

Policy #: 008.003
Policy Title: Residents/Fellows Supervision
Sponsor: Sudhagar Thangarasu, MD; DIO
Approved by: Graduate Medical Education Committee

Purpose

Florida International University (FIU) has adopted the following policy to address trainee supervision.

This policy addresses Accreditation Council of Graduate Medical Education's (ACGME) Institutional Requirement ***IV.J. Supervision: IV.J.1. The Sponsoring Institution must maintain an institutional policy regarding supervision of residents/fellows. IV.J.2. The Sponsoring Institution must ensure that each of its ACGME-accredited programs establishes a written program-specific supervision policy consistent with the institutional policy and the respective ACGME Common and specialty-/subspecialty-specific Program Requirements.***

Definitions

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, only as described in [The Review Committee may describe the conditions under which PGY-1 residents 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 RC may choose not to permit this requirement. The Review Committee may further specify].

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 and/or encounters with feedback provided after care is delivered.

PGY-1 Resident: First-year physician trainees that should be supervised either directly or indirectly with direct supervision immediately available. [The achieved competencies under which PGY-1 trainees can progress to be supervised indirectly are defined in the program-specific ACGME Requirements].

Resident: Any physician in an accredited graduate medical education residency program.

Fellow: Any physician in an accredited graduate medical education fellowship program

Rotation: An educational experience of planned activities in selected settings, over a specific time period, developed to meet goals and objectives of the program.

Program Faculty: Any individuals who have received a formal assignment to teach trainee physicians.

Clinical Supervision: A required faculty activity involving the oversight and direction of patient care activities that are provided by trainees/fellows.

Supervising Physician: is a physician, either faculty member or senior resident/fellow designated by the program director as the supervisor of a junior resident/fellow. Such designation must be based on the demonstrated medical and supervisory capabilities of the physician.

Background

Developing the skills, knowledge, and attitudes leading to proficiency in all the domains of clinical competency requires the resident/fellow to assume personal responsibility for the care of individual patients. For the resident/fellow, the essential learning activity is interaction with patients under the guidance and supervision of faculty members who give value, context, and meaning to those interactions. As residents/fellows gain experience and demonstrate growth in their ability to care for patients, they assume roles that permit them to exercise those skills with greater independence. A resident/fellow will be expected to assume progressively greater responsibility through the course of a training program, consistent with individual growth in clinical experience. Supervision in the setting of graduate medical education has the goals of assuring the provision of safe and effective care to the individual patient; assuring each resident/fellow's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishing a foundation for continued professional growth.

Policy

The education of residents/fellows relies on an integration of didactic activities in a structured curriculum with the diagnosis and management of patients under appropriate levels of supervision. During a resident/fellow's training, all patient care and educational activities are to be under program faculty supervision. Each patient must have an identifiable, credentialed, and privileged attending physician or RRC-approved licensed independent practitioner who is ultimately responsible for their care. A patient's responsible supervising physician or licensed practitioner must be identified to residents/fellows, faculty members, and patients. Residents/Fellows and faculty members must inform patients of their respective roles in each patient's care.

The appropriate level of supervision depends on the individual residents/fellow's level of competency as determined by their knowledge, skill, and attitudes. The appropriate level of program faculty supervision for each trainee is determined by the rotation site director and program director. The Graduate Medical Education Committee (GMEC) is responsible for oversight and monitoring of this process of appropriate supervision and active investigation into issues of inadequate or inappropriate levels of trainee supervision, including oversight of levels of trainee supervision inconsistent with this Policy.

In the course of residency/fellowship training, circumstances and events may arise in which residents/fellows must communicate with appropriate supervising faculty members. These may include but are not limited to:

1. Admission to the hospital
2. Admission to the ICU
3. Unstable patient
4. Direct or indirect supervision for any invasive procedures
5. Before discharge from the hospital, ER, or ambulatory site
6. Change of code status and other end-of-life decisions
7. Any situation in which the resident/fellow believes faculty input is necessary
8. Before a first-year resident orders a consult

Procedure

The quality of a residents/fellow's GME experience involves a proper balance between educational quality and the quality of patient care. In all FIU programs, the level of residents/fellows supervision must ensure the highest quality, safety, and effectiveness of patient care. Appropriate levels of residents/fellows supervision during educational and patient care activities include the following guidelines:

Level of Supervision

1. The level of residents/fellows supervision must be consistent with the educational needs of the residents/fellows. This also includes supervision of activities that may influence learner safety (i.e., clinical and educational work hour limitations, stress).
2. The level of supervision must be appropriate for the individual residents/fellow's progressive responsibility as determined by the residents/fellow's level of education, competence, and experience. The program must demonstrate that the appropriate level of supervision is in place for all trainees.
3. The ACGME has also defined certain other applicable Common and specialty/subspecialty-specific Program Requirements that relate to appropriate levels of trainee supervision. Levels of trainee supervision must be in compliance with these Requirements.

Determination of Progressive Responsibility

1. There are multiple layers of supervision of residents/fellows educational and patient care activities, including supervision by an advanced-level residents/fellows. Advanced-level residents/fellows supervision is recognition of progress towards independence and demonstration of graded authority and responsibility. The final level of supervision is the responsibility of the program faculty and program director.
2. Faculty supervision assignments should be of sufficient duration to assess the knowledge and skills of each resident/fellow and delegate to him/her the appropriate level of patient care authority and responsibility.
3. The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care earned by each trainee must be assigned by the program director and faculty members. The program director must evaluate each resident/fellow's abilities based on specific criteria. When available, evaluation should be guided by specific national standards-based criteria.

4. Faculty members functioning as supervising physicians should delegate portions of care to residents/fellows based on the needs of the patient and the skills of the residents/fellows.
5. Each resident/fellow must know the limits of his/her scope of authority, and the circumstances under which he/she is permitted to act with conditional independence.

Communication with Supervising Faculty

1. The programs will set guidelines for circumstances and events in which residents/fellows must communicate with appropriate supervising faculty members.
2. The availability of program faculty and/or the ability to communicate with program faculty at all times is an integral part of the supervision of resident/fellow educational and patient care activities.

Feedback

1. The formative evaluation of resident/fellow activities as dictated by the ACGME specialty-specific program requirements is an important component of appropriate resident/fellow supervision.
2. The review of resident/fellow documentation of patient care is an important aspect of resident/fellow supervision.
3. Any concerns about inadequate or inappropriate levels of supervision should be addressed by the program leadership, with involvement of the Office of Graduate Medical Education (GME) and GMEC if the issues are not appropriately addressed locally. Any individual can bring concerns about resident/fellow supervision to the attention of the GME Leadership.

Related Policies

N/A

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