

Title: <b>GME Supervision &amp; Accountability</b>	*Applicable to: <b>Beaumont Health</b>	Effective Date: <b>03/27/2018</b>
Policy Owner: <b>Graduate Medical Education Committee</b>	Document Type: <b>Policy</b>	Last Periodic Review Date: <b>03/27/2018</b>  Functional Area: <b>GME Learning and Working Environment</b>

**\*For This Document, Beaumont Health Includes:**

Beaumont Corporate Shared Services  
 Beaumont Hospital, Dearborn  
 Beaumont Hospital, Farmington Hills  
 Beaumont Hospital, Grosse Pointe  
 Beaumont Hospital, Royal Oak  
 Beaumont Hospital, Taylor  
 Beaumont Hospital, Trenton  
 Beaumont Hospital, Troy  
 Beaumont Hospital, Wayne  
 Beaumont Medical Group

**I. PURPOSE**

The purpose of this policy is to define supervision requirements for residents and fellows, as well as their attending physicians.

**II. POLICY**

Although the attending physician is ultimately responsible for the care of the patient, every physician shares in the responsibility and accountability for their efforts in the provision of care. Each patient must have an identifiable and appropriately-credentialed and privileged attending physician who is responsible and accountable for the patient's care. This information must be available to residents, faculty members, other members of the health care team, and patients. Residents and faculty members must inform each patient of their respective roles in that patient's care when providing direct patient care

**III. LEVELS OF SUPERVISION**

- A. To promote oversight of resident supervision while providing for graded authority and responsibility, the program must use the following classification of supervision, as defined by the Accreditation Council for Graduate Medical Education (ACGME):
1. **Direct Supervision** – The supervising physician is physically present with the resident and patient.
  2. **Indirect Supervision 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

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3. **Indirect Supervision 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.
4. **Oversight** -- The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

**IV. PROGRAM RESPONSIBILITIES**

- A. Each program must demonstrate that the appropriate level of supervision in place for all residents/fellows is based on each resident’s/fellow’s level of training and ability, as well as patient complexity and acuity. Supervision may be exercised through a variety of methods, as appropriate to the situation. Review Committees may specify which activities require different levels of supervision.
- B. Each program must have a program-specific policy that is consistent with this institutional policy, meets program requirements, uses the levels of supervision specified above, sets guidelines and states circumstances and events in which residents/fellows must communicate with supervising faculty members. Examples include worsening illness severity, unexpected admission to the ICU, patient elopement or refusal of services, etc. Residents/fellows must be provided with rapid, reliable systems for communicating with supervising faculty.
- C. 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 with input from the Clinical Competency Committee. The program director must evaluate each resident’s abilities based on specific criteria, guided by the Milestones. Each resident/fellow must know the limits of his/her scope of authority, and the circumstances under which the resident is permitted to act with conditional independence.
- D. Programs must identify procedures for which their trainees must develop proficiency PGY-level goals. Criteria for determining proficiency must be clearly defined. The designation of “proficiency” signifies that Direct Supervision is not required; this should be documented in the resident/fellow’s file and available to other physicians and nurses 24/7/365.
- E. Faculty members functioning as supervising physicians must delegate portions of care to residents based on the needs of the patient and the skills of each resident.

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F. Senior residents or fellows should serve in a supervisory role to junior residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow.

**V. REPORTING INADEQUATE SUPERVISION**

Beaumont is committed to providing an educational and work environment which encourages residents/fellows to raise and resolve concern in a confidential and protected manner without fear of intimidation or retaliation. Residents/fellows are encouraged to report inadequate supervision and accountability by contacting their program director, an Associate DIO or the DIO. This may be done directly, via meeting, phone call or email. Or it may be reported anonymously, via the Confidential Comments site on the Intranet or the [Compliance Trust Line](#).

**VI. REFERENCES**

Accreditation Council for Graduate Medical Education (ACGME) Institutional Requirements, Section III.B.4 & IV.I and Common Program Requirement VI.A.2

Approved by the Beaumont Health Graduate Medical Education Committee (GMEC),  
June 20, 2017

**CORPORATE AUTHORITY:**

Beaumont Health (“BH”) as the corporate parent to William Beaumont Hospital, Botsford General Hospital, and Oakwood Healthcare Inc., (“Subsidiary Hospitals”) establishes the standards for all policies related to the clinical, administrative and financial operations of the Subsidiary Hospitals. The Subsidiary Hospitals, which hold all health facility and agency licenses according to Michigan law, are the covered entities and the providers of health care services under the corporate direction of BH. The Subsidiary Hospitals’ workforces are collectively designated as BH workforce throughout BH policies.