Yale NewHaven Health
Bridgeport Hospital

GRADUATE MEDICAL EDUCATION
POLICIES AND PROCEDURES

Subject:	**Supervision of Residents**
Effective Date:	April 2015
Revised:	September 2020
Distribution:	Accredited and GMEC-approved programs

INTRODUCTION/POLICY:

Bridgeport Hospital recognizes that providing residents/fellows with a sound academic and clinical education must be carefully planned and balanced with concerns for patient safety and resident/fellow well-being. As such, guidelines for supervision are essential to the education of trainees, the responsibilities of individual programs and their faculty and the delivery of outstanding care to patients.

PROCEDURE:

In the clinical learning environment, each patient must have an identifiable, appropriately credentialed, and privileged attending physician (or licensed independent practitioner as specified by each Review Committee) who is ultimately responsible for that patient's care.

- This information must be available to residents, faculty members, other members of the health care team and patients.
- Residents and faculty members must inform each patient of their respective roles in that patient's care when providing direct patient care.

Supervision may be exercised through a variety of methods. For many aspects of patient care, the supervising physician may be a more advanced resident or fellow. Other portions of care provided by the resident can be adequately supervised by the appropriate availability of the supervising faculty member, fellow, or senior resident physician, either on site or by means of telecommunication technology. Some activities require the physical presence of the supervising faculty member. In some circumstances, supervision may include post-hoc review of resident-delivered care with feedback.

- The program must demonstrate that the appropriate level of supervision in place for all residents is based on each resident's level of training and ability, as well as patient complexity and acuity. Supervision may be exercised through a variety of methods, as appropriate to the situation. [The Review Committee may specify which activities require different levels of supervision.]

- The program must define when physical presence of a supervising physician is required.

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

- **Direct Supervision**: the supervising physician is physically present with the resident during the key portions of the patient interaction; or [The Review Committee may further specify]

    - PGY-1 residents must initially be supervised directly. [The Review Committee may describe the conditions under which PGY-1 resident's progress to be supervised indirectly]

    - 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. [The Review Committee must further specify if this is permitted]

[The Review Committee will choose to require either method of supervision or both above]

- **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.
- **Oversight:** the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

Telecommunication technology (e.g. during Telehealth visits) may be utilized to provide supervision only when it is appropriate to the situation, permitted by specialty/subspecialty Program requirements and in compliance with by-laws and protocols of the clinical site providing the patient's care. All programs must have a policy regarding this that is in compliance with their requirements.

The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident must be assigned by the program director and faculty members.

- The program director must evaluate each 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 the 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 or fellow. (Detail)

Programs must set guidelines for circumstances and events in which residents must communicate with the supervising faculty member(s), such as the transfer of a patient to an intensive care unit, patient requesting discharge AMA more end-of-life decisions. Programs must ensure these guidelines are distributed to and discussed with both trainees and attending physicians.
Each resident must know the limits of their scope of authority, and the circumstances under which the resident is permitted to act with conditional independence. (The ACGME Glossary of Terms defines conditional independence as: Graded, progressive responsibility for patient care with defined oversight).

Programs must have a program-specific supervision policy consistent with GME policy and program-specific requirements.
Faculty supervision assignments must be of sufficient duration to assess the knowledge and skills of each resident and delegate to him/her the appropriate level of patient care authority and responsibility.

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