

	MOREHOUSE SCHOOL OF MEDICINE GRADUATE MEDICAL EDUCATION POLICIES AND PROCEDURES	POLICY NUMBER	GME-11
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	SUBJECT SUPERVISION OF RESIDENTS POLICY	SUPERSEDES	10/01/1992

Supervision of Residents Policy

I. **PURPOSE:**

The purpose of this policy is to ensure that the quality of Graduate Medical Education (GME) programs at Morehouse School of Medicine (MSM) meets the standards outlined in the **Graduate Medical Education Directory**: “Essentials of Accredited Residencies in Graduate Medical Education” (AMA-current edition) and the specialty program goals and objectives. The Resident Physician is expected to progressively increase his or her level of proficiency with the provision of predetermined levels of supervision.

II. **SCOPE:**

All Morehouse School of Medicine (MSM) administrators, faculty, staff, Residents and accredited affiliates, shall understand and support this policy and all other policies and procedures that govern both GME programs and Resident appointments at MSM.

III. **POLICY:**

- 3.1. Supervision in the setting of graduate medical education has the following goals:
 - a) Ensuring the provision of safe and effective care to the individual patient
 - b) Ensuring each Resident’s development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine
 - c) Establishing a foundation for continued professional growth
- 3.2. In the clinical learning environment, each patient must have an identifiable, appropriately-credentialed, and privileged Attending physician (or licensed independent practitioner) who is ultimately responsible for that patient’s care. This information should be available to Residents, faculty members, and patients.
- 3.3. Residents and faculty members should inform patients of their respective roles in each patient’s care.
- 3.4. The program must demonstrate that the appropriate level of supervision is in place for all Residents who care for patients.
 - 3.4.1. 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.
 - 3.4.2. Faculty supervision assignments should be of sufficient duration to assess the knowledge and skills of each Resident. 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.

- 3.4.3. 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.
- 3.4.4. 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.
- 3.4.5. Each Resident must know the limits of his or her scope of authority, and the circumstances under which he or she is permitted to act with conditional independence. In particular, PGY-1 Residents should be supervised either directly or indirectly with direct supervision immediately available.
- 3.4.6. Faculty and Residents must be educated to recognize the signs of fatigue and sleep deprivation and must adopt and apply policies to prevent and counteract its potential negative effects on patient care and learning.

IV. LEVELS OF SUPERVISION:

To ensure appropriate Resident supervision and oversight, graded authority, and responsibility, the program must use the following classifications of supervision:

- a) **Direct Supervision:** the supervising physician is physically present with the Resident and patient.
- b) **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.
- c) **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.
- d) **Oversight:** the supervising physician is available to provide review of procedures and encounters with feedback provided after care is delivered.

V. SUPERVISION OF PROCEDURAL COMPETENCY:

- 5.1. Residents shall obtain competence in their field to be able to treat and manage patients in a qualified manner.
- 5.2. This competence shall be evaluated and documented as to success and qualifications. The following protocol is used for administration of certifying Residents' procedural competency.
 - 5.2.1. Residents must be instructed and evaluated in procedural techniques by a licensed independent practitioner (LIP) who is certified as competent to independently perform that procedure or who has been credentialed by the Medical Staff Office to perform that procedure.
 - 5.2.2. The Attending or Program Director is responsible for assessing procedural competency based on direct observation and/or identifying the number of procedures which must be completed successfully to grant proficiency.

- 5.2.3.** The Program Director for each training program will be responsible for maintaining an updated list of Residents who have been certified as competent to perform procedures independent of direct supervision. This list must be available to Nursing in order to assist them in developing a physician resource listing.
- 5.2.4.** The Program Director must also develop a method for surveillance of continued competency after it is initially granted.
- 5.2.5.** The ability to obtain and document informed consent is an essential component of procedural competency. The supervising LIP must also supervise and attest to the trainee's competence in obtaining and documenting informed consent.
- 5.2.6.** Until a Resident trainee is judged competent in obtaining informed consent, he or she may only obtain informed consent while supervised by an individual with credentials in that procedure.