



## SUPERVISION OF RESIDENTS AND FELLOWS

The patient management activities of residents and fellows (trainees) will be supervised by attending physicians in accordance with all hospital, governmental, and regulatory requirements, including applicable ACGME requirements. Each patient must have an identifiable, appropriately-credentialed and privileged, supervising faculty member who is ultimately responsible for that patient's care. The Program Director and attending staff must ensure that on-call schedules for the teaching staff provide readily available supervision for trainees on duty.

Trainees will be given progressive responsibility under attending supervision within an environment that ensures safe and effective care, fosters peer and supervisory interchange, supports the educational needs of trainee, and promotes the well-being of trainees. While attendings maintain ultimate responsibility for patient care, all members of the healthcare team need to know the scope of practice for the trainees. Staff may verify the supervision level required for a specific procedure on the NCH intranet. If any member of the health care team questions whether or not a trainee should perform a procedure, he/she has the responsibility to contact the attending. If a patient is in immediate danger and cannot wait for the requisite supervision, trainees should provide the care required to the best of their ability. They should inform their Program Director of these actions as soon as possible but no later than 24 hours.

Supervision may be exercised through a variety of methods. Some activities require the 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 the immediate availability of the supervising faculty or resident physician, 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.

Each GME program is required to establish a program-specific supervision policy. To ensure oversight of trainee supervision and graded authority and responsibility, the Program must use the following classification of supervision:

- a) **Direct Supervision** – The supervising physician is physically present with the trainee and patient.
- b) **Indirect Supervision:**
  - a. **Direct supervision immediately available** – The supervising physician is physically within the site of patient care and is immediately available to provide Direct Supervision.
  - b. **Direct supervision available** – The supervising physician is not physically present within the confines of the site of patient care, but is immediately available via phone, and is available to provide Direct Supervision.
  - c. **Oversight** – The supervising physician is available to provide review of procedures/ encounters with feedback provided after care is delivered.

The privilege of progressive responsibility, authority and a supervisory role in patient care delegated to each trainee must be assigned by the Program Director and faculty members.

- a) The Program Director must evaluate each trainee's abilities based on specific criteria. When available, evaluation should be guided by specific national standards-based criteria.
- b) 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.

- c) Senior trainees should serve in a supervisory role of junior trainees in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual trainee.

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

- a) Each trainee is responsible for knowing the limits of his/her scope of authority, and the circumstances under which he/she is permitted to act with conditional independence. PGY-1 residents must be supervised either directly or indirectly, with direct supervision immediately available.
- b) 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.
- c) Additional factors which may influence the requisite level of supervision may include, but are not limited to:
  1. Complexity of the presenting patient - The attending physician will work with the trainee to determine the nature of the presenting problems and the trainee's ability to manage these specific problems. The trainee may assume a primary or secondary role in diagnosis and treatment, but should be given the opportunity to be involved at an appropriate level whenever possible.
  2. Specific task or Clinical Activity - The attending physician or the supervisory trainee will determine the necessary supervision of any clinical activity or task.
  3. Availability of back-up resources - The availability of additional resources to assist the trainee should an unanticipated problem arise influences the amount of initial supervision.
  4. Admission of patients - Only members of the medical staff may admit patients to NCH. The initial assessment of patients, as well as their re-evaluation and ongoing management, is a critical part of GME. While the trainee may provide many elements of patient care, the attending physician assumes ultimate responsibility for the care of the patients admitted by him/her. In order for trainees to have the necessary supervision in patient assessment and development of the initial plan of care, the attending physician must be contacted in a timely manner for every admission by the trainee on the service to which the patient is admitted. The attending will discuss the diagnosis and management plan for the patient with the trainee. If the patient's status adversely changes and/or the patient does not respond to previously agreed upon treatment, the trainee has the responsibility to contact the attending.

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