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Owner Jennifer Lee:
Director
Area Medical
Education
Applicability Gundersen
References Policy

Institutional Supervision - Residents/Fellows

References

Accreditation Council for Graduate Medical Education (ACGME): <https://www.acgme.org/what-we-do/accreditation/common-program-requirements/>

Applicable To

All Graduate Medical Education (ACGME accredited in addition to all other programs) Program Directors, faculty, residents and fellows of Gundersen Lutheran Administrative Services, Inc., independently and as agent for Gundersen Lutheran Medical Center, Inc., Gundersen Clinic, Ltd., Gundersen Lutheran Medical Foundation, Inc., Memorial Hospital of Boscobel, Tri-County Memorial Hospital Inc., St. Joseph's Health Services Inc., Palmer Lutheran Health Center, Moundview Memorial Hospital & Clinics, Inc., and Saint Elizabeth's Hospital of Wabasha, Inc. (hereinafter referred to collectively as "Gundersen").

Purpose Statement

The purpose of this policy is to outline supervision requirements for all Gundersen Residency/Fellowship Programs in order to (1) ensure that patients receive safe and effective care; (2) resident/fellow's develop skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and (3) establish a foundation for continued professional growth, to comply with the Accreditation Council for Graduate Medical Education (ACGME) Institutional Requirements. All accredited programs must assure that their residents and fellows, as well as all supervising or attending physicians, adhere to the following standards to optimize patient care and the educational experience of our trainees.

Definitions

Direct Supervision: The supervising physician is physically present with the resident/fellow and patient.

Indirect Supervision with Direct Supervision Immediately Available: The supervising physician is physically within the confines of the site of patient care, and is immediately available to provide direct supervision.

Indirect Supervision with Direct Supervision Available: The supervising physician is not physically present within the confines of the site of patient care, but is immediately available via phone, and is available to provide direct supervision.

Oversight: The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

Implementation

In the clinical learning environment, each patient must have an identifiable, appropriately-credentialed and privileged attending physician (or licensed independent practitioner as approved by each ACGME Review Committee) who is ultimately responsible for that patient's care. This information should be available to resident/fellow's, faculty members, and patients.

To ensure appropriate oversight of resident/fellow supervision, each program must use the classification of supervision as defined above.

The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident must be assigned by the Program Director and faculty members.

1. Faculty supervision assignments should be of sufficient duration to assess the knowledge and skills of each resident/fellow and delegate to them the appropriate level of patient care authority and responsibility.
2. Each program is responsible for developing descriptions of the level of responsibility accorded to each resident/fellow by rotation and PGY level. These descriptions must include identification of the mechanisms by which the participant's supervisor(s) and Program Director make decisions about each resident/fellow's progressive involvement and independence in specific patient care activities. In particular:
 - a. The Program Director must evaluate each resident/fellow's abilities based on specific criteria established by the faculty of the training program. These criteria should be guided by national standards-based criteria when such are available;
 - b. Supervising faculty members will delegate patient care activities to residents/fellows based on the needs of the patient and the demonstrated abilities of the resident/fellow;
 - c. Senior residents or fellows should serve in a supervisory role of junior residents/fellows with appropriate patients, provided their demonstrated progress in the training program justifies this role;
 - d. In each training program, there will be circumstances in which all residents/fellows, regardless of level of training and experience, must verbally communicate with appropriate supervising faculty. Programs must identify and set guidelines for these circumstances and these guidelines must be available in writing for all residents/

fellows.

Programs must set guidelines for circumstances and events in which residents/fellows must communicate with appropriate supervising faculty members, such as the transfer of a patient to an intensive care unit, or end-of-life decisions.

1. Each resident/fellow must know the limits of the residents/fellow's scope of authority, and the circumstances under which the residents/fellows are permitted to act with conditional independence.
2. PGY-I residents should be supervised either directly or indirectly with direct supervision immediately available. Programs are required to comply with their review committee requirements under which PGY-I residents/fellows may progress to be supervised indirectly, with direct supervision available.

Gundersen Medical Education has a mechanism by which residents/fellows can report inadequate supervision concerns in a protected manner that is free from reprisal and complete the on-line form and submitting it to the GME office.

Responsibilities

The Designated Institutional Official and the Administrative Director of Medical Education in Medical Education is responsible for the development and oversight of this policy. Inadequate supervision concerns will be addresses on a case by case basis.

Residency/Fellowship Program Directors: Ensure appropriate oversight of resident/fellow supervision is adhered to within the clinical learning environment; maintain descriptions outlining the level of responsibility; and evaluate resident/fellow's appropriately.

Residency/Fellowship Program Administrators: Ensure rotation descriptions are available in MedHub and sent to residents/fellows before rotation start dates.

Approval Signatures

Step Description	Approver	Date
MD	Benjamin Jarman: MD	10/8/2024
Director	Jennifer Lee: Director	10/8/2024
Policy Review Committee	Thomas Hodde: HR Program Consultant	10/8/2024
	Jennifer Lee: Director	10/8/2024

Applicability

Gundersen

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