



DEPARTMENT OF DEFENSE
UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES
4301 JONES BRIDGE ROAD
BETHESDA, MARYLAND 20814-4799

National Capital Consortium
Graduate Medical Education
Ph: (301) 319-0709

NATIONAL CAPITAL CONSORTIUM SUPERVISION POLICY

ACGME Institution Requirement: IV.J.1

REF: (a) ACGME Common Program Requirements (CPR), effective 1 July 2022
(b) ACGME Institutional Requirements, effective 1 July 2022

BACKGROUND:

1. The National Capital Consortium (NCC) is committed to ensuring patient safety, quality health care, first-rate educational programs, faculty development and resident well-being. In keeping with the institutional and common program requirements of the Accreditation Council for Graduate Medical Education (ACGME), the NCC's Graduate Medical Education Committee (GMEC) promulgates this updated policy and procedure regarding resident supervision.
2. The goals of supervision within the clinical learning environment are as follows:
 - Ensure safe and effective patient care to each and every patient;
 - Mentor residents and fellows in developing the skills, knowledge and attitudes required to enter the unsupervised practice of medicine;
 - Allow residents to assume roles of greater independence as they demonstrate improved competency in: Patient Care, Medical Knowledge, Interpersonal and Communication Skills, Professionalism, Practice-based Learning and Improvement, and Systems-based Practice.

DEFINITIONS:

1. **Resident** applies to all interns, residents, and fellows.
2. **Supervising Faculty** is the credentialed and privileged attending physician (or licensed independent practitioner if approved by a program's Residency Review Committee) who is ultimately responsible for a patient's care and who may delegate patient care activities and/or supervision of patient care activities to residents. The ultimate responsibility of patient care still rests with the responsible faculty.
3. **Levels of Supervision** as defined by the ACGME [Ref (a)] include:
 - **Direct supervision:** The supervising physician is physically present with the resident and patient or 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. Refer to each specialty RRC for specific guidance.

- **Indirect supervision with direct supervision immediately available:** The supervising physician is physically within the hospital or other site of patient care and is immediately available to provide direct supervision;
- **Indirect supervision with direct supervision available:** The supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephonic and/or electronic modalities and is available to provide direct supervision;
- **Oversight:** The supervising physician is available to provide review of procedures or encounters with feedback provided after care is delivered (e.g., medical records review of resident-delivered care with feedback as to the appropriateness of that care and documentation).

POLICY:

1. **Program Directors** are responsible for the following:
 - Maintaining up-to-date program supervision policies and procedures that are in compliance with the GMEC Supervision Policy and utilizes the ACGME definitions for “Levels of Supervision.”
 - Providing orientation to all new faculty and residents, including rotating residents, on policies and procedures for supervision.
 - Ensuring residents and faculty have ready access to, and comply with its program supervision policy and the local institutional supervision policy.
 - Maintaining a system that ensures residents, faculty members, nurses and patients can easily identify the appropriately credentialed and privileged attending physician (responsible faculty) who is ultimately responsible for each patient’s care.
 - Residents and faculty members must inform each patient of their respective roles in that patient’s care when providing direct patient care.
 - Senior residents or fellows should serve in a supervisory role to junior residents in recognition of their progress towards independence, based on the needs of each patient and the skills of the individual resident or fellow.
 - Each resident must know the limits of their scope of authority, and the circumstances under which the resident is permitted to act with conditional independence.
 - Assigning senior residents to supervisory roles (**Supervising Physician**) based upon the needs of the patient, skills of the residents involved, and specific criteria determined and evaluated by the program director and faculty.
 - Maintaining and updating a program supervision policy which includes the following components:
 - PGY-1 specific supervision considerations:
 - PGY-1 residents must be supervised either directly or indirectly with direct supervision immediately available.
 - All patients seen by PGY-1 residents must be discussed with an attending or more senior resident, with this discussion documented in the patient’s record.
 - Any other specific Residency Review Committee (RRC) requirements that describe achieved competencies under which PGY-1 resident scan progress to be supervised indirectly with direct supervision available.

- Circumstances and events in which all residents must communicate with responsible faculty (e.g., transferring a patient to the intensive care unit, admitting a patient to the hospital, making end-of-life decisions, taking a patient to the main operating room, and rapid response).
 - A mechanism by which residents can report inadequate supervision in a protected manner that is free from reprisal.
 - Trainees can also report to the NCC via the Trainee Helpline at: <https://usuhs.navexone.com/peoplehub/home>
2. **Supervising Faculty** are responsible for the following:
- Ensure each patient and all members of the health care delivery team can easily identify them as the credentials and privileged attending physician ultimately responsible for that patient's care.
 - Ensure all residents that they are supervising have up-to-date contact information, and are able to efficiently request assistance and/or physical presence of the responsible faculty.
 - Be knowledgeable of the graduated levels of responsibility for residents/fellows rotating on their service
 - Determine the appropriate level of supervision and personal involvement for all patient care activities that assures for the safety of each and every patient for whom they are responsible.
 - Be cognizant of and provide input for the care patients receive upon admission to the hospital.
 - Inform patients and/or their families of their respective roles in the patient's care:
 - Needs of the patient
 - Program Director's endorsement for performing supervision based on the Clinical Competency Committee review of the resident.
3. **Residents** are responsible for the following:
- Reviewing and complying with GMEC, hospital, training program, and rotational supervision policies and procedures.
 - Notifying supervising faculty of any significant change in a patient's status and communicating with faculty concerning patient care updates as required by their department and rotation resident supervision policies.
 - Informing patients of their respective role in the patient's care.
 - Knowing how to, and utilizing under faculty guidance, the hospital Patient Safety Reporting mechanism for near misses, actual events, and sentinel events.
 - Reporting concerns about patient safety and/or inadequate supervision to their faculty and/or program director.
 - Providing patient care according to the following:
 - Best interest of the patient
 - The limits of their own knowledge and skills
 - The scope of their authority, and
 - The circumstances under which they are permitted to act with conditional independence or in a supervisory role.

Approved at the 12 April 2023 GMEC meeting