DukeHealth | Graduate Medical Education

Duke University Health System Graduate Medical Education Supervision Policy

The following policy applies to clinical care delivered by GME residents and fellows at all sites within DUHS, including outpatient and inpatient facilities, including through telecommunication means.

The terms "GME residents and fellows" and "trainees" apply to all physicians who are enrolled in GME training programs, whether ACGME-accredited or internally sponsored. It also applies to the limited number of post-doctoral trainees who are enrolled in ACGME-accredited programs.

Background:

This Policy is intended to be consistent with ACGME Common Program Requirements, which include the following:

- "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." (ACGME Common Program Requirements, 2022)

- "The degree of supervision is expected to evolve progressively as a resident gains more experience, even with the same patient condition or procedure. All residents have a level of supervision commensurate with their level of autonomy in practice; this level of supervision may be enhanced based on factors such as patient safety, complexity, acuity, urgency, risk of serious adverse events, or other pertinent variables. "(ACGME Common Program Requirements, 2022)

- "Conditional independence is defined as graded, progressive responsibility for patient care with defined oversight." (ACGME Common Program Requirements, 2022)

At all times, appropriate supervision of trainees must be provided consistent with applicable ACGME, institutional and program requirements.

Policy:

- Every patient must have an attending physician designated who has ultimate responsibility for patient care. Trainees, team members and patients should be notified when the designated covering attendings change for inpatients.

- When providing direct patient care, trainees and faculty members must inform each patient of their respective roles in that patient's care.

- Supervision levels for residents and fellows can be characterized by one of the following three types:

Direct: the supervising physician is physically present with the trainee during the key portions of the patient interaction, or, the supervising physician and/or patient is not physically present with the

resident, and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology.
Indirect: The supervising physician is not providing physical or concurrent visual or audio supervision, but is immediately available to the resident for guidance and is available to provide appropriate direct supervision.
Oversight: The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

- It is the responsibility of the program director, assisted by the CCC, to identify and assign supervision requirements for each resident or fellow and to communicate this to each trainee and to appropriate supervising faculty.

- Assignment of supervision requirements must be made for each individual trainee, and should not be automatically assigned by PGY level.

- It is expected that residents and fellows who progress through their training programs appropriately will have increased independence through a process of graded supervision.

- Supervision levels for rotations at affiliated institutions should be consistent with the levels designated at Duke University Hospital for each trainee. Program Letters of Agreement (PLA) must designate the responsibility of faculty at other institutions for supervision of residents and fellows.

- Supervision requirements should not vary by day of week or time of day.

- Subject to the attending physician's ultimate responsibility for patient care, supervision of residents and fellows may be provided by either more senior trainees or attending physicians as appropriate.

- Each program must have its own specific supervision policies that apply to all trainees within the program that are consistent with this institutional policy and applicable ACGME program requirements. It must include specific clinical instances when the responsible attending physician must be notified of changes in patient condition, as well as circumstances when the physical presence of a supervising physician is required, regardless of trainees' training level.

- Each program director must define a process of assessment of skills that allows each individual resident to progress to more independent practice and should notify trainees of these expectations. The process of assessment for progression is the obligation of the program faculty. Assessment of which skills each resident can practice without direct supervision should be a part of the CCC process and documentation of this assessment should be placed in the individual trainee file. It is expected that this assessment will evolve over the academic year.

- Program directors, in consultation with their PECs, should ensure that the training curriculum is designed in a manner that provides appropriate continuity of faculty supervision.

- Trainees who have experienced situations where they feel supervision has been inadequate should/may report such instances either through the GME mistreatment reporting process or through the DUHS Safety Reporting System.

Approved: GMEC: 2-6-2023
ECMS: 4-17-2023

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