ADDENDUM B
CENTRAL IOWA HEALTH SYSTEM
GRADUATE MEDICAL EDUCATION COMMITTEE

POLICY ON RESIDENT SUPERVISION

I. Sponsoring Institution Requirements

In the clinical learning environment, each patient must have an identifiable, appropriately-credentialed and privileged attending physician who is ultimately responsible for that patient's care. Attending physicians shall supervise resident physicians in such a manner that the patient's care meets accepted professional standards of medical care. The attending physician shall document the supervision in the patient's medical record. Residents and faculty members should inform patients of their respective roles in each patient's care.

The clinical responsibilities for each resident will be based on PGY-level, with appropriate attention to patient safety, resident education, severity and complexity of patient illness/condition and available support services concerns.

II. Program Responsibilities

A. Each program will establish methods to ensure that appropriate level of supervision is in place for all residents who care for patients. A written "chain of command" procedure for residents to follow will be included. It will define appropriate communication and ultimate supervisory responsibilities.

B. Each program will establish a process to assign to each resident the privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care.

C. Each program will set guidelines for circumstances and events in which residents must communicate with appropriate supervising faculty members, such as the transfer of a patient to an intensive care unit, or end-of-life decisions.

D. Each program will ensure that faculty supervision assignments are of sufficient duration to assess the knowledge and skills of each resident and delegate to him/her the appropriate level of patient care authority and responsibility.

III. Levels of Supervision

Residency programs will use the following classifications of supervision to ensure oversight of resident supervision and graded authority and responsibility.

A. Direct Supervision. The supervising physician is physically present with the resident and patient.

B. Indirect Supervision. The supervising physician is physically within the hospital or other site of patient care, and is immediately available to provide Direct Supervision or the supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide Direct Supervision.

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

IV. Reporting Inadequate Supervision

A. Trainees, physician faculty, and/or staff members will have the opportunity to report perceived instances of inadequate supervision in a protected manner that shall be free from reprisal. Concerns about perceived inadequate supervision may be received via a number of mechanisms, including:

1) Verbally to the Program Director, DIO, or Director of Medical Education Administration.

2) Patient Safety reporting mechanism at the site at which the event occurred.