Still OPTI

POLICY		Policy No: IS-015
Subject: Supervision	Approval: May 17, 2022 Last Revision Approved: 1/28/2025 (no changes)	Page 1 of 3

SCOPE:

This policy applies to all Still OPTI graduate medical education programs and is supported by the supervising faculty.

PURPOSE:

The purpose of this policy is to meet the Accreditation Council for Graduate Medical Education (ACGME) stipulation that the Graduate Medical Education Committee (GMEC) establish guidelines regarding the levels of supervision required for all interns/residents. These supervisory guidelines will provide all interns/residents with an educational program that is clinically and academically progressive and that complies with the requirements of the ACGME and the individual specialty boards. All accredited programs must assure that interns/residents in their programs, as well as all supervising or attending physicians, adhere to the following standards to optimize patient care and the educational experience of our interns/residents.

DEFINITION:

Levels of Supervision

To promote appropriate resident supervision while providing for graded authority and responsibility, each program must use the following classification of supervision:

1. *Direct Supervision* – The supervising physician is physically present with the intern/resident and patient during 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.
2. *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.*
3. *Oversight* – The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

Progressive Authority and Responsibility

The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each intern/resident must be assigned by the program director and faculty members. Faculty supervision assignments should be of sufficient duration to assess the knowledge and skills of each intern/resident and delegate to them the appropriate level of patient care authority and responsibility. In particular:

- The program director, faculty, and Clinical Competency Committee must evaluate each intern's/resident's abilities based on specific criteria, guided by the Milestones
- Faculty members functioning as supervising physicians must delegate portions of care to residents based on the needs of the patient and skills of each resident.
- Senior residents or fellows should serve in a supervisory role to junior residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident.
- In each training program, there will be circumstances in which all interns/residents, regardless of level of training and experience, must verbally communicate with appropriate supervising faculty. Programs must make provision for these circumstances, and at a minimum, these circumstances will include:
    - Emergency admission
    - Consultation for urgent condition
    - Transfer of patient to a higher level of care
    - Code Blue Team activation
    - Change in DNR status
    - Patient or family dissatisfaction
    - Patient requesting discharge AMA
    - Patient death

POLICY

In keeping with the mission to deliver the highest quality community-based graduate medical education to meet local healthcare needs; Still OPTI has adopted the following policy with regard to the supervision of interns/residents. It is the expectation of the Still OPTI GMEC that structured clinical supervision be provided for all interns/residents and will include but not be limited to the following criteria:

- The program must demonstrate that the appropriate level of supervision is in place for all residents based on each resident's level of training and ability, as well as patient complexity and acuity. The learning objectives of the program must generally ensure manageable patient care responsibilities.
- Effective programs, in partnership with their Sponsoring Institution, define, widely communicate, and monitor a structured chain of responsibility and accountability as it relates to the supervision of all patient care.
- Supervision may be exercised through a variety of methods, appropriate to the situation. 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. Other portions of care provided by the resident can be adequately supervised by the appropriate availability of the supervising faculty member or senior resident physician, either in the institution or by means of telecommunication technology. In some circumstances, supervision may include post- hoc review of resident-delivered care with feedback as to the appropriateness of that care.
- Supervising physicians are to be actively involved in the care of patients. It is recognized that patient encounters occur on a 24-hour basis. It is permissible for some patient encounters (for example, admissions during the night or some emergency situations) to be reviewed with a supervising physician as oversight (as defined above). In these situations, notification of the attending physician will occur in a reasonable time frame. It is expected that a supervising physician be immediately available for consultation on a 24- hour basis.

- A Still OPTI-affiliated program through its program director and faculty must assure that progressive authority and responsibility.

- Compliance with this policy will be demonstrated with the maintenance of appropriate documentation guidelines as required by Centers for Medicare and Medicaid Services (CMS).

RESPONSIBILITY

General

- Each patient has an appropriately credentialed and privileged attending physician who is ultimately responsible for that patient's care and is immediately available to the resident.
- Although the attending physician is ultimately responsible for the care of the patient, every physician shares in the responsibility and accountability for their efforts in the provision of care.
- PGY-1 level residents must be supervised either directly or indirectly, with direct supervision immediately available by appropriately trained resident or attending physician.
- Each program must have a written program-specific supervision policy consistent with the institutional policy and the respective ACGME Common and specialty-specific Program Requirements.

Faculty Responsibilities

- Routinely review intern/resident documentation in the medical record.
- Be attentive to compliance with institutional requirements such as problem lists, medication reconciliation, and additional field-defined document priorities.
- Provide intern/resident with constructive feedback as appropriate.
- Serve as a role model to intern/resident in the provision of patient care that demonstrates professionalism and exemplary communication skills.
- Monitor the well-being of the residents and themselves.

Intern/Resident Responsibilities

- Each intern/resident is responsible for knowing the limits of their scope of authority, and the circumstances under which they are permitted to act with conditional independence.
- In recognition of their responsibility to the institution and commitment to adhere to the highest standards of patient care, intern/resident shall routinely notify the responsible attending physician based on the guidelines noted above, as well as any additional circumstances identified in their program-specific supervisory policy.
- There are mechanisms by which residents can report inadequate supervision and accountability in a protected manner that is free from reprisal. They can contact their program director, the ADIO, DIO or anonymously report on the NCOPPE/Still OPTI website.