Family Medicine Residency Program
United Hospital Center

Subject: Supervision and Accountability of Residents

I. The Family Medicine Residency program in partnership with United Hospital Center, defines, widely communicates, and monitors a structured chain of responsibility and accountability as it relates to the supervision of all patient care (VI.A.2.a). Supervision protocols consistent with the provision of safe and effective patient care; educational needs of the residents; progressive responsibility appropriate to the residents' level of education, competence, and experience are designed to progress residents safely toward autonomous practice.

II. Supervision may be exercised through a variety of methods. For many aspects of care, the supervising physician may be a more advanced resident or fellow. Other portions of care provided by the resident can be adequately supervised by the appropriate availability of the supervising faculty member, fellow or senior resident, either on site or by means of telecommunication technology. Some activities require the physical presence of the supervising faculty member. In some circumstances, supervision may include post-hoc review of resident-delivered care with feedback (VI.A.2.b).

The level of supervision for each resident is based on the level and ability of each resident. Residents are granted increasing responsibility for patient care according to their program level and individual abilities. This determination is based on resident evaluations, resident self-assessments, peer assessments and faculty observations.

III. Levels of Supervision – To promote appropriate resident supervision while providing for graded authority and responsibility, the program uses the following classification of supervision (VI.A.2.c).(1).:

A. Direct Supervision – The supervising physician is physical present with the resident during the key portions of the patient interaction (VI.A.2.c).(1).(a)
   a. PGY-1 residents must initially be supervised directly. PGY-1 residents must meet program conditions for progression to indirect supervision (VI.A.2.c).(1).(i).

B. 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).(2).

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

D. The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident is assigned by the program director and faculty members. (VI.A.2.d)

E. The program has guidelines for circumstances and events in which residents must communicate with the supervising faculty members (VI.A.2.e)

   a. Each resident must know the limits of their scope of authority, and the circumstances under which the resident is permitted to act with conditional independence (VI.A.2.e).(1)

VII. Concerns regarding resident supervision should be brought to the Program Director or the GMEC Chairman for appropriate remediation. Residents may voice concerns regarding supervision or accountability via a confidential Resident Concern Card in New Innovations. These totally anonymous evaluations are emailed directly to the Program Administrator for immediate action. Supervision concerns are protected and free from reprisal.

VIII. Resident physicians are identified on the UHC Connect web page under the Physicians, Medical Staff Credentials tab for hospital staff quick identification of resident status.