GME POLICY FOR RESIDENT AND FELLOW SUPERVISION

The University of Iowa Hospitals and Clinics (UIHC) ensures that its Graduate Medical Education (GME) programs receive adequate support for the programs and faculty to provide appropriate supervision for all medical and dental house staff members. Wherever used in this policy, the terms resident, fellow or house staff member shall refer to resident and fellow physicians and dentists at all house staff levels who have signed a GME contract at UIHC.

All Sites: The GME policies of UIHC regarding supervision apply to all institutions to which a resident rotates and are subject to the requirement of the Accreditation Council for Graduate Medical Education (ACGME), individual Residency Review Committees (RRCs) and/or other applicable accrediting or certifying bodies. Each program, regardless of accreditation, is required to follow these standards, as applicable. The needs and safety of the patient and continuity of care are vitally important; thus, regardless of location, each UIHC rotation in which a resident participates must engage residents and fellows in standardized transitions of care consistent with the setting and type of patient care. Likewise, the educational goals and learning objectives of the resident's program must not be compromised when ensuring the adequacy of resident and fellow supervision at any site.

Supervisors: In the clinical learning environment, each patient must have an identifiable, appropriately-credentialed and privileged physician (or licensed independent practitioner as approved by the RRC) who is ultimately responsible for each patient's care; this information should be available to residents, faculty members and patients. Residents and faculty members must inform patients of their respective roles in each patient's care.

Additionally, the clinical activities of all residents and fellows are supervised by teaching staff and/or more advanced house staff members in such a way as to ensure that residents assume graduated responsibility consistent with each resident's assessed performance. The teaching staff determines the level of responsibility accorded to each resident. On-call schedules for teaching staff and more advanced house staff members are structured to ensure that direct supervision is readily available to those on duty. The UIHC, through its Graduate Medical Education Committee (GMEC), its GME staff, and its annual program evaluation process, provides institutional oversight to assure that residents are appropriately supervised.

Program Curriculum: The curriculum of each program must:

- delineate the resident's responsibilities for patient care,
- provide progressive responsibility for patient management, and
- offer supervision of the resident throughout the duration of the program.

Program Level Policies: Each UIHC ACGME-accredited program must have a written program-specific policy of supervision. It must:

- be consistent with this UIHC policy and each program's respective ACGME common and specialty/subspecialty-specific program requirements
- be distributed annually and/or made readily available (e.g., electronic format) to all residents and faculty/attending physicians for each residency or fellowship program
- be submitted annually to the GME Office prior to the distribution of GME contracts to new and continuing house staff members
- note that at all times a licensed independent practitioner with appropriate clinical privileges assumes primary responsibility for patient care at UIHC
- establish that the Program Director, key faculty members and clinical competency committee will assess and grant progressive levels of responsibility based on specific criteria; when available, evaluation should be guided by specific national standards-based criteria
- ensure that faculty supervision assignments are of sufficient duration to assess the knowledge and skills of each resident so that the supervising faculty can appropriately delegate to each resident the authority and responsibility for portions of care based on the needs of the patient and the skills of the residents
- reference the "Levels of Supervision" described in this policy and assign the privilege of progressive authority and responsibility, conditional independence and a supervisory role in patient care to each resident, as appropriate

- set guidelines for circumstances and events in which residents must communicate with appropriate supervising faculty members to ensure patient care, including but not limited to the transition of patient care at appropriate times, the transfer of a patient to an intensive care unit and/or end-of-life care decisions
- note that 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 the patient and the skills of the particular resident or fellow
- note that 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
- inform residents that reports of inadequate supervision are free from reprisal and can be submitted as directed by this policy (see *Protection from Retaliation* paragraph in this policy).

Levels of Supervision: Each program must demonstrate that the appropriate level of supervision is in place for all patients cared for by all residents. Each program must use the following classifications of supervision:

- Direct Supervision – The supervising physician or dentist is physically present with the resident and patient.
- Indirect Supervision
  - i) with direct supervision immediately available – The supervising physician or dentist is physically present within the hospital or other site of patient care, and is immediately available to provide direct supervision.
  - ii) 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 or dentist is available to provide review of patient encounters with feedback provided after care is delivered.

Supervision for PGY Levels:

- PGY 1 residents - are supervised either directly or indirectly with direct supervision immediately available while they acquire basic knowledge and skills specific to the specialty.
- PGY 2 and above - are supervised by any level of supervision, as appropriate to the patient situation and resident capability.

Supervision does not equate merely to the presence of more senior physicians or dentists or with the absence of independent decision making on the part of residents. These supervision standards encompass the concepts of graded authority, responsibility and conditional independence that are the foundation of delegation of authority to more senior house staff members.

Supervision may be exercised through a variety of methods. As described in this policy, 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.

Summative Evaluations:

- Achieving the Ability to Practice Unsupervised – A summative evaluation must verify that the resident has demonstrated sufficient competence to enter practice without direct supervision. Based on the concepts of graded and progressive responsibility, supervision in the setting of graduate medical education must assure the provision of safe and effective care to the individual patient, assure each resident's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine, and establish a foundation for continued professional growth.
- Milestones –- Tracking specialty-specific milestones must be used as one of the tools to ensure that residents are able to practice core professional activities without supervision upon completion of the program.

Professional Development: The UIHC facilitated and the GMEC oversees professional development for core faculty members and residents and fellows, as appropriate, with respect to supervisory practices and effective transitions of care.

Protection from Retaliation: Concerns of inadequate supervision may be reported to the Program Director, Program Coordinator, any faculty member, the GMEC, the Associate Dean for GME, the GME Office, or the Compliance HELPLINE at 384-8190. All calls are confidential and may be made anonymously, as chosen by the caller. The UIHC protects all callers from retaliation.

GMEC Approval	February 26, 2016