GRADUATE MEDICAL EDUCATION COMMITTEE POLICY NO. 12

A. SUBJECT: Graduate Medical Education Trainee Supervision Policy

B: EFFECTIVE DATE: November 18, 2020 (R)

C: POLICY:

This policy outlines the University of Virginia Graduate Medical Education (GME) 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 institutional policies, procedures and standards of accreditation. Note that where appropriate, program-specific standards for supervision may exist and supersede institutional requirements, which are minimum standards.

D. Procedure

1. Levels of Supervision

To promote oversight of GME Trainee supervision while providing for graded authority and responsibility, the following classification of supervision must be employed:

a. Direct Supervision
   - the supervising physician is physically present with the trainee and during the key portions of the patient interaction; or
   - the supervising physician and/or patient is not physically present with the resident and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology.

b. Indirect Supervision:
   - the supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the resident for guidance and is available to provide appropriate direct supervision.

c. Oversight – the supervising physician is available to provide review of procedures and encounters with feedback provided after care is delivered.

2. Supervision and Accountability

GME programs, in partnership with the sponsoring institution, must;

a. Define, widely communicate, and monitor a structured chain of responsibility and accountability as it relates to the supervision of all patient care.

   - Each patient must have an identified, appropriately credentialed and privileged attending physician who is ultimately responsible for that patient's care; this information must be available to Trainees, faculty members, other members of the health care team, and patients.

   - Residents and faculty members must inform each patient of their respective roles in that patient's care when providing direct patient care.

b. Ensure that residents are adequately supervised by appropriate availability of supervising faculty member, fellow, or senior resident physician, either on site or by means of telecommunication technology.
    - Appropriate level of supervision must be in place for all residents based on each resident's 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.
    - Programs must be in compliance with relevant accreditation requirement(s) which specifies which activities require different levels of supervision.
    - Programs must define when physical presence of a supervising physician is required.

c. Delegate each Trainee progressive authority and responsibility, conditional independence, and a supervisory role in patient care assigned by the program director and faculty members.
    - The program director must evaluate each resident's abilities based on specific criteria, guided by Milestones.
    - Faculty functioning as supervising physicians must delegate portions of care to residents based on the needs of the patient and the skills of each resident.
    - Senior residents or fellows should serve in a supervisory role to 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.

d. Set guidelines for circumstances and events in which residents must communicate with the supervising faculty members.
    - Each resident must know the limits of their scope of authority, and the circumstances under whish the resident is permitted to act with conditional independence.

e. Establish a mechanism of 1) providing feedback and program notification if either a member of the faculty or a Trainee identifies a problem with supervision; 2) action to be taken if the supervising attending physician is unavailable, does not respond to attempts at communication, or does not provide adequate supervision; and 3) action to be taken in emergency situations where a Trainee is beyond his/her level of experience or competence;

f. Ensure sufficient duration of faculty supervision assignments in assessing the competency of each Trainee and in delegating the Trainee the appropriate level of patient care authority and responsibility; and

g. Ensure that adequate supervision is provided to Trainees rotating to participating institutions and at away elective rotation sites.

3. Trainee Responsibilities

a. Trainees must be aware and adhere to the institutional and program-level policies on Trainee supervision.

b. Licensed trainees at all levels of training may write orders under the supervision of an attending physician. All orders shall include the date signed by the Trainee. 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.

c. 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 Trainee's competence.

d. 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.

e. A Trainee must 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. Individual departments may have additional events or more urgent time restrictions that qualify for notifying the responsible Attending Physician. The Attending must review this list and discuss their expectations for Escalation of Care at the start of each rotation. Trainees must contact the appropriate medical director or Department Chair as the next level in the Clinical Help Chain if the responsible Attending Physician does not respond within five (5) minutes.

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

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