

**YALE-NEW HAVEN MEDICAL CENTER**  
(YNHMC)

POLICIES AND PROCEDURES

Subject: <u>Resident Supervision</u> Page: 1 of 3 Effective Date: January 2009 Distribution: Accredited and GMEC Approved Programs Revision Date: June 10, 2020
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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 supervision and job responsibilities/descriptions. This policy is based on the ACGME Common Program Requirements VI.A.2.a) – VI.A.2.e).

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 appropriate availability of the supervising faculty member or resident physician, either in the institution, or by telecommunication technology. Some activities require the physical presence of the supervision faculty member. In some circumstances, supervision may include post-hoc review of resident delivered care with feedback as to the appropriateness of that care.

The program must define what is the appropriate level of supervision in place for all residents, based on level of training and ability, as well as patient complexity and acuity. The program must define when physical presence of a supervising physician is required.

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 during the key portions of the patient. Inter-action. PGY-1 residents must initially be supervised directly. Additionally, individual ACGME Review Committees may describe conditions under which PG-1 residents progress to be supervised indirectly.
- 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 Review Committee may specify additional requirements

### **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.**

### **Oversight –**

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

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.

- Program Director must evaluate each resident's abilities based on the specific criteria, guided by the Milestones
- Supervising faculty must delegate portions of care to residents based on the patients' needs and trainees' abilities
- Senior residents and fellows should serve in a supervisory role to junior residents in recognition of their progress toward independence.

### 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.