

II. L. RESIDENT SUPERVISION

L. 1. Supervision: General Principles

Supervision shall be provided for all residents in a manner that is consistent with proper patient care, the educational needs of residents, and the applicable Program Requirements. Program-specific policies must be in compliance with the institutional policy outlined herein as well as standards outlined by the appropriate residency review committees (RRCs).

Residents must be supervised by teaching staff in such a way that the residents assume progressively increasing responsibility according to their level of education, ability, and experience. The level of responsibility shall be determined by the program teaching staff.

All residents must function under the direction of an attending physician. The attending is to direct patient care and provide the appropriate level of supervision based upon the patient's condition, the likelihood of major changes in the management plan, the complexity of the care and the experience and judgment of the resident being supervised.

On-call schedules for teaching staff must be structured to ensure that supervision is readily available to residents on duty.

Programs are strongly encouraged to develop criteria outlining those circumstances when attending physician notification is necessary.

Junior residents may be supervised by more senior residents to the extent of the senior resident's own clinical level of responsibility.

L.2. Program Director's Responsibility

1. Each program director is responsible for the development and maintenance of an explicit written description of supervisory lines of responsibility for the care of patients. Such description shall include a delineation of trainee clinical responsibilities by PGY level including operative and invasive procedures that may be performed independently.
2. Each program director is responsible for providing the Central Office of Graduate Medical Education and the Graduate Medical Education Committee:
 - a. Any revisions of the delineation of trainee clinical responsibilities by PGY level noted in L.2.1 above.
 - b. a list of any trainees whose required level of supervision is different from the expected level of supervision outlined in the delineation of trainee clinical responsibilities by PGY level noted in L.2.1 above.
3. Each program director is responsible for reviewing the level of resident responsibilities at least annually with the resident. Changes in the level of responsibility and exceptions to standard responsibilities shall be documented in the resident's departmental file.
4. Each program director is responsible for communicating the written description of supervisory lines of responsibility to all residents and all members of the teaching staff at all clinical training sites. Such communication should be done at least annually.

5. Each program director is responsible for ensuring that each resident is appropriately supervised regardless of the training site to which the resident is assigned.

L.3. Graduate Medical Education Committee Responsibilities

The Graduate Medical Education Committee is responsible for oversight of resident supervision by means including, but not limited to:

- Internal review
- Oversight of resident privileges

Adequacy of resident supervision shall be included in the report of the Graduate Medical Education Committee to the Governing Board.

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