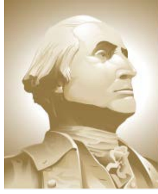

Responsible University Official: Associate Dean for Graduate Medical Education, DIO
Responsible Office: SMHS Office of GME
Most recent revision: November 27, 2023

POLICY ON SUPERVISION OF RESIDENTS

Policy Statement

This policy describes adequate and appropriate levels of supervision at all times during the course of the educational training experience at our institution. This policy also defines terminology and sets escalation triggers at an institutional level for increasing oversight, as necessary.

Who Needs to Know This Policy

All Accreditation Council for Graduate Medical Education (ACGME)-accredited residency and fellowship programs sponsored by the GW School of Medicine and Health Sciences (SMHS).

Policy Contact

Associate Dean for Graduate Medical Education, DIO

Who Approved This Policy

Graduate Medical Education Committee (GMEC)

History/Revision Dates

APPROVED BY GMEC: July 17, 1995
REVIEWED BY GMEC: March 18, 2002
REVIEWED AND APPROVED BY GMEC: February 26, 2007
REVIEWED AND APPROVED BY GMEC: December 15, 2008
REVIEWED AND APPROVED BY GMEC: June 20, 2011
REVEIWED AND APPROVED BY GMEC: July 15, 2013
REVEIWED AND APPROVED BY GMEC: July 16, 2018
REVEIWED AND APPROVED BY GMEC: November 27, 2023

Policy

1. Each patient must have an identifiable and appropriately-credentialed and privileged attending physician or licensed independent practitioner who is responsible and accountable for the patient's care. This information must be available to residents, faculty members, other members of the health care team, and patients.
2. Residents and faculty members must inform each patient of their respective roles in that patient's care when providing direct patient care.
3. The program director must demonstrate that the appropriate level of supervision in place for all residents is based on each resident's level of training and ability, as well as patient complexity and acuity.
4. The program must define when physical presence of a supervising physician is required.
5. To promote oversight of resident supervision while providing for graded authority and responsibility, the program must use the ACGME classification of supervision:

   Direct Supervision

   The supervising physician is physically present with the resident and patient during the key portions of the patient interaction; Or

   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.

   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.

6. Initially, PGY-1 residents must be supervised directly and may progress towards supervision with direct supervision immediately available. A supervising physician must be immediately available to be physically present for PGY-1 residents on inpatient rotations who have demonstrated the skills sufficient to progress to indirect supervision.
7. 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.
8. The program director must evaluate each resident's abilities based on specific criteria, guided by the Milestones.
9. Faculty members functioning as supervising physicians should delegate portions of care to residents, based on the needs of the patient and the skills of each resident.
10. Senior residents or fellows should serve in a supervisory role of junior residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow.
11. Programs must set guidelines for circumstances and events in which residents must communicate with appropriate supervising faculty members.
12. Each resident must know the limits of their scope of authority, and the circumstances under which the resident is permitted to act with conditional independence.

13. Faculty supervision assignments must be of sufficient duration to assess the knowledge and skills of each resident and to delegate to the resident the appropriate level of patient care authority and responsibility.

Requirements

1. A written policy regarding supervision of residents, specifying the type and level of supervision required for each level of the program, must be developed for each graduate medical education program according to the above guidelines.
2. Program policies must delineate the circumstances under which residents are required to notify the supervising faculty member. Notification is recommended under the following criteria:
    a. Death of a Patient
    b. Transfer of a patient to a higher level of care
    c. Patient discharged "against medical advice, " or not formally discharged
    d. Rapid response, code blue, or brain attack
    e. Sentinel event (as defined by the Joint Commission)
3. Program directors are responsible for developing such a policy, implementing the policy and distributing the policy to residents and faculty who supervise the residents.
4. Program policies must be reviewed and approved by the GMEC at the program's annual review. A copy of each program's policy must be uploaded to the MedHub system.