



Policy on Supervision from GME Bylaws

XIV. Methods of Supervision:

Faculty are expected to provide an appropriate level of clinical supervisions required of all residents during all clinically relevant educational activities.

VI.D.3. Levels of Supervision

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

VI.D.3.a) Direct Supervision – the supervising physician is physically present with the resident and patient.

VI.D.3.b) Indirect Supervision:

VI.D.3.b).(1) with direct supervision immediately available – the supervising physician is physically within the hospital or other site of patient care, and is immediately available to provide Direct Supervision.

VI.D.3.b).(2) with direct supervision available – 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. Common Program Requirements 15

VI.D.3.c) Oversight – The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

PROCEDURES:

A. Each department will develop specific guidelines describing the mechanism for resident supervision in accordance with ACGME and JCAHO requirements. These must include the following key principles:

1.1 Clinical responsibilities must be conducted in carefully supervised and graduated manner, tempered by progressive levels of independence to enhance clinical judgment and skills.

1.2 This supervision must supply timely and appropriate feedback about performance, including constructive criticism about deficiencies, recognition of success, and specific suggestions for improvement.

1.3 Resident supervision must support each program's written educational curriculum.

1.4 Resident supervision should foster humanistic values by demonstrating a concern for each resident's well-being and professional development.

B. Residents are supervised by teaching staff in accordance with these established guidelines.

C. Faculty call schedules are structured to assure that support and supervision are readily available to residents on duty.

D. The quality of resident supervision and adherence to the above guidelines are monitored through annual review of the residents' evaluations of their faculty and rotations.

E. For any significant concerns regarding resident supervision, the appropriate Residency Program Director will submit a plan for its remediation to the GMEC for approval.

The appropriate Residency Program Director will submit monthly progress reports to the GMEC until the situation or issue is resolved.

For a complete list of resident and attending physician patient care activities and supervision responsibilities, click on the following link.

WVUH Policy on Resident and Attending Physician Patient Care Activities

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