BACKGROUND:

Although residents are medical school graduates, they are by definition insufficiently experienced to practice their intended specialty or subspecialty independently. The intensity of supervision required is not the same under all circumstances; it naturally varies by specialty, level of residency training, the experience and competency of the individual resident, and the acuity of the specific clinical circumstance.

Under circumstances in which highly experienced physicians are typically required (e.g., emergency departments, high-level trauma centers), meeting this obligation requires that attending physicians in those specialties be immediately available on site at all times. Under other, less precarious circumstances, attending physicians can provide adequate supervision off site as long as their physical presence within a reasonable time (e.g., 30 minutes) can be assured in case of need.

POLICY STATEMENTS

- The attending physician of record, or designee, (program faculty) is responsible for the quality of all of the clinical care services provided to his or her patients.

- All clinical services provided by resident physicians must be supervised appropriately to maintain high standards of care, safeguard patient safety, and ensure high quality education.

- Individual residency programs must have written policies governing supervision of residents; these policies will vary according to specialty, intensity of patient care responsibilities on a given rotation, level of experience, and educational requirements.

- Program faculty directly responsible for the supervision of patient care services provided by resident physicians must be as available to participate in that care as
if residents were not involved; the presence of residents to “cover” patients on in-patient services or to provide care in ambulatory settings does not diminish the standard of availability required of the physician of record. Program faculty are responsible for determining when a resident physician 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 as necessary to ensure that patients are not placed at risk by resident physicians who are overly fatigued or otherwise impaired.

**PROCEDURES:**

1. It is the responsibility of the Program Director in each residency program, in concert with the Departmental Chair and/or the Chief of Service (as appropriate), to appoint physicians as members of the individual program’s teaching staff on the basis of their teaching performance and program needs and to oversee the teaching activities of these physicians and to participate appropriately in their performance evaluations.

2. Members of the teaching staff must provide supervision of residents’ patient care activities in accordance with written descriptions of supervisory lines of responsibility which must be provided to all members of the programs’ teaching staff and residents. Some programs’ will need updating to include the supervisory lines.

3. The process of resident supervision must assure timely and proper quality of care, resident education, patient safety and fulfillment of the responsibility of the attending physicians to their patients. This implies a graduated and increasing level of patient care activities by residents. The level of supervision should be commensurate with the amount of independent function that is designated at each resident level.

4. To assure quality of patient care, resident education and the provision of progressive resident responsibility for patient care, each program must:
   a. Maintain a written description of the process (alt: supervisory relationships?) by which a member of the teaching faculty (who has clinical privileges within the specific field in which they are providing resident supervision) supervises residents’ patient care activities.
   b. Assure that this document includes a description of the role, responsibilities and activities of the resident at each level of training, a description of the role, responsibilities and activities of the supervising physician and clearly written descriptions of the lines of supervisory responsibility for patient care provided by the residents.
   c. Maintain a written description of the process by which resident performance in patient care and all other areas of the educational program are evaluated and a written description of the criteria governing the advancement of residents to higher levels of responsibility within the training program.
   d. Assure that residents are advanced to higher levels of responsibility only on the basis of evidence of their satisfactory progression of professional competence.
e. Maintain a permanent record of the evaluation of each resident and documentation that each resident has satisfied the program criteria for advancement to higher levels within the program.

5. It is the responsibility of the Graduate Medical Education Committee (GMEC), a standing committee of the Medical Staff, to monitor each program’s compliance with these medical staff requirements and all requirements of accrediting bodies. To provide this oversight the GMEC must:
   a. Conduct internal reviews of each sponsored residency program in accordance with the requirements of the Accreditation Council for Graduate Medical Education (ACGME).
   b. Through the internal review process, specifically evaluate each program’s compliance with ACGME requirements and with medical staff policy regarding resident supervision.
   c. Maintain a process by which the GMEC assures correction of any deficiencies relating to resident supervision.
   d. Maintain a permanent record of their evaluations and make them available to ACGME and the medical staff when requested.
   e. Review all individual program letters of accreditation from the ACGME and maintain a process that assures correction of any deficiencies noted by this accrediting body relative to resident supervision.

6. The Chair of the GMEC shall, on an annual basis and at other times as requested by the Medical Staff Executive Committee, provide a summary report to the Medical Staff Executive Committee regarding:
   a. The safety and quality of patient care provided by residents and supervising physicians.
   b. Education and supervisory needs of residents.
   c. Any lack of individual program compliance with supervisory requirements and processes as monitored through GMEC internal reviews and accreditation actions of the ACGME.
   d. Actions taken by programs to correct any deficiencies in resident supervision.

7. Minutes of the GMEC shall be available to the Medical Staff Executive Committee.

8. The “Graduate Medical Education Policy Concerning the Writing of Patient Care Orders” and its subsequent revisions is adopted as a policy of the medical staff. A copy of this policy is attached as Appendix A.

9. Supervising physicians must document their role in patient care and resident supervision. This may be documented by several methods including countersignature of residents medical chart entries, an additional entry into the patient’s medical record and/or identification of the supervisory attending and the resident in formal operative, procedure and interpretive reports.

10. The GMEC shall maintain monthly communication with the Hospital and the School through the Graduate Medical Education Policy Committee and the administrative structure described in the GME Agreement between the Hospital and the School.