

**Subject**

**RESIDENT  
SUPERVISION**



**Policy  
Number**

**GME 025**

**Effective Date**

**July 10, 2012,  
revised March  
2015, July 2020,  
March 2023**

## **RESIDENT SUPERVISION, GME 025**

### **1. PURPOSE**

The purpose of this policy is to establish institution wide standards for Resident supervision in post-graduate medical education programs and to establish guidelines that program specific policies must meet.

### **2. SCOPE**

This policy applies to all Program Directors, Faculty and more advanced Residents involved in the supervision and teaching of Residents enrolled in post-graduate medical education programs

### **3. RESPONSIBILITY**

It is the responsibility of graduate medical education Program Directors and Faculty who supervise and teach residents at the University of Maryland Medical Center Midtown Campus (UMMC Midtown) and other Training Sites, and Residents, including subspecialty residents (e.g., fellows) to comply with this policy.

### **4. AUTHORITY/ACCOUNTABILITY**

Responsibility for the quality of patient care and services provided at UMMC Midtown rests with the Board of Directors. The Board directs the organized medical staff and UMMC Midtown leadership group to implement a planned and systematic process for measuring quality and improving performance related to patient care and services. The Board exercises its authority through the Graduate Medical Education Committee.

### **5. DEFINITIONS**

**Faculty:** Includes any individual who has received a formal assignment to teach and supervise Residents and who is permitted by law and by UMMC Midtown to provide care, treatment and services without direction or supervision, within the scope of the individual's license and consistent with granted privileges.

**Supervising Physician:** A faculty member or a delegated advanced or more senior resident or fellow.

**Program Director:** A member of the active Medical Staff who is the one physician designated with authority and accountability of the operations of the residency program.

**Resident:** An unlicensed or licensed intern (PGY 1) or resident in a UMMC Midtown Campus sponsored post-graduate education program, including subspecialty programs, and which are accredited by the Accreditation Council for Graduate Medical Education (ACGME).

**Training Site:** An organization providing educational experiences or educational assignments/rotations for Residents.

**Direct Supervision (supervisor physically present):** Supervision provided by a Faculty member or more advanced Resident who is physically present and available to the Resident being supervised during the key portions of the patient interaction.

**Direct Supervision (supervisor not physically present or concurrent direct supervision immediately available):** 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 (i.e. telemedicine, telehealth).

- a. The ACGME may provide further specification and the respective program(s) must comply

**Indirect Supervision (supervisor is not physically present or concurrent, but direct supervision is immediately available):** 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 or encounters with feedback provided after care was delivered.

## 6. GENERAL RESPONSIBILITIES

1. These guidelines are not to be interpreted as a standard of care that must be followed in each case. UMMC Midtown recognizes that conditions and situations may vary depending upon individual patient's needs and those medical professionals caring for the patient must use their judgment in determining what is in the best interest of the patient based on the circumstances existing at the time. As such, departures from these guidelines may be necessary.

UMMC Midtown and its Graduate Medical Education Committee provides institutional oversight of faculty and more advanced Residents who are qualified to and provide supervision of other Residents. The Program Director and Faculty members assign and delegate the privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care.

2. Program directors evaluate each Resident's ability based on specialty-specific criteria established by the program and the program's accreditation body and when available, national standards based on criteria used to develop these specialty-specific criteria.

3. Faculty members who are functioning as supervising physicians may delegate portions of their patient care responsibilities to Residents, based on the needs of the patient and the individual Resident's PGY level, skills, and abilities.

4. Advanced or more senior Residents or fellows may serve in a supervisory role of more junior Residents in recognition of the more advanced Resident's progress toward independence, and based on the needs of each patient, the PGY level and skills and abilities of the advanced Resident.

5. UMMC Midtown's compliance with this policy is monitored and ultimately enforced by the governing board of the University of Maryland Medical Center Midtown Campus through the quality process, peer review, credentialing, privileging, and/or the Resident disciplinary process.

## 7. GENERAL PROGRAM RESPONSIBILITIES

1. Each Program Director, in consultation with the Faculty, is responsible for defining general and specialty specific program supervision requirements for its Residents based on PGY level skills and abilities of the Resident and those medical and/or surgical procedures that require Direct Supervision, Indirect Supervision with faculty who can be available immediately to provide Direct Supervision.
2. Program Directors must define clinical activities for which more advanced Residents may act in a teaching and supervisory capacity.
3. Each Program Director, working with the Faculty, must assure that the supervising physician is available to provide review of procedures/encounters with feedback provided after the care is delivered.
4. Program Directors, working with the Faculty, must develop specialty specific guidelines for circumstances and events in which Residents must communicate with Faculty members. This includes but is not limited to, caring for complex patients, transfer of a patient to an intensive care unit, end of life decisions, and other significant changes in a patient's condition as defined by the Program Director and the supervising Faculty.
5. All patients seen by a Resident in an outpatient setting must be seen by, discussed with, or reviewed by the responsible Faculty member.
6. Program Directors must assure appropriate and objective assessments of Residents' competence is utilized in making changes to their responsibilities by according more or less progressive authority and responsibility, conditional independence, and/or any supervisory role in patient care activities. This is to be communicated to each Resident and Faculty no less frequently than semi-annually, or at a greater frequency if dictated by the situation or required by the program's accrediting organization, specialty or subspecialty requirements. At a minimum, the appropriate and objective assessment of Resident competence should include:
  1. Each Resident's level of performance in the achievement of the competencies of Patient Care including required technical and or patient management skills, Medical Knowledge, Systems-Based Practice and Improvement, Practice-Based Learning and Improvement, Professionalism, and Interpersonal and Communication Skills including when communication with Faculty is required based on the patient care situation or setting.
  2. Monitoring by the Program Director of adherence to supervision policies and competency assessments will be performed using various methods such chart audits, quality audits, procedure logs, and feedback from Faculty, Residents, patients and patient families, allied health professionals and other evaluators of Resident performance, as well as reporting information from risk management and/or quality improvement including Quality of Care reviews.
7. On-call schedules of supervising Faculty, that includes the Faculty member's name and telephone number must document that adequate supervision exists for the Resident. This supervision must be available 24 hours a day, 7 days a week, so that Residents know how and when to reach Faculty.

8. **GENERAL RESPONSIBILITIES OF THE FACULTY:**

1. The Faculty is responsible for active involvement in patient care in all inpatient and outpatient settings.

2. The Faculty directs the care of each patient and provides the appropriate level of supervision for each Resident based on the nature of the patient's condition, the likelihood of major changes in the management plan, the complexity of care, the level of the Resident's education, abilities, and experiences. The Faculty also provides appropriate support and assistance in all patient care activities.

3. The Faculty is responsible for fostering an environment that encourages questions and requests for support and/or for supervision of the Resident. Residents will be encouraged to call or inform the Faculty member whenever they feel the need as well as in specific patient care situations including but not limited to; caring for complex patients, transferring a patient to an intensive care unit, end of life decisions, and other significant changes in the patient's condition as defined by the Program Director and the supervising Faculty.

4. Each Faculty member, in coordination with the Program Director, is responsible for implementing general and specialty specific program supervision requirements defined for Residents under their supervision and for providing regular feedback to the Program Director about Resident performance. Each Faculty member will advise the Program Director if changes to supervision requirements are indicated with the overriding consideration being safe and effective care of the patient.

9. **GENERAL RESPONSIBILITIES OF THE RESIDENT**

1. The Resident must be cognizant of his/her level of training, specific clinical experience, judgment, knowledge, technical skill and any associated limitations. The Resident must be aware of which activities (if any) the Resident is permitted to perform with conditional independence and must not independently perform procedures or treatments, or develop management plans that the Resident is unauthorized to perform or for which the Resident lacks the skill and training.

2. The Resident is responsible for knowing, acting upon and fulfilling any requirement that has been established by the Program Director or Faculty that requires the Resident to more immediately and directly communicate with the Faculty physician.