University of Nebraska Medical Center

Department of Internal Medicine, Internal Medicine Residency Program

Supervision Policy

PURPOSE:

To establish institutional standards for faculty supervision of residents to ensure optimal educational effectiveness and compliance with ACGME institutional requirements.

DEFINITIONS:

1. **Supervising Physician**: A faculty physician, or a senior resident or fellow.
2. **Levels of Supervision**: Four levels of supervision are defined.
   a. **Direct**: The supervising physician is physically present with the resident and the patient.
   b. **Indirect**: There are two types of indirect supervision:
      i. Indirect supervision with direct supervision immediately available: The supervising physician is present in the hospital (or other site of patient care) and is immediately available to provide Direct Supervision. The supervisor must not be engaged in other activities (such as a patient care procedure) which would delay his/her response to a resident requiring Direct Supervision.
      ii. Indirect supervision with direct supervision available: The supervising physician is not required to be present in the hospital or site of patient care, or may be in-house but engaged in other patient care activities, but is immediately available through telephone or other electronic modalities, and can be summoned to provide Direct Supervision.
   c. **Oversight**: The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

POLICY:

*Supervision by faculty physicians/medical staff*

1. At all times and at all training sites, patient care performed by residents will be under the supervision of a qualified supervising physician faculty with appropriate privileges and credentialed to provide the required level of care. This supervision must be documented in the medical record by the supervising physician or resident.
2. Programs must define the level of supervision required for each clinical experience for each level of training using supervision definitions provided in this policy. The Internal Medicine Residency Programs outlines supervision in each rotation’s Goals and Objectives.
3. Residents, fellows and faculty members should inform their patients of their respective roles in each patient’s care.
4. In a training program, as in any clinical practice, it is incumbent upon the individual physician to acknowledge his/her own limitations in providing patient care and to consult a physician with
more expertise when necessary. When a resident requires supervision, this may be provided by a qualified member of the medical staff or by a trainee who in the judgment of the faculty has attained the knowledge and skills to provide direction. In all cases, the attending physician is ultimately responsible for the provision of care by trainees and trainees must contact this attending when there is any question about the need for supervision.

5. Procedures may be performed by a resident in training with varying degrees of supervision based upon their level of experience. It is up to the discretion of each attending physician as to whether the resident receives direct or indirect supervision.

6. Emergencies: An “emergency” is defined as a situation where immediate care is necessary to preserve the life or to prevent serious impairment of the health of a patient. In such situations, any resident, assisted by medical center personnel, is permitted to do everything possible to save the life of the patient. The resident should notify the supervision physician as soon as possible after care is given.

Communication

1. Residents must notify the supervising physician faculty of an unanticipated patient death, any medical error occurring on any primary or cross-cover patient, or patient leaving the hospital against medical advice.

2. Residents must notify the supervising physician faculty of significant changes in the patient’s condition including an acute decompensation requiring intubation or emergent surgery.

Progressive Responsibility of Residents

1. Faculty members functioning as supervising physicians should delegate portions of care to residents, based on the needs of the patient and the skills of the residents.

2. Senior residents or fellows should serve in a supervisory role of 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.

Assessment of Resident Supervision

1. As part of each rotation evaluation, the resident will be queried about faculty supervision, including the availability of the faculty member. Any deficiencies will be addressed by the Program Director.

RESPONSIBILITIES:

Ensuring appropriate resident supervision is the responsibility of the program director, faculty physicians, departmental leadership, and the institution. Specific responsibilities are as follows:

1. Supervising faculty physicians: Supervising faculty physicians are responsible for ensuring patient safety and quality of care. Supervising physicians may not provide direct supervision of all aspects of patient care, but they are ultimately responsible for the care of each patient.
2. **Supervising senior resident physician:** Supervising fellows or senior residents are responsible for the care provided to each patient by residents under their supervision and informing and consulting with the supervising faculty physicians when necessary.

3. **Residents:** Residents under the supervision of physician faculty and senior residents or fellows are responsible for reviewing the level of supervision for each curricular component (clinical rotation, procedure) prior to beginning a clinical rotation and the level of supervision required for each rotation and for each procedure. Within the scope of the training program, all residents must function under the supervision of faculty physicians.

4. **Program Directors (PDs):**
   a. Provide a curriculum, including clinical rotation summaries, delineating resident responsibilities for patient care, progressive responsibility for patient management, and supervision of residents over the continuum of the program.
   b. Assign progressive authority and responsibility, conditional independence, and a supervisory role in patient care based on specific criteria reviewed by the clinical competency committee for each program, and supervising faculty members for each clinical experience.
   c. Review the levels of supervision with residents, supervising faculty physicians, and appropriate nursing and administrative staff.
   d. Provide a specific statement identifying any exceptions for individual residents to supervising physicians and appropriate nursing and administrative staff, as applicable.

5. **Graduate Medical Education Committee (GMEC):** The GMEC will provide oversight of the appropriateness of supervision through regular review of hospital data, program data, and ACGME data (faculty and resident surveys) by the Clinical Learning Environment Operations Committee annually.

Throughout their training program, internal medicine residents are always supervised by a designated faculty physician whether on inpatient, outpatient, or off-site rotations.

The internal medicine residency program requires residents to log all procedures in which they have participated. Their progress is reviewed with a program director during 6 month evaluations.

There is always a staff physician in attendance at the various clinics in which the residents participate.