



Policy on Supervision from GME Bylaws

VI.A.2. Supervision and Accountability

VI.A.2.c) Levels of Supervision

To promote appropriate resident supervision while providing for graded authority and responsibility, the program must use the following classification of supervision:

VI.A.2.c). (1) Direct Supervision:

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

VI.A.2.c).(1).(a).(i) PGY-1 residents must initially be supervised directly, only as described in VI.A.2.c).(1).(a).

VI.A.2.c).(1).(b) 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.

VI.A.2.c).(2) Indirect Supervision: 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.

VI.A.2.c).(3) 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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