Purpose
Although the attending physician is ultimately responsible for the care of the patient, every physician shares in the responsibility and accountability for their efforts in the provision of care. Effective programs, in partnership with their Sponsoring Institutions, define, widely communicate, and monitor a structured chain of responsibility and accountability as it relates to the supervision of all patient care. Supervision in the setting of graduate medical education provides safe and effective care to patients; ensures each resident’s development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishes a foundation for continued professional growth.

Policy
The WSU GME programs recognize and support the importance of graded and progressive responsibility in graduate medical education. This policy outlines the requirements to be followed when supervising residents. The goal is to promote assurance of safe patient care, and the resident’s maximum development of the skills, knowledge, and attitudes needed to enter the unsupervised practice of medicine. Residents are expected to graduate as accomplished physicians capable of functioning competently and without supervision. Specialty specific milestones will govern resident advancement from one year of education to another, providing guidance about the authority and responsibility granted to residents.

In the clinical learning environment, each patient must have an identifiable, appropriately-credentialed and privileged attending physician (or licensed independent practitioner as specified by each Resident Review Committee) who is responsible and accountable for that patient’s care. Residents and faculty will inform all patients of their respective role when providing direct patient care.

Each program will demonstrate that the appropriate level supervision is in place for all residents is based on each residents level of training and ability, as well as patient complexity and acuity.

Supervision may be exercised through a variety of methods as appropriate to the situation. A supervisor may be a member of the medical staff, a more senior resident or fellow designated by the program director. Each specialty may specify which activities require different levels of supervision as determined by their Review Committee.

Levels of supervision:
To promote oversight of resident supervision while providing for graded authority and responsibility the program must use the following classification of supervision:

- Direct supervision - the supervising physician is physically present with the resident and patient
- 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 - the supervising physician is not physically present within the hospital or other site of patient care. However, the supervisor will be 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/encounters with feedback provided after care is delivered

Procedure
Residents:
All residents will know their scope of authority and the circumstances under which they are permitted to act with conditional independence. All residents, regardless of year of training, must communicate appropriately with the supervising physician.

The clinical responsibilities for each resident must be based on PGY level, patient safety, resident education, severity and complexity of patient illness, and available support services. 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 with input from the Clinical Competency Committee. The program director will evaluate each resident’s abilities based on specific criteria. When available, evaluation shall be guided by specific national standards-based criteria.

The minimum amount/type of supervision required in each situation is determined by the definition of the type of supervision specified, but is tailored specifically to the demonstrated skills, knowledge, and ability of the individual resident. In all cases, the faculty member functioning as a supervising physician should delegate portions of the patient’s care to the resident, based on the needs of the patient and the skills of the resident.

Initially PGY1 residents must be supervised either directly or indirectly with direct supervision immediately available. Each Review Committee may describe the conditions and the achieved competencies under which PGY-1 residents progress to be supervised indirectly with direct supervision available.

Residents will have resources for reporting inadequate supervision in a protected manner that is free of reprisal.
Supervising Physician:

Faculty members who function as supervising physicians shall delegate portions of care to residents based on the needs of the patient and the skill level of the resident. Faculty supervision assignments will 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.

It is a responsibility of the program director to approve the selection of teaching faculty. Residents must be supervised by attending physicians who are credentialed in that setting for the patient care and diagnostic and therapeutic for which they are providing supervision.

In every level of supervision, the supervising faculty member must review progress notes, sign off procedural and operative notes and discharge summaries.

Faculty members must be continuously present to provide supervision in ambulatory settings, and be actively involved in the provision of care, as assigned.

Senior residents or fellows shall 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.

Program Responsibilities:

Each residency program will establish schedules which assign qualified faculty physicians, residents, or fellows (or appropriate other licensed independent practitioners as permitted by the RRC) to supervise at all times and in all settings in which residents of the residency program provide any type of patient care. The type of supervision to be provided will be delineated in the curriculum’s rotation description.

The program will update annually a listing of procedures pertinent to that specialty with an indication of the requirements for performing an activity with or without direct supervision.

The program director will ensure that attending physicians are educated regarding appropriate supervision standard requirements, including physical presence requirements and documentation ones.

Each program will develop program-specific policy based on respective ACGME common and specialty-specific requirements, consistent with the institutional WSU GME policy. Programs will set guidelines for circumstances and events in which residents must communicate with the supervising faculty members, such as the transfer of a patient to the intensive care unit or end-of-life decisions.

Monitoring
Compliance with the individual program’s Supervision policy will be monitored by the GMEC via:

- Annual Program Evaluations
- Special Review of the program
- Annual GME resident evaluation of the program
- Annual GME faculty evaluation of the program
- Annual ACGME Faculty Survey
- Annual ACGME Resident Survey
- Resident Council
- Anonymous contact via hotline and/or online complaint form.