

Policy and Procedure Manual
ADMINISTRATIVE POLICY - SECTION 09
ADMINISTRATIVE - INSTITUTIONAL
GRADUATE MEDICAL EDUCATION (GME) &
CLINICAL TRAINING



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Revised:

Supervision of Trainees

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APPROVALS:

GMEC: 05/09/12 MEC: BOD:

Scope: X Medical Center

I. PURPOSE / BACKGROUND

Each training program must have a program-specific policy addressing supervision that is consistent with ACGME and COH Institutional policies. In addition, each program must have a communication policy that establishes guidelines for circumstances and events in which residents and fellows must communicate with appropriate supervising faculty, such as the transfer of a patient to an intensive care unit or end-of-life decisions.

Every patient must have an identifiable, appropriately-credentialed and privileged attending physician who is ultimately responsible for that patient's care. This information should be available to residents, fellows, faculty, and patients. Residents, fellows, and faculty should inform patients of their respective roles in each patient's care.

Each training program must demonstrate that the appropriate level of supervision is in place for all Trainees who care for patients. 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 Trainee. Other portions of care provided by the Trainee can be adequately supervised by immediate availability of the supervising faculty member, either in the institution, or by means of telephonic and/or electronic modalities. In some circumstances, supervision may include post-hoc review of trainee-delivered care with feedback as to the appropriateness of that care.

II. POLICY

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

- Direct Supervision: The supervising physician is physically present with the Trainee 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 telephonic and/or electronic modalities, and is available to provide 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 Trainee must be assigned by the program director and faculty. The program director must evaluate each Trainee’s abilities based on specific criteria and when available this should be guided by program curriculum, specific ACGME guidelines, and/or national standards-based criteria. Faculty members functioning as supervising physicians should delegate portions of care to Trainees based on the needs of the patient and the skills of the Trainees. Senior Trainees should serve in a supervisory role of junior Trainees in recognition of their progress toward independence, based on needs of each patient and the skills of the individual Trainee.

Each Trainee must know the limits of his/her scope of authority and the circumstances under which he/she is permitted to act with conditional independence. Faculty supervision assignments should be of sufficient duration to assess the knowledge and skills of each Trainee and delegate to him/her the appropriate level of patient care authority and responsibility. The Program Director defines the levels of responsibility for each year of training by preparing a description of types of clinical activities Trainees may perform and those for which Trainees may act in a teaching capacity. The Program Director monitors Trainee progress and ensures that problems, issues, and opportunities to improve education are addressed.

At a minimum, the monitoring process will include: A review of compliance with inpatient and outpatient documentation requirements, as part of medical records reviews; A review of all incidents and risk events with complications to ensure that the appropriate level of supervision occurred; A review of all accrediting and certifying bodies' concerns and follow-up actions; A review of Trainee evaluations of their faculty and rotation; An analysis of events where violations of graduated levels of responsibility may have occurred.

III. PROCEDURE

RESPONSIBLE PERSON(S)/DEPT.	PROCEDURE
	<p>A.</p> <p>B.</p>

RESPONSIBLE PERSON(S)/DEPT.	PROCEDURE
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Related Policies:

Appendix One: Acronyms, Terms and Definitions Applicable to this Policy:

Appendix One

Acronyms, Terms and Definitions Applicable to this Policy

1. **Accreditation Counsel for Graduate Medical Education (ACGME):** The ACGME is responsible for the accreditation of post-MD medical training programs within the United States.
2. **Designated Institutional Official (DIO):** The individual in a sponsoring institution who has the authority and responsibility for all of the ACGME-accredited GME programs.
3. **Graduate Medical Education Committee (GMEC):** Graduate Medical Education Committee at City of Hope.
4. **Medical Center / COHNMC** – Refers to all COH licensed facilities.
5. **Program:** The unit of specialty education, comprising a series of graduated learning experiences in graduate medical education, designed to conform to the ACGME Program Requirements of a particular specialty.
6. **Program Director:** The designated person accountable for the Program; this person must be selected by the Designated Institutional Official and possess qualifications acceptable to the appropriate Residency Review Committee (RRC) of the ACGME programs.
7. **Sponsoring Institution:** The institution that assumes the ultimate responsibility for a Program of GME.