



National Capital Consortium
Graduate Medical Education
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NCC GRADUATE MEDICAL EDUCATION POLICY

November 8, 2013

**MEMORANDUM FOR NCC PROGRAM DIRECTORS
NCC MEMBER INSTITUTION DEPARTMENT CHAIRS
NCC RESIDENCY PROGRAM COORDINATORS
NCC RESIDENTS AND FELLOWS**

SUBJ: Resident Supervision Policy

REF: (a) ACGME Common Program Requirements (CPR) effective July 1, 2013
(b) ACGME Institutional Requirements effective July 1, 2014
(c) Joint Commission Medical Staff Standards MS.04.01.01
(d) Centers for Medicare and Medicaid- Medicare Carriers Manual Section 15016

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 Skills and Communication, Professionalism, Practice-Based Learning and Improvement, and Systems-Based Practice.

Definitions

1. "Resident" applies to all interns, residents, and fellows.
2. "Responsible 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 rest with the responsible faculty.
3. "Supervising Physician" is a faculty member (physician or licensed independent practitioner if approved by a program's Residency Review Committee) or advanced

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resident designated by the program director and responsible faculty as competent to supervise residents.

4. “Levels of Supervision” as defined by the ACGME (ref a), include:
 - **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 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. **Chairman and Program Directors** are responsible for the following:
 - Maintaining up-to-date department supervision policies and procedures that are in compliance with this GMEC Supervision Policy and utilizes the ACGME definitions for “Levels of Supervision”. (Common Program Requirement [CPR] VI.D.3)
 - Providing orientation to all new faculty and residents, including rotating residents, on policies and procedures for supervision and transitions of care.
 - Ensuring residents and faculty have ready access to, and comply with, its department supervision policy and the local institutional supervision policy Providing education on, and ensuring the appropriate utilization of, the institution specific (Walter Reed National Military Medical Center or Fort Belvoir Community Hospital) Patient Safety Reporting mechanism for near misses, actual events, and sentinel events.
 - Maintaining a system that ensure 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. (CPR VI.D.1)
 - Assigning faculty supervisors for a sufficient duration to enable them to adequately assess the knowledge and skills of each resident and thereby delegate the appropriate level of patient care authority and responsibility. (CPR VI.D.6)
 - Ensuring faculty complete timely and constructive resident performance evaluations to both the resident and program director, including end of rotation evaluations within 2 weeks of the completion of the rotation.

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- Ensuring their department supervision policy includes the following “Main Operating Room Supervision Procedures”:
 - “Prior to any resident bringing a patient into the main operating room or the operating rooms on Labor and Delivery, the patient’s case must be reviewed, and the assessment and plan validated, by the responsible faculty.
 - The responsible faculty will be physically present in the hospital and available to provide direct supervision or indirect supervision with immediate availability.
 - For potential loss of life or limb emergencies, the senior resident may proceed immediately to the main operating room or the Labor and Delivery operating rooms and provide medical/surgical care that is in the best interest of the patient. In this situation, the senior resident, or their delegated health care delivery team member, will immediately notify the responsible faculty, and the responsible faculty will promptly proceed to assist in treatment.
 - Monitoring, and holding all faculty and residents accountable, for compliance with GMEC, hospital, and department supervision policies.
2. **Program Directors** are responsible for the following:
- 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. (CPR VI.D.4.c)
 - Notifying the DIO of any “near miss”, actual or sentinel event (adverse patient outcome) where supervision procedures were deemed as contributory, and providing a plan of action to the GMEC to prevent reoccurrences.
 - Maintaining and updating a department supervision policy which includes the following components:
 - PGY1 specific supervision considerations:
 - PGY-1 residents must be supervised either directly or indirectly with direct supervision immediately available (CPR VI.D.5.a., 1)
 - 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 residents can progress to be supervised indirectly with direct supervision available (CPR VI.D.5.a., 1)
 - 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).

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- A statement that “all Rotation Directors will ensure timely resident performance evaluations to both the resident and program director, including end of rotation evaluations within 2 weeks of the completion of the rotation.”
 - A statement of expectations for “Responsible Faculty” that include, the responsibilities listed in this policy under the Responsible Faculty Section.
 - A statement of Main Operating Room Supervision procedures including, at a minimum, those listed in this policy under the Chairman and Program Director responsibilities section.
 - A mechanism by which residents can report inadequate supervision in a protected manner that is free from reprisal. (IR III.B.4.b)
3. **“Responsible Faculty”** are responsible for the following:
- Ensuring each patient and all members of the health care delivery team, can easily identify them as the credentialed and privileged attending physician ultimately responsible for that patient’s care.
 - Ensuring 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.
 - Being knowledgeable of the graduated levels of responsibility for residents/fellows rotating on their service.
 - Determining 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.
 - Being cognizant of and providing input for, the care patients receive upon admission to the hospital.
 - Informing patients and/or their families of their respective roles in the patient’s care. (CPR VI.D.1.b)
 - Assessing the following, prior to delegating supervisory responsibilities to a senior resident (CPR VI.D.4.b):
 - Needs of the patient
 - Program Director’s endorsement for performing supervision based on the Resident Competency Committee review of the resident.
4. **Residents** are responsible for the following:
- Reviewing and complying with GMEC/hospital, Departmental, and rotation supervision and transitions of care 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 roles in the patient’s care. (CPR VI.D.1.b)

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- 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: the 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. (CPR VI.D.5.a)
5. The **Oversight Subcommittee of the GMEC** is responsible for the following:
- Monitoring each program's supervision of residents and ensuring supervision is consistent with: the provision of safe and effective patient care; educational needs of residents; progressive responsibility appropriate to residents' level of education, competence, and experience; and other applicable common and specialty/subspecialty-specific program requirements (ref b). The following mechanisms will be used:
 - Reviewing all program supervision policies as a part of the program annual report to the GMEC;
 - Reviewing all annual ACGME resident surveys, and GMEC housestaff surveys, to monitor the effectiveness of supervision procedures;
 - Supporting programs in correcting Internal Review, GMEC Special Review or ACGME citations related to supervision or transitions of care.
 - Reviewing Root Cause Analysis (RCA) and plans of action and milestones for near misses, actual events, or sentinel events in which resident supervision or transitions of care was thought to be contributory.

Note:

Reference (d), from the Centers for Medicare and Medicaid, provides excellent examples of how to appropriately document resident supervision in the medical record.



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