

	<b>Graduate Medical Education</b>	
	GMEC Approval Date:	06/06/2023
	Effective Date:	07/01/2023
	Review/Revision Date:	05/24/2023
Policy Title: <b>Institutional Supervision</b>		
ACGME Institutional Requirement: <b>IV.J. and III.B.4</b>		Page 1 of 2

**I. Purpose**

To establish guidelines for the supervision of residents and fellows in the LECOM GME residency and fellowship programs.

**II. Policy**

Each residency and fellowship program shall develop a policy for supervision. The program director will monitor resident supervision at all participating sites.

The expectations for a faculty member acting in a supervisory role are professional and respectful behavior when communicating with residents, fellows, and staff.

**III. Definitions**

- A. Direct Supervision [CPR: VI.A.2.c).(1)
  - 1. The supervising physician is physically present with the resident or fellow during the key portions of the patient interaction or
  - 2. The supervising physician and/or patient is not physically present with the resident or fellow and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology.
  
- B. Indirect Supervision [CPR: VI.A.2.c).(2)
  - 1. The supervising physician is not providing physical or concurrent visual or audio supervision and
  - 2. The supervising physician is immediately available to the resident for guidance and is available to provide appropriate direct supervision.
  
- C. Oversight [CPR: VI.A.2.c).(3)
  - 1. The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

**IV. Procedure**

- A. LECOM will oversee the supervision of trainees in all sponsored programs and provide mechanisms by which Trainees can report inadequate supervision and accountability in a protected manner that is free from reprisal [IR: III.B.4.] including:
  - 1. Reports of inadequate supervision and accountability can be submitted directly to faculty, the program director, any GMEC member, or to the DIO.
  - 2. The GME web submission form can be utilized by residents and fellows for all anonymous reporting related to supervision or other program or institutional compliance issues and concerns.
  
- B. Program directors will define, widely, communicate, and monitor a structured chain of responsibility and accountability as it relates to the supervision of all patient care [CPR: VI.A.2.]
  
- C. Each patient will have an identifiable and appropriately credentialed and privileged attending physician [CPR: VI.A.2.a).(1)]

- D. The identity of the attending physician will be readily available to residents, fellows, faculty members, other members of the healthcare team, and patients. [CPR: VI.A.2.a).(1).(a)]
- E. Residents/fellows and faculty members must inform each patient of their respective roles in that patient's care when providing direct patient care. [CPR: VI.A.2.a).(1).(b)]
- F. To promote appropriate resident supervision, PGY-1 residents must initially be supervised directly, only. [CPR: VI.A.2.c)]
- G. The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident or fellow must be assigned by the Program Director and faculty members. [CPR: VI.A.2.d)]
  - 1. The program director must evaluate each resident's abilities based on specific criteria, guided by the Milestones.
  - 2. Faculty members functioning as supervising physicians must delegate portions of care to residents based on the needs of the patient and the skills of each resident.
  - 3. 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 or fellow.
- H. Each program must set guidelines for circumstances and events in which Residents must communicate with appropriate supervising Faculty members, such as the transfer of a patient to an intensive care unit, taking a patient to surgery, or end-of-life decisions. [CPR: VI.A.2.e)]