

UNIVERSITY OF MARYLAND MEDICAL CENTER GRADUATE MEDICAL EDUCATION POLICY AND PROCEDURE MANUAL	PAGE: 1 of 4	PROCEDURE NO: GMS - H
	EFFECTIVE DATE: July 1, 2020	
SUBJECT: RESIDENT SUPERVISION		
APPROVALS: Graduate Medical Education Committee Approval: 06/25/2020		

I 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.

II 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.

III 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 (UMMC) and other Training Sites, and Residents, including subspecialty residents (e.g., fellows) to comply with this policy.

IV AUTHORITY/ACCOUNTABILITY

Responsibility for the quality of patient care and services provided in the Medical Center rests with the Board of Directors. The Board directs the organized medical staff and UMMC 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 University of Maryland Medical Board of Directors, to which it has delegated full authority for review and approval of this process. The Graduate Medical Education Committee is a subcommittee of the University of Maryland Medical Center Board of Directors.

DEFINITIONS

Faculty: Any individuals who have received a formal assignment to teach and supervise Residents. Faculty includes any individual permitted by law and by UMMC to provide care, treatment and services, without direction or supervision, within the scope of the individual's license and consistent with individually granted privileges. Attending Physicians (e.g., teaching faculty) who are members of the medical staff with a School of Medicine or School of Dentistry appointment.

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 for the operation of a residency/fellowship program.

Resident: An unlicensed or licensed intern, resident, or fellow enrolled in an UMMC sponsored post-graduate education program, including subspecialty programs, and which are accredited by the Accreditation Council for Graduate Medical Education (ACGME) or an equivalent accreditation process approved by the University of Maryland Medical System/Center.

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

UNIVERSITY OF MARYLAND MEDICAL CENTER GRADUATE MEDICAL EDUCATION POLICY AND PROCEDURE MANUAL	PAGE: 2 of 4	PROCEDURE NO: GMS - H
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V PROCEDURE

In order to promote appropriate trainee supervision while providing for graded authority and responsibility, the program must use the following classification of supervision:

LEVELS OF SUPERVISION

Direct Supervision (supervisor physically present): The supervising physician is physically present with the residents/fellow during the key portions of the patient interaction.

- a. PGY-1 residents must initially be supervised directly with the supervising physician physically present during the key portions of the patient interaction.
- b. A review committee may specify the conditions under which PGY-1 residents may progress to be supervised indirectly.

Direct Supervision (supervisor not physically present): The supervising physician and/or patient is not physically present with the resident/fellow and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology (i.e. telemedicine, telehealth)

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

Indirect Supervision (supervisor not physically present or concurrent, direct supervision immediately available) : The supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the resident/fellow for guidance and is available to provide appropriate direct supervision.

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

VI GENERAL RESPONSIBILITIES

1. These guidelines are not meant to be interpreted as a standard of care that must be followed in each case. UMMC recognizes that conditions and situations may vary depending upon individual patients 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 and its Graduate Medical Education Committee provide institutional oversight and more advanced Residents who are qualified to and provide supervision of the 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 (e.g., ACGME, ABOG, CAMPEP). When available, national standards-based criteria (e.g. Milestones) is used to develop this specialty-specific criteria.
3. Faculty members who are functioning as a 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.

UNIVERSITY OF MARYLAND MEDICAL CENTER GRADUATE MEDICAL EDUCATION POLICY AND PROCEDURE MANUAL	PAGE: 3 of 4	PROCEDURE NO: GMS - H
	EFFECTIVE DATE: July 1, 2020	
SUBJECT: RESIDENT SUPERVISION		
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4. Advanced or more senior Residents 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's compliance with this policy is monitored and ultimately enforced by the governing board of the University of Maryland Medical Center (UMMC) through the quality process, peer review, credentialing, privileging, and/or the Resident disciplinary process. Supervision requirements for Residents for specific procedures are found at URL: <https://umm.medhub.com/functions/jcaho/index.mh>
Reviewers can search by either Trainee name or program.

VII GENERAL PROGRAM RESPONSIBILITIES

1. Each Program Director, in consultation with the Faculty, is responsible for defining general 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, including but 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, or reviewed by the responsible Faculty member.
6. Program Directors must assure appropriate and objective assessments of Residents' competence is utilized in changes to their privileges by according more or less progressive authority and responsibility, conditional independence, and/or any supervisory role in patient care activities are 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 body's specialty or subspecialty requirements. At a minimum, the appropriate and objective assessment of Resident competence should include:
 - A. 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.
 - B. Monitoring by the Program Director of adherence to supervision policies and competency assessments, using such methods as 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.

UNIVERSITY OF MARYLAND MEDICAL CENTER GRADUATE MEDICAL EDUCATION POLICY AND PROCEDURE MANUAL	PAGE: 4 of 4	PROCEDURE NO: GMS - H
	EFFECTIVE DATE: July 1, 2020	
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7. On-call schedules that include the Faculty member's name and telephone number who are supervising Residents must document adequate supervision exists for the Resident and that this Faculty supervision is available 24 hours a day/7 days per week and that Residents are informed how to reach Faculty when specified and required to do so.

VIII 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; as well as provides appropriate support and assistance in all patient care activities.
3. The Faculty fosters an environment that encourages questions and requests for support and/or for supervision of the Resident, by encouraging the Resident to call or inform the Faculty member in 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 consultation with the Program Director, is responsible for implementing general specialty specific program supervision requirements defined for Residents under their supervision and for providing regular feedback to the Program Director about Resident performance. The Faculty member advises the Program Director if changes to supervision requirements are indicated with the overriding consideration being safe and effective care of the patient.

IX GENERAL RESPONSIBILITIES OF THE RESIDENT

1. The Resident must be aware of his/her level of training, his/her specific clinical experience, judgment, knowledge, and 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 management plans that the Resident is unauthorized to perform or for which the Resident lacks the skill and training to perform.
2. The Resident is responsible for knowing, acting upon and fulfilling any requirement that has been established by the Program Director and Faculty physician that requires the Resident to more immediately and directly communicate with the Faculty physician. When applicable Residents must know, act upon, and fulfill any communication requirements as previously specified (e.g., when caring for complex patients; when transferring a patient to a higher, more intensive patient setting such as a transfer of a patient to an intensive care unit; when carrying out end of life decisions; or other significant changes in the patient's condition as defined by the Program Director and the supervising Faculty).