

# YALE-NEW HAVEN MEDICAL CENTER (YNHMC)

## POLICIES AND PROCEDURES

Subject: Supervision of Residents/Fellows

Policy # I.016

Effective Date: January 2009

Distribution: Accredited and GMEC Approved Programs

Page: 1 of 2

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### Introduction:

YNHMC recognizes that providing residents with a sound academic and clinical education must be carefully planned and balanced with concerns for patient safety and resident well-being. As such, guidelines for resident supervision and job responsibilities are essential to the education of the trainees, the responsibilities of the individual program and their faculty and the delivery of outstanding care to the patients. It is recognized that careful supervision and observation are required to determine the trainees abilities to perform technical and interpretive procedures and to manage patients. Trainees must also be given graded levels of responsibility while assuring high quality patient care. Supervision of trainees should be graded to reflect increasing responsibility and maturation into a judgmentally sound, technically skilled and independently functioning credentialed practitioner. The following policy will define the parameters that are to be used in constructing guidelines for resident/fellow supervision and job responsibilities/descriptions.

In the clinical learning environment, each patient must have an identifiable, appropriately-credentialed and privileged attending physician (or licensed independent practitioner as approved by each Review Committee) who is ultimately responsible for that patient's care. Supervision may be exercised through a variety of methods. Some activities require the physical presence of the supervising faculty member. 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 immediate availability of the supervising faculty member or resident physician, either in the institution, or by phone or electronic modalities. In some circumstances, supervision may include post-hoc review of resident delivered care with feedback as to the appropriateness of that care.

To ensure oversight of resident supervision and graded authority and responsibility, the program must use the following classification of supervision:

**Direct Supervision** – the supervising physician is physically present with the resident and patient.

### **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.

**with direct supervision available** – the supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by means of phone or electronic modalities, and is able to provide Direct Supervision.

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

### Policy:

- A. It is the responsibility of each Program Director to establish detailed written policies concerning resident supervision for each level of training and for determining the level/classification of supervision required by individual residents.
- B. These guidelines for supervision should include departmentally based guidelines for when attendings are to be contacted by resident physicians.
- C. It is the responsibility of the Program Director to ensure that these guidelines are distributed to and discussed with both trainees and attending physicians.
- D. Adherence to guidelines is to be monitored by the individual programs with oversight of the GMEC during the Internal Review process.
- E. The guidelines for supervision must be consistent with the requirement for graduated levels of responsibility based on level of competence.

### Procedure:

- A. Individual programs will develop policies in accordance with this institutional policy and based on their program specific requirements.
- B. Guidelines will be reviewed on a yearly basis by the Program Director.
- C. Major changes in supervisory guidelines will be communicated to all trainees, faculty and the DIO.