GRADUATE MEDICAL EDUCATION

TRAINEE POLICIES AND PROCEDURES

POLICY: GME Trainee Supervision
Policy Number: 8.1
Chapter: GME Trainee Training and Environment

Purpose:
To establish supervision standards, roles, responsibilities and patient care activities of all participants in professional graduate medical and dental education programs of the University of Utah Health (UUH) and its affiliated hospitals and clinics.

In order to better align all supervision requirements for all programs under GME oversight, all ACGME-accredited, other- and non-accredited programs must follow the guidelines stated in this policy. For other-accredited programs, the accrediting organization’s requirements must also be implemented.

Definitions:
The following definitions are used throughout this policy:

A. Licensed Independent Practitioner (LIP) – a licensed physician or dentist, or optometrist who is qualified, usually by board certification or eligibility, to practice his/her specialty or subspecialty independently.

B. Medical Staff – a LIP who has been credentialed to provide care in his/her specialty or subspecialty by a hospital.

Policy:
This policy establishes the minimum requirements for trainee supervision at University of Utah Health Hospitals and Clinics (UHC). Individual training programs may also have additional requirements for their medical staff and trainees.
A. The medical staff of UHC has overall responsibility for the quality of the professional services provided to patients. This includes patients under the care of Graduate Medical Education (GME) trainees.

B. Program Directors of ACGME-accredited programs and non-accredited programs under GME oversight bear the responsibility, authority, and accountability for their specific trainees’ supervision at each postgraduate level. The written descriptions of trainee supervision must be available and distributed annually to all trainees and medical staff for each program.

C. At all times, patient care will be the responsibility of a LIP with appropriate clinical privileges. The requirements for on-site supervision will be established by the program director for each training program in accordance with current ACGME and/or GME requirements.

D. Trainees must be given graduated levels of responsibility while assuring quality care for patients. Supervision of trainees may be exercised through a variety of methods, by a supervising physician, an advanced resident or fellow, either on site or by means of telecommunication technology. In some circumstances, supervision may include post-hoc review of trainee-delivered care with feedback.

E. The program must demonstrate that the appropriate level of supervision in place for all trainees is based on each specific trainee’s level of training and ability, as well as patient complexity and acuity.

F. The type of supervision (physical presence of attending physicians, home call backup, etc.) required by trainees at various levels of training must be consistent with the requirement for progressively increasing trainee responsibility.

G. 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 faculty members. The program director must evaluate each trainee’s abilities based on specific criteria. ACGME-accredited programs must be guided by their specialty-specific Milestones. Non-accredited programs should adopt a similar type of evaluation process based on ACGME Common Program Requirements (CPRs).
A. All ACGME-accredited programs (both residencies and fellowships) should follow the current ACGME Common Program Requirements’ section VI.A. Patient Safety, Quality Improvement, Supervision and Accountability. These programs should also refer to and adhere to their current ACGME specialty-specific program requirements.

B. All non-accredited GME programs must also follow the basic principles outlined in the ACGME Common Program Requirements (CPRs), along with the guidelines stated in this policy. GME office staff will provide a copy of ACGME CPRs to non-accredited programs.

C. Each program director will define their supervision guidelines in their specific program Supervision Policy. A program’s supervision policy must be in compliance with the DNV GL regulations on resident supervision. The policy will delineate:

1. The role, responsibilities and patient care activities of trainees by level

2. Mechanisms by which the program director and program faculty make decisions about an individual trainee’s progressive involvement and independence. Those parameters may include but are not limited to:
   a. A given number of successfully performed and observed procedures
   b. A total number of procedures performed
   c. The general impression of competence and professionalism perceived by faculty, etc.
   d. Which trainees may write patient care orders, the circumstances under which they may do so (e.g., “all situations”), and what entries if any must be countersigned by a supervisor

3. By exception, supervision of trainees may be performed by physician extenders (e.g., physician assistants or nurse practitioners) with particular expertise in certain diagnostic or therapeutic procedures, if so designated by the program director. Ultimate responsibility for the trainees’ patient care, in this case, will rest on the credentialed staff who oversee the physician extender’s practice.
4. In addition, trainees may perform emergency procedures without prior medical staff approval or direct supervision when life or limb would be threatened by delay. All outpatient procedures will have the medical staff of record documented in the procedure note, and that medical staff will be ultimately responsible for the outpatient procedure. Trainees who require the direct presence of a supervisor to perform procedures may be supervised by either medical staff or by more senior trainees who have also been approved by the program to perform the procedure independently.

D. The program director will ensure that all supervision policies are distributed to and followed by trainees and the supervising medical staff. Compliance with the trainee supervision policy will be monitored by the program director.

E. All ACGME-accredited programs must comply (at a minimum) with ACGME Common Program Requirements, and their specialty-specific program requirements regarding bi-annual Milestone evaluations of trainees. This evaluation process should guide the level of a trainee’s progression of authority, responsibility, conditional independence, and supervisory role in patient care.

F. All non-accredited GME programs should also establish an effective evaluation process of trainees so as to clearly identify their progress, or areas for continued training, in order to maintain ongoing advancement in their specific training program. These programs are also encouraged to follow similar evaluation and progression procedures as outlined in the ACGME CPRs.

G. At a minimum, on a bi-annual basis, the program director, with input from program faculty (and others) should determine each individual trainee’s progress level and advancement to greater responsibility. This assessment must be documented in either their ACGME Milestones submission, and/or the trainee’s program training records.