

<p style="text-align: center;">TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER AT EL PASO Paul L. Foster School of Medicine GRADUATE MEDICAL EDUCATION Policy</p>
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TITLE: Supervision and Accountability Policy

PURPOSE: The Sponsoring Institution must ensure that each of its ACGME accredited programs establishes a written program-specific supervision policy consistent with the institutional policy and the respective ACGME Common and specialty-/subspecialty-specific Program Requirements.

REVIEW: This policy will be reviewed every two years by the Graduate Medical Education Committee (GMEC).

POLICY STATEMENT: Supervision and Accountability 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

Residents and faculty members must inform each patient of their respective roles in that patient's care when providing direct patient care. This information must be available to residents, faculty members, other members of the health care team, and patients.

The program must demonstrate that the appropriate level of supervision in place for all residents is 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.

Levels of Supervision

To promote appropriate 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 during the key portions of the patient interaction. The Review Committee may further specify.

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. The RC may choose to eliminate this piece of the definition.

PGY-1 residents must initially be supervised directly, only as described in the above definition. The Review Committee may describe the conditions under which PGY-1 residents progress to be supervised indirectly.

The Review Committee may further specify.

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.

Oversight

The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

The program must define when physical presence of a supervising physician is required. 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 and faculty members. The program director must evaluate each resident's abilities based on specific criteria, guided by the Milestones.

Faculty members 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.

Programs must set guidelines for circumstances and events in which residents must communicate with the supervising faculty member(s).

Each resident must know the limits of their scope of authority, and the circumstances under which the resident is permitted to act with conditional independence.

Faculty supervision assignments must be of sufficient duration to assess the knowledge and skills of each resident and to delegate to the resident the appropriate level of patient care authority and responsibility.