



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER™
School of Medicine

Policy and Procedure

SOM OP: 50.02, **Graduate Medical Education Supervision of Residents**

PURPOSE: The purpose of this School of Medicine (SOM) Graduate Medical Education (GME) Policy and Procedure is to establish guidelines for the Graduate Medical Education Committee (GMEC) supervision of residents.

REVIEW: This SOM Policy and Procedure shall be reviewed within each year by the TTUHSC Graduate Medical Education Coordinating Council. Revisions will be forwarded to each campus GMEC for comment and the Office of the Dean for approval and publication.

POLICY/PROCEDURE:

1. The Sponsoring Institution must oversee:
 - a. Supervision of residents consistent with institutional and program-specific policies, and,
 - b. Mechanisms by which residents can report inadequate supervision in a protected manner that is free from reprisal.
2. In the clinical learning environment, each patient must have an identifiable, appropriately-credentialed and privileged attending physician (or licensed independent practitioner as approved by each Review Committee) who is ultimately responsible for that patient's care.
 - a. This information should be available to residents, faculty members, and patients.
 - b. Residents and faculty members should inform patients of their respective roles in each patient's care.
3. The program must demonstrate that the appropriate level of supervision is in place for all residents who care for patients. Supervision may be exercised through a variety of methods. Some activities require the physical presence of the supervising faculty member. 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 immediate availability of the supervising faculty member or resident physician, either in the institution, or by means of telephonic and/or electronic modalities. In some circumstances, supervision may include post-hoc review of resident-delivered care with feedback as to the appropriateness of that care.
4. To ensure oversight of resident supervision and graded authority and responsibility, the program must use the following classification of supervision:

- a. Direct Supervision:
 - (1) the supervising physician is physically present with the resident during the key portions of the patient interaction; or,
 - (2) 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.
 - b. 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.
 - c. Oversight – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.
5. 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.
- a. The program director must evaluate each resident’s abilities based on specific criteria. When available, evaluation should be guided by specific national standards-based criteria.
 - b. 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.
 - c. Senior residents 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.
6. Programs must set guidelines for circumstances and events in which residents must communicate with appropriate supervising faculty members, such as the transfer of a patient to an intensive care unit, or end-of-life decisions.
- a. Each resident must know the limits of his/her scope of authority, and the circumstances under which he/she is permitted to act with conditional independence.
 - (1) In particular, PGY-I residents must initially be supervised directly, the Review Committee may describe the conditions under which PGY-1 residents progress to be supervised indirectly.
7. Faculty supervision assignments should 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.
8. The GMEC will monitor appropriate supervision through its reporting mechanisms, including review of annual ACGME resident and faculty surveys.