

I. PURPOSE:

This policy describes adequate and appropriate levels of supervision at all times during the course of the educational training experience at Children's National Hospital (CH). This policy also defines terminology and sets escalation triggers at an institutional level for increasing oversight, as necessary.

II. POLICY SCOPE:

All Accreditation Council for Graduate Medical Education (ACGME) or Non-ACGME accredited residency and fellowship programs sponsored by CH.

III. DEFINITIONS:*Trainee*

Trainee refers to all interns, residents and fellows participating in an ACGME or Non-ACGME accredited training programs sponsored by CH.

Training Program

Training program or program refers to an ACGME or Non-ACGME accredited internship, residency or fellowship training program sponsored by CH.

IV. POLICY:

1. Each patient must have an identifiable and appropriately-credentialed and privileged attending physician or licensed independent practitioner (LIP) who is responsible and accountable for the patient's care. This information must be available to trainees, faculty members, other members of the health care team, and patients.
2. Trainees and faculty members must inform each patient of their respective roles in that patient's care when providing direct patient care.
3. The program director must demonstrate that the appropriate level of supervision in place for all trainees is based on each trainee's level of training and competence, as well as patient complexity and acuity.
4. To promote oversight of trainee supervision while providing for graded authority and responsibility, the program must use the ACGME classification of supervision:

Direct Supervision

VI.A.2.c).(1).(a) the supervising physician is physically present with the fellow during the key portions of the patient interaction; or, (Core)

VI.A.2.c).(1).(b) the supervising physician and/or patient is not physically present with the fellow and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology. (Core)

Indirect Supervision

VI.A.2.c).(2) the supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the fellow for guidance and is available to provide appropriate direct supervision. (Core)

VI.A.2.c).(3) Oversight – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered. (Core)

5. Initially, PGY-1 residents should be supervised either directly or indirectly with direct supervision immediately available.
6. The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each trainee must be assigned by the program director and supervising faculty members.
7. The program director must evaluate each trainee’s competence based on specific criteria, guided by the Milestones.
8. Faculty members functioning as supervising physicians should delegate portions of care to trainees, based on the needs of the patient and the skills of each trainee.
9. Senior trainees should serve in a supervisory role of junior trainees in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow.
10. Programs must set guidelines for circumstances and events in which trainees must communicate with appropriate supervising faculty members.
11. Each trainee must know the limits of their scope of authority, and the circumstances under which the trainee is permitted to act with conditional independence.
12. Faculty supervision assignments should be of sufficient duration to assess the knowledge and skills of each trainee and to delegate the appropriate level of patient care authority and responsibility.

V. REQUIREMENTS:

1. A written policy regarding supervision of trainees, specifying the type and level of supervision required for each level of the program, must be developed for each graduate medical education program according to the above guidelines.
2. Program policies must delineate the circumstances under which trainees are required to notify the supervising faculty member. Notification is recommended under the following criteria:
 - a. Death of a Patient
 - b. Transfer of a patient to a higher level of care
 - c. Patient discharged “against medical advice” or not formally discharged as planned
 - d. Rapid response or Code Blue

- e. Sentinel event (as defined by the Joint Commission)
- 3. Program directors are responsible for developing such a policy, implementing the policy and distributing the policy to trainees and supervising faculty.
- 4. Program policies must be reviewed and approved by the GME leadership at the program's annual review. A copy of each program's policy must be kept in the MedHub system.

VI. APPROVAL

Approved by:



DIO/Vice Chair, Medical Education

10/13/2021

Date

VII. REVIEW OR REVISION DATE

Approved by the GMEC: April 20, 2005

Modified and approved by the GMEC: September 21, 2011

Modified and approved by the GMEC: January 20, 2017

Modified and approved by the GMEC: September 9, 2020

Modified and approved by the GMEC: October 13, 2021