and notify the supervising physician as soon as possible so the resident can present the history, physical exam, and planned decisions. All required supervision must be documented in the medical record by the resident and/or the supervising faculty member

n. Progressive Authority and Responsibility for Residents: Increasing responsibility for patient care is an integral part of the medical education process. Specific roles and tasks for patient care must be assigned by program directors and faculty members.
    i. Roles and responsibilities for residents are determined by the program director. Decisions for individual residents must be based on specific criteria and evaluation based on specific national standards-based competencies.
    ii. Faculty members in the role of attending/supervising physicians should delegate portions of patient care to residents based on the needs of the patient and the skills and experience of the resident.
    iii. Each resident must know the limits of his/her scope of authority and responsibility and the circumstances under which varying levels of supervision apply.

o. Faculty supervision assignments to individual residents should be of duration adequate to assess the knowledge, level, and scope of resident's abilities and to delegate and observe the resident in circumstances of increasing patient care responsibility.

p. Common Questions:
    i. When does the supervising physician have to come in to see a patient?
        1. This would be typical of expected practice, or whenever the resident asks the supervising physician to be present or whenever CMS or Medical Staff rules require that the supervising physician be present.
    ii. To whom are faculty members responsible for resident supervision?

1. The program director, department chair, GMEC, and the Dean of the School of Medicine for educational supervision. The supervising physician is also responsible for CMS documentation requirements and Medical Staff rules. For off-site programs under the sponsorship of MUHC, this may also include individuals such as the vice president of medical affairs for their facility.

IV. Attachments

a. Graduate Medical Education - Transitions of Care - Policy

V. References, Regulatory References, Related Documents, or Links

a. Not Applicable.