**Program-Specific Supervision Policy Template**

* 1. **Introduction**
     1. 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.
     2. To promote oversight of resident supervision while providing for graded authority and responsibility, the program must use the following classification of supervision:
        1. Direct Supervision – the supervising physician must be physically present with the resident and patient.
        2. Indirect Supervision with Direct Supervision immediately available – the supervising physician must be physically within the hospital or other site of patient care, and is immediately available to provide Direct Supervision.
        3. Indirect Supervision with Supervising Physician Off-Site – the supervising physician is not physically present within the hospital or other site of patient care, but must be immediately available by means of telephonic and/or electronic modalities, and is available to provide Direct Supervision within a reasonable amount of time.
        4. Oversight – the supervising physician must be available to provide review of procedures/encounters with feedback provided after care has been delivered (e.g. day after patient seen by resident on call).
  2. **Supervision and Accountability**
     1. The attending physician is ultimately responsible for the care of the patient; however, all physicians in training should be aware that they share in the responsibility and accountability for their efforts or participation in the provision of patient care.
     2. Each patient must have an identifiable and appropriately-credentialed and privileged attending physician who is responsible and accountable for the patient’s care.
        1. This information must be available to residents, faculty members, other members of the health care team, and patients.
        2. Residents and faculty members must inform each patient of their respective roles in that patient’s care.
     3. 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.
        1. *[Each program must define when the supervising physician may be a more advanced resident or fellow.]*
        2. *[Each program must define when other portions of care provided by the resident can be adequately supervised by the immediate availability of the supervising faculty member, fellow, or senior resident physician, either on site or by means of telephonic and/or electronic modalities.]*
        3. *[Each program must define which clinical activities require the physical (or direct) presence of the supervising faculty member.]*
        4. *[Each program must define the clinical care circumstances in which supervision may include post-hoc review of resident-delivered care with feedback.]*
  3. **Progressive Authority and Responsibility**

Progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident must be assigned by the program director in collaboration with the Clinical Competency Committee (CCC).

* + 1. The program director, in collaboration with the CCC, must evaluate each resident’s abilities based on specific criteria, guided by the Milestones.
    2. Faculty members functioning as supervising physicians, guided by the program director and CCC, must delegate portions of care to residents based on the needs of the patient and the skills of each resident.
    3. Senior residents or fellows should serve in a supervisory role to junior residents in recognition of their progress toward independence, as determined by the program director and CCC, based on the needs of each patient and the skills of the individual resident or fellow.
  1. **Conditional Independence**
     1. 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. Conditional independence is defined as: graded, progressive responsibility for patient care with defined oversight.
        1. *[Each program must set guidelines for circumstances by PGY level and events in which residents must communicate with the supervising faculty member(s).]*
     2. Initially, PGY-1 residents must be supervised either directly, or indirectly with direct supervision immediately available.
        1. *[Each program must describe the conditions and the achieved competencies under which PGY-1 residents progress to be supervised indirectly with direct supervision available.]*
     3. 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.