



OFFICE OF GRADUATE MEDICAL EDUCATION

Policy/Procedure

TITLE: Resident Physician Supervision	
PAGES: 5	REPLACES: Resident Physician Supervision 07.01.21
EFFECTIVE DATE: 10.14.22	POLICY/PROCEDURE #:
REVIEWED DATE: 10.14.22	
REVISED DATE:	
(Please put an "X" before policy type that applies) - X INSTITUTION PROGRAM	

SCOPE:

This policy applies to resident physicians in ACGME-accredited specialty programs at Parkview Health. The Sponsoring Institution (Parkview Health) must demonstrate adherence to all institutional graduate medical education policies and procedures (IV.A) (Core)

PURPOSE:

This policy addresses ACGME Institutional Requirement IV.J. Supervision
 IV.J.1. The Sponsoring Institution must maintain an institutional policy regarding supervision of resident physicians. (Core)
 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. (Core)

DEFINITIONS:

ACGME: Accreditation Council for Graduate Medical Education
Resident physician: Any physician training in an accredited graduate medical education program at Parkview Health.
Rotation: An educational experience of planned activities in selected settings, over a specific period, developed to meet goals and objectives of the program.
Program Faculty: Any individuals who have received a formal assignment to teach resident physicians.
Clinical Supervision: A required faculty activity involving the oversight and direction of patient care activities that are provided by residents/fellows.
Supervising Physician: A physician, either faculty member or more senior resident, designated by the specialty program director as the supervisor of a junior resident. Such designation must be based on the demonstrated medical and supervisory capabilities of such physician.

POLICY:

The most important responsibility of any Graduate Medical Education program is to provide an organized educational program with guidance and supervision of the resident physician that facilitates professional and personal growth while ensuring safe and appropriate patient care. A resident physician will be expected to



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assume progressively greater responsibility through the course of a residency, consistent with individual growth in clinical experience, knowledge, and skill.

Training programs at Parkview Health give resident physicians significant but appropriately supervised latitude in the management of patients and provides a comprehensive experience in their specialty area for them to become independent and knowledgeable clinicians with a commitment to the life-long learning process that is critical for maintaining professional growth and competency.

The education of resident physicians 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 physician's training, all patient care and educational activities are to be under specialty program faculty supervision. Each patient must have an identifiable, appropriately credentialed, and privileged attending physician or RRC-approved licensed independent practitioner who is ultimately responsible for their care. A resident physician's responsible supervising physician or licensed practitioner should be identified to residents, faculty members and patients.

Resident physicians and faculty members should inform patients of their respective roles in each patient's care. The appropriate level of supervision depends on the individual resident physician's level of competency as determined by their knowledge, skill, and attitudes. The appropriate level of specialty program faculty supervision for each resident physician is determined by the responsible specialty program faculty and specialty program director (program leadership). The Parkview Health GMEC is responsible for oversight and monitoring of this process of appropriate supervision and active investigation into issues of inadequate or inappropriate levels of resident physician supervision, including oversight of levels of resident physician supervision inconsistent with this policy.

PROCEDURE:

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



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1. Level of Supervision

- 1.1 The level of resident physician supervision must be consistent with the educational needs of the resident physician. This also includes supervision of activities that may influence learner safety (e.g., duty hour limitations, stress).
- 1.2 The level of supervision must be appropriate for the individual resident physician's progressive responsibility as determined by the resident physician's level of education, competence, and experience. All specialty programs must demonstrate that the appropriate level of supervision is in place for all resident physicians.
- 1.3 The ACGME has also defined certain other applicable Common and specialty/subspecialty-specific Program Requirements that relate to appropriate levels of resident physician supervision. Levels of resident physician supervision must follow these ACGME requirements.

2. Determination of Progressive Responsibility

- 2.1 There are multiple layers of supervision of resident physician educational and patient care activities, including supervision by an advanced-level resident physician. Advanced-level resident physician supervision is recognition of progress towards independence and demonstration of graded authority and responsibility. The final level of supervision is the responsibility of the responsible specialty program faculty and specialty program director.
- 2.2 Faculty supervision assignments should be of sufficient duration to assess the knowledge and skills of each resident physician and delegate to him/her the appropriate level of patient care authority and responsibility.
- 2.3 The privilege of progressive authority and responsibility, conditional independence, and supervisory role in patient care delegated to each resident physician must be assigned by the specialty program director and specialty faculty members. The specialty program director must evaluate each resident physician's abilities based on specific criteria. When available, evaluation should be guided by specific national standards-based criteria.
- 2.4 Specialty faculty members functioning as supervising physicians should delegate portions of care to resident physicians based on the needs of the patient and the skills of the resident physician.



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2.5 Each resident physician must know the limits of his/her scope of authority, and the circumstances under which he/she is permitted to act with conditional independence.

3. Communication with Supervising Faculty

3.1 Specialty programs must set guidelines for circumstances and events in which resident physicians must communicate with appropriate supervising specialty faculty members.

3.2 An integral part of the supervision of resident physician educational and patient care activities always includes the availability and access to communication with specialty program faculty (24 hours per day, 365 days annually)

4. Feedback

4.1 The formative evaluation of resident physician activities as dictated by the ACGME Program Requirements is an important component of appropriate resident physician supervision.

4.2 The review of resident physician documentation of patient care is an important aspect of resident physician supervision.

4.3 Any concerns about inadequate or inappropriate levels of supervision should be addressed by the specialty program leadership, with involvement by the Office of GME and Parkview Health GMEC if the issues are not appropriately addressed locally. Any individual can bring concerns about resident physician supervision to the attention of the Parkview Health GME Leadership.

5. Classification Levels of Supervision:

5.1 **Direct supervision:** the supervising physician is physically present with the resident physician during key portions of the patient interaction

5.2 **Indirect supervision:** the supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the resident physician for guidance and is available to provide appropriate direct supervision.

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



PARKVIEW HEALTH

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PGY-1 residents: Should be supervised either directly or indirectly with direct supervision immediately available. The achieved competencies under which PGY-1 resident physicians can progress to be supervised indirectly with direct supervision available are defined in the specific ACGME Program Requirements

LINKED/RELATED POLICIES:

REFERENCES/AUTHORITIES:

Institutional Requirements, Accreditation Council for Graduate Medical Education, 2022
Common Program Requirements, Accreditation Council for Graduate Medical Education, 2022

Reviewed/Approved	Date Approved
Graduate Medical Education Committee, GMEC	10.14.22

Name of Approving Entity	Date Approved
Parkview Health Governing Body for GME	10.14.22