GME 21 / GPR 18

POLICY: Supervision of Residents/Fellows

RESPONSIBLE DEPARTMENT: Administration
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Family Medicine Asheville
- Addiction Medicine Fellowship
- Sports Medicine Fellowship

Family Medicine Boone
- Sports Medicine Fellowship

Family Medicine Hendersonville
Gen Practice Dental Residency
General Surgery
- Critical Care Surgery Fellowship

Internal Medicine
Obstetrics and Gynecology
- Maternal Fetal Medicine Fellowship

Psychiatry
- Child & Adolescent Fellowship
- Consultation-Liaison Fellowship

Transitional Year

APPROVED BY:

11-15-21
CEO Date

7-21-21
Designated Institutional Official Date
Graduate Medical Education

7/21/21
Program Director Date
Family Medicine Residency – Asheville

10/20/21
Program Director Date
Family Medicine – Boone

8/13/21
Program Director Date
Family Medicine - Hendersonville

7/29/2021
Program Director Date
Sports Medicine Fellowship - Asheville

10-21-21
Program Director Date
Sports Medicine Fellowship - Boone

9/3/21
Program Director Date
Addiction Medicine Fellowship

4/2/21
Program Director Date
General Surgery Residency

8/3/21

Program Director **Date**
Critical Care Surgery Fellowship

9/30/2021

Program Director **Date**
Obstetrics & Gynecology Residency

7.29.21

Program Director **Date**
General Practice Dental Residency

10/12/21

Program Director **Date**
Child & Adolescent Psychiatry Fellowship

9/21/21

Program Director **Date**
Transitional Year Residency

9/3/21

Program Director **Date**
Internal Medicine Residency

10/6/21

Program Director **Date**
Maternal Fetal Medicine Fellowship

8/10/21

Program Director **Date**
Psychiatry Residency

9/7/21

Program Director **Date**
Consultation-Liaison Psychiatry Fellowship

PURPOSE:
To ensure that all of MAHEC's Graduate Medical Education (GME) programs meet or exceed the Institutional Requirements and Program Requirements of the Accreditation Council for Graduate Medical Education (ACGME), its Residency Review Committees (IRC and RRCs) and the Commission of Dental Accreditation (CODA) thereby demonstrating MAHEC's commitment to the educational environment for residents and fellows.

POLICY:
GRADUATE MEDICAL EDUCATION PROGRAMS
In the clinical learning environment, each 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 members, other members of the healthcare team and patients. Residents, fellows and faculty members should inform patients of their respective roles in each patient's care. The program must demonstrate that the appropriate level of supervision is in place for all residents and fellows who care for patients.

Supervision may be exercised through a variety of methods. Some activities require the physical presence of the supervising faculty member (direct supervision). For some aspects of patient care, the supervising physician may be a more advanced resident/fellow. Other portions of care provided by the resident/fellow can be adequately supervised by the immediate availability of the supervising faculty member or resident/fellow, either in the institution, or by means of telephonic and/or electronic modalities (indirect supervision). In

some circumstances, supervision may include post-hoc review of resident/fellow delivered care with feedback as to the appropriateness of that care (oversight).

Levels of Supervision

To ensure oversight of resident/fellow 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/fellow 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.

Indirect Supervision with direct supervision being available, the supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephone 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 resident/fellow must be assigned by the Program Director and faculty members.

The Program Director must establish a system that evaluates **each resident's/fellow's** abilities based on specific criteria. When available, evaluation should be guided by specific national standards-based criteria.

Faculty members functioning as supervising physicians should delegate appropriate portions of care to residents/fellows, based on the needs of the patient and the skills of the residents. Senior residents or fellows should serve in a supervisory role of junior residents in recognition of their progress toward independent practice, based on the needs of each patient and the skills of the individual resident or fellow.

Programs must set written guidelines for circumstances and events in which residents/fellows must communicate with appropriate supervising faculty members, such as the transfer of a patient to an intensive care unit, or end-of-life decisions.

Each resident/fellow must know the limits of their scope of authority, and the circumstances under which he/she is permitted to act with conditional independence. In particular, PGY-1 residents should be supervised either directly or indirectly with direct supervision immediately available.

Faculty supervision assignments should be of sufficient duration to assess the knowledge and skills of each resident/fellow and delegate to him/her the appropriate level of patient care authority and responsibility.

The clinical responsibilities for each resident/fellow must be based on PGY-level, patient safety, resident competence, severity and complexity of patient illness/condition and available support services. Supervising faculty are responsible for determining when a resident/fellow

is unable to function at the level required to provide safe, high quality care to assigned patients and must have the authority to adjust assigned duty hours and other responsibilities as necessary.

GENERAL PRACTICE RESIDENCY PROGRAM

A faculty member must be present in the dental clinic for consultation, supervision and active teaching when residents are treating patients in scheduled clinics sessions. This Standard applies not only to clinic sessions, but to any location or situation where residents are treating patients in scheduled sessions.

PROCEDURES:

1. Each accredited program must have a program-specific supervision policy that is consistent with institutional policy.
2. Program Directors will monitor resident/fellow supervision, specifically with direct and/or indirect supervision of PGY1 residents.
3. Supervision of residents/fellows will be documented in the medical record by teaching physicians.
4. Faculty, residents and fellows schedules must demonstrate that residents/fellows have continuous supervision and consultation.
5. Program Directors maintain responsibility for the final decisions regarding the call schedules and other clinical, administrative and teaching responsibilities of supervising faculty to ensure the adequacy of supervision of resident/fellow physicians.

Effective: July 1, 1998
Reviewed: April 1, 2021