



Office of Graduate Medical Education

## GRADUATE MEDICAL EDUCATION COMMITTEE POLICY NO. 12

A. SUBJECT: Graduate Medical Trainee Supervision Policy

B: EFFECTIVE DATE: January 21, 2015 (R)

C: POLICY:

This policy outlines the University of Virginia Graduate Medical Education requirements regarding progressive responsibility of GME Trainees (hereinafter "trainees") and trainee supervision. The Policy incorporates all applicable University of Virginia Medical Center and Accreditation Council of Graduate Medical Education policies, procedures and standards of accreditation.

The Clinical Staff of the University of Virginia Health System has overall responsibility for the quality of professional services provided to patients, including patients under the care of trainees. It is the responsibility of the clinical staff to assure that each trainee is supervised in his/her patient care responsibilities by a member of the clinical staff who has been granted clinical privileges.

The attached protocol contains mandatory implementation procedures related to supervision of trainees.

### D. Procedure

#### 1. Supervision of Trainees

In the clinical learning environment, each patient must have an identifiable attending physician who is ultimately responsible for that patient's care (CPR VI.D.1).

- a. The name of the attending physician of record shall be available to trainees, faculty members and patients.
- b. In certain situations, the attending physician may delegate supervisory responsibility to another caregiver (e.g., senior level resident) in accordance with individual RRC requirements. Ultimately, supervision rests with the attending physician.
- c. Trainees shall inform patients of their respective roles in each patient's care (CPR VI.D.1.b).

#### 2. Levels of Supervision

- a. Each training program must demonstrate that the appropriate level of supervision is in place for all trainees who care for patients (CPR VI.D.2).
- b. To ensure oversight of resident supervision and graded authority and responsibility, each program must use the following classification of supervision (CPR VI.D.3):
  - i) Direct Supervision – the supervising physician is physically present with the trainee and patient (CPR VI.D.3.a).
  - ii) 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 (CPR VI.D.3.b).(1).
  - iii) 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 within 30 minutes after contact (CPR VI.D.3.b).

- iv) Oversight – The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered (CPR VI.D.3.c).

### 3. Clinical Responsibilities

- a. The clinical responsibilities for each trainee must be based on PGY-level, patient safety, trainee education, severity and complexity of patient illness/condition, and available support services (CPR.VI.E).
- b. Progressive authority and responsibility, conditional independence, and level of supervision must be assigned by the program director and faculty members (CPR.VI.D.4) in accordance with individual RRC and Certifying Board requirements.

### 4. Escalation of Care

Notwithstanding the general categories of supervision set out above, a trainee shall notify the responsible Attending Physician within 90 minutes of any of the following events in line with the Medical Center Policy 0324: Clinical Communication and Escalation of Care/Inpatient Services:

- a. Patient admission to hospital and/or service
- b. Transfer of patient to or from the intensive care unit or to a higher level of care
- c. Need for intubation or ventilator support
- d. Cardiac arrest or significant changes in hemodynamic status (./e., Code 12 or MET team activation)
- e. Significant change in clinical status
- f. Development of significant neurological changes
- g. Development of major wound complications
- h. Medication errors requiring clinical intervention
- i. Any significant clinical problem that will require an invasive procedure or operation
- j. Patient death
- k. Notification of patient representative that family wishes to lodge a formal complaint
- l. Activation of IRPA for anything other than routine procedures
- m. Patient and/or family request to see, or to speak with the attending physician.
- n. Whenever a GME Trainee believes that his/her ability to provide care to the patient is impeded.

Individual departments may have additional events or more urgent time restrictions that qualify for notifying the responsible Attending Physician.

Approved, GMEC, University of Virginia Health System: September 1992

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GMEC Reviewed/Approved: August 15, 2012

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Reviewed/Approved: GMEC, January 21, 2015



## **PROTOCOL FOR IMPLEMENTATION OF POLICY NO. 12: GRADUATE MEDICAL EDUCATION SUPERVISION**

A teacher/trainee relationship founded on respect and professionalism is fundamental to GME training. Much of the learning process and the development of progressive responsibility are based on teaching by example under supervision. Supervision and close observation provide the ability of the mentor/program director to ascertain when a GME trainee (herein after “trainee”) is ready and able to assume progressive responsibility. This readiness should be reflected in the evaluation process with timely faculty evaluations that address the achievement of core and specialist competencies commensurate with the level of training, the specific nature of the training program, and the responsibilities involved. Patient safety and continued quality improvement in patient care are the central goals of any system of progressive responsibility.

Detailed descriptions (e.g., Goals and Objectives) of the trainees’ responsibilities and patient care activities of each specialty program shall be maintained by the Program Directors. These descriptions and any revisions must be provided to the Graduate Medical Education Office through the internal review process. Each Program Director must document a trainee’s progressive involvement and independence in patient care activities by an evaluation process stratified by year of training.

Clinical Department Chairs, working in consultation with Program Directors shall be responsible for compliance with the Supervision Policy and this Protocol. Compliance will be monitored through the Graduate Medical Education Office’s annual review process and assessed by documentation of evaluations, and the anonymous ACGME survey of trainees. Audits of compliance may be carried out by the Graduate Medical Education Committee (GMEC) in the event of expressed concerns of trainees, LIPs, staff, patients, accrediting agencies, or other appropriate authorities.

Failure to comply with the Supervision Policy or this Protocol or any concern raised within a program regarding the adequacy of supervision could result in a letter from the GME Office to the Program Director, a required appearance before the full GMEC to address the concerns and describe plans for remediation, and/or a progress report outlining the remediation of any problems identified with supervision requirements.

### **Responsibilities of Attending Physicians**

1. Attending physicians are the physicians of record and ultimately responsible, within the scope of their clinical privileges, for the care and treatment of each patient they admit to the University of Virginia Medical Center (See [Medical Center Policy No. 0304](#) “Responsibilities of Attending Physicians on Inpatient Services” and [0324 “Clinical Communication and Escalation of Care/Inpatient Services”](#)).

2. If the attending physician delegates to trainees, in whole or in part, the medical management plan, the attending physician remains responsible for ensuring the trainees have appropriate training, experience and competence to undertake such management.
3. The attending physician must communicate clearly to each trainee involved in the care of the patient when that attending expects to be contacted by the trainee. At a minimum, the trainees must be told to notify that attending of significant changes in the patient's condition regardless of the time of day or day of week. See also **Factors that require resident to notify the Attending Physician within 90 minutes in Section 4 of the Supervision Policy**. Attending physicians shall behave in a professional manner in regard to trainee supervision and shall encourage each trainee to seek guidance from the attending physician at any time the trainee believes it to be helpful in the care of the patient. The attending physician is to make clear to each trainee that it is only the failure to seek guidance that will be considered problematic.
4. The attending physician shall review inpatient progress notes, sign outpatient progress notes, procedural and operative notes, and discharge summaries for cases in which a trainee has been involved.
5. The attending physician shall provide trainees with constructive feedback when appropriate.
6. The attending physician will serve as a role model to trainees in the provision of patient care that demonstrates professionalism and good communication skills.
7. The attending physician will provide direct supervision or indirect supervision with direct supervision immediately available of trainees in the ambulatory setting.
8. In the inpatient setting, an attending physician is expected to provide daily direct (in person) teaching and supervision to the team. If the attending physician is out of town or unavailable, coverage of his/her patients must be communicated clearly with the covering attending and with the team on that service.
9. The attending physician will adhere to program specific levels of responsibility and teach trainees according to the level that is commensurate with training, education, and demonstrated skill. It is the responsibility of the program director and/or Chair to develop and communicate program specific levels of responsibility.
10. The attending physician will adhere to Institutional , and GMEC policies with special attention to Patient Safety Guidelines for Attending Physician Oversight of In-Patient Care and Responses to Changes in Patient Condition (approved by Clinical Staff Executive Committee 2/16/10).
11. The attending physician should be educated to recognize the signs of fatigue and sleep deprivation, and support trainees in preventing and counteracting the negative effects that can impact patient care and learning ([See GME Policy 26 "Fitness for Duty"](#)).

### **Responsibilities of Trainees**

1. All patient care responsibilities of the trainee will be under the supervision of an attending physician who has full appropriate appointment and privileges at the University of Virginia Medical Center or affiliated institution granted through the medical staff credentialing process. The attending physician will monitor patient care services provided by trainees to assure provision of quality patient care and sign trainees' notes and orders as appropriate to hospital and program policy.

2. Trainees must be aware of and follow his/her program's supervision plans.
3. Licensed trainees at all levels of training may write orders. All orders shall include the date signed by the trainee. These orders are written under the supervision of an attending physician as noted in 1 above. Requirements for the completeness and timing of the patient history and physical exam ("H&P"), including a listing of the minimum contents to be included in the medical record by trainees, shall comply with appropriate medical records policies and applicable hospital licensing and Joint Commission standards.
4. Trainees must request supervision from the attending physician or supervisor if asked to perform a procedure when he/she has insufficient experience with the procedure and/or universal protocol, or when the procedure is beyond the skill level of the trainee.
5. If IRPA (In-house Rescue Physician Adult) is activated, the attending IRPA physician can assume the supervisory role for that patient for the IRPA event, but the trainee must notify the regular attending of the activation within 90 minutes.
6. In all specialties and subspecialties, progressive responsibility for trainees is provided in accordance with ACGME Common Program Requirements policies on achievement of general and specific competencies, including the six General Competencies, as promulgated by the ACGME and endorsed and implemented by the University of Virginia GME Office and the University of Virginia School of Medicine. Documentation of the trainees' achievement of these competencies is provided through Faculty evaluations of the trainees and evaluations and reviews provided by the Program Director. The GMEC, GME Office, and the Designated Institutional Official provide institutional oversight of this process.

### **Responsibilities of the Program**

1. The program will develop and maintain a trainee supervision plan that provides for safe and effective patient care, educational needs of trainees, and progressive responsibility that is appropriate to the trainee's level of education, competence, and experience. The supervision plan must include but is not limited to the following:
  - a. A definition of the clinical responsibilities and level of supervision required for each, for trainees at each level of training.
  - b. A mechanism of providing feedback and program notification if either a member of the faculty or a trainee identifies a problem with supervision.
  - c. Action to be taken in emergency situations where a trainee is beyond his/her level of experience or competence.
  - d. Action to be taken if the supervising attending physician is unavailable, does not respond to attempts at communication, or does not provide adequate supervision.
2. The program will develop and maintain a system for documenting supervision in the resident rotation schedules and the attending on-call schedules. On-call schedules for attending physicians shall provide for supervision that is readily available to a trainee on duty 24 hours per day, 7 days per week.
3. Any significant changes to the Institutional or program Supervision Policy or plan for supervision must be communicated to all faculty and trainees.

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