POLICY: Supervision of Residents/Fellows at UCSF Fresno

PURPOSE: To comply with ACGME common program requirements effective 7/1/2011 for resident supervision and provide appropriate supervision for all residents and fellows at every level of training.

Supervision of Residents
UCSF Fresno Medical Education as the institution must oversee the supervision of residents/fellows following the ACGME institutional and program-specific policies. All UCSF Fresno residency/fellowship training program must have their own policy which addresses their specialty/subspecialty specific supervision requirements in addition to incorporating this institutional policy for supervision.

The institution has a mechanism by which residents/fellows can report inadequate supervision concerns in a protected manner that is free from reprisal and can be accessed by the following link: http://www.fresno.ucsf.edu/residentinfo/supervision-concern.htm

Supervision may be exercised through a variety of methods. Some activities require the physical presence of the supervising faculty member. For many aspects of patient care, the supervising physician may be a more advanced resident. Other portions of care provided by the resident can be adequately supervised by the immediate availability of the supervising faculty member or resident physician, either in the institution, or by means of telephonic and/or electronic modalities. In some circumstances, supervision may include post-hoc review of resident-delivered care with feedback as to the appropriateness of that care.

In the clinical learning environment, each patient must have an identifiable, appropriately-credentialed and privileged, supervising faculty member who is ultimately responsible for that patient’s care.

- This information should be available to residents, faculty members, and patients.
- Residents and faculty members should inform patients of their respective roles in each patient’s care.

The program must demonstrate that the appropriate level of supervision is in place for all patients cared for by all residents.

Levels of Supervision
To ensure oversight of resident supervision and graded authority and responsibility, the program must use the following classification of supervision:

- Direct Supervision – The supervising physician is physically present with the resident and patient.
- Indirect Supervision:
  - with direct supervision immediately available – The supervising physician is physically within the confines of the site of patient care, and is immediately available to provide Direct Supervision.
  - with direct supervision available – The supervising physician is not physically present within the confines of the site of patient care, but is immediately available via phone, and is available to provide Direct Supervision.
• Oversight – The supervising physician is available to provide review of procedures/encounters
  with feedback provided after care is delivered.

The privilege of progressive responsibility, authority and a supervisory role in patient care delegated
to each resident must be assigned by the program director and faculty members.

The program director must evaluate each resident’s abilities based on specific criteria. When
available, evaluation should be guided by specific national standards-based criteria.

Faculty members functioning as supervising physicians should delegate portions of care to residents,
based on the needs of the patient and the skills of the residents.

Senior residents or fellows should serve in a supervisory role of junior residents in recognition of their
progress toward independence, based on the needs of each patient and the skills of the individual
resident or fellow.

Programs must 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.

Each resident is responsible for knowing the limits of his/her scope of authority, and the
circumstances under which he/she is permitted to act with conditional independence.

  o In particular, during PGY-1, residents must be supervised either directly or indirectly, with
direct supervision immediately available.

Faculty supervision assignments should be 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.

Standards for Supervision

The UCSF Fresno standard for supervision is that faculty/attendings see inpatients and document in the
patient’s medical record every day. Examples of evidence of supervision documentation would be:

• An attending note
• Attending addendum to a resident note, including, “Patient seen and examined, discussed with
  the resident and agree with plan”, when the patient is seen by the attending
• Attending addendum to a resident note, including, “Chart Reviewed, discussed with the resident
  and agree with plan”, if the patient is not seen by the attending.

The minimal documentation of faculty supervision criteria for all UCSF Fresno training programs are:

• Admissions: The attending will document supervision within 24 hours of admission
• Daily note: The attending will document supervision daily or a minimum of every 3 days for
  surgical services.
• Discharge Summary: The attending will document review within the timelines required by the
  medical staff rules and regulations (currently within 14 days of discharge).
• Operative Notes: The attending will document supervision within 24 hours
• Consultations: The attending will document supervision within 24 hours of inpatient consultation.
  Further documentation will be according to the patient’s condition. Outpatient and ED
  consultations must have documentation of supervision within 24 hours.
All programs are expected to incorporate the standards/criteria above into their program’s supervision policy meeting or exceeding the above and adhere to specific ACGME supervision standards for their specialty or subspecialty programs.

**Clinical Responsibilities**
The clinical responsibilities for each resident must be based on the PGY-level, patient safety, resident education, severity and complexity of patient illness/condition and available support services. (This may be further specified by the specialty Review Committees and identified within individual UCSF Fresno program specific policies regarding resident supervision).

**Teamwork**
Residents must care for patients in an environment that maximizes effective communication. This must include the opportunity to work as a member of effective interdisciplinary teams that are appropriate to the delivery of care in the specialty.

UCSF Fresno adopts the above supervision standards as stated in the above policy which were taken from the ACGME Institutional Requirements (7/2014) and Common Program Requirements (7/1/11).

*(Original signed Policy is available in the UCSF Fresno Office of Graduate Medical Education)*

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