Policy Statement
UMMMC strives to ensure that an appropriate level of clinical supervision is provided to all residents during clinically relevant educational activities and in compliance with the ACGME Common Program Requirements. UMMC strives to ensure that the principles set forth in this policy are followed by the residency training programs sponsored by the University of Massachusetts Medical School with participation by UMass Memorial Medical Center.

Reason for Policy
UMMS Residents and Fellows are providing direct clinical care as part of their residency and fellowship training. Progression of clinical responsibilities towards competency for independent practice requires supervision and monitoring to ensure patient safety and appropriate trainee advancement. The ACGME Common Program Requirements identify specific criteria and responsibilities.

Entities Affected By This Policy

- All residents and fellows in UMMS ACGME-accredited and non-accredited programs
- All training program directors
- All UMMS clinical faculty involved in the training of residents and fellows.

Related Documents

- UMass Memorial Medical Center Policy 2034: RESIDENT SUPERVISION
- ACGME Common Program Requirements
Scope

This policy applies to all house staff and all attending physicians at UMass Memorial Medical Center.

Responsibilities

See attached UMMMC POLICY #2034 RESIDENT SUPERVISION

Procedures

See attached UMMMC POLICY #2034 RESIDENT SUPERVISION

Definitions

Attending Physician (or his/her coverage): An appropriately licensed and credentialed physician practicing within UMass Memorial Medical Center.

House Staff: Practitioners appointed to an organized residency or clinical fellowship program. Intern, PGY (Post Graduate Year), resident and fellow are all House Staff designations.

Medical Student: A student enrolled in the UMass Medical School.

Approvals

Deborah DeMarco, M.D.  Date
Associate Dean for Graduate Medical Education  Updated 2/22/2017
I. **Policy:**
UMMMC strives to ensure that an appropriate level of clinical supervision is provided to all residents during clinically relevant educational activities and in compliance with the ACGME Common Program Requirements. UMMMC strives to ensure that the principles set forth in this policy are followed by the residency training programs sponsored by the University of Massachusetts Medical School with participation by UMass Memorial Medical Center.

This policy does not apply to Pharmacy residents.

II. **Definitions:**
*Attending Physician (or his/her coverage):* An appropriately licensed and credentialed physician practicing within UMass Memorial Medical Center.

*House Staff:* Practitioners appointed to an organized residency or clinical fellowship program. Intern, PGY (Post Graduate Year), resident and fellow are all House Staff designations.

*Medical Student:* A student enrolled in the UMass Medical School.

III. **General Procedure:**
1. In the clinical learning environment, each patient must have an identifiable, appropriately credentialed and privileged attending physician who is ultimately responsible for that patient’s care. Residents and faculty members should inform patients of their respective roles in each patient’s care. Understanding that our mission includes education, we hold the patient’s interests as primary. Our care, and the educational processes coincident with that care, will be patient centered.

2. Clinical responsibilities must be conducted in a supervised and graduated manner, allowing house staff to assume progressively increasing responsibility in accordance with their level of education, ability, and experience.

3. Attending physician supervision must include timely and appropriate feedback, and methods for effectively communicating with supervising faculty. House
staff must always request guidance or supervision whenever there is a question about patient assessment or conduct of care that the house staff does not feel he/she can answer or undertake. Residents will never be criticized for asking for help, only for failing to do so when necessary.

4. To ensure effective communication, each department is responsible for providing an on call roster of attending physicians that can accurately designate the coverage for every service at all times. Departments are responsible for updating the list with any appropriate changes.

5. At the time of admission, the name of each patient’s attending physician and residents (if appropriate) must be entered into the information system and updated as necessary throughout the patient’s hospitalization.

6. Attending physician supervision of house staff should foster humanistic values by demonstrating a concern for each house staff member’s well being and professional development.

7. All house staff activities are supervised by attending physicians who have overall responsibility for patient care rendered and the ultimate authority for final decision-making. The particular house staff-attending relationship and the structure of attending supervision will vary according to patient care setting. Each residency program must have a supervision policy that sets guidelines for circumstances and events in which residents must communicate with appropriate supervising faculty members, such as the transfer of a patient to an intensive care unit, or end-of-life decisions.

8. Faculty supervision assignments should be of sufficient duration to assess the knowledge and skills of each resident and delegate to him/her the appropriate level of patient care authority and responsibility. Levels of supervision are as follows:
   - Direct Supervision – the supervising physician is physically present with the resident and patient.
   - Indirect Supervision:
     - With direct supervision immediately available – the supervising physician is physically within the site of patient care, and is immediately available to provide Direct Supervision.
     - With direct supervision available – the supervising physician is not physically present within the site of patient care, but is immediately available by means of telephonic and/or electronic modalities, 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.

9. The quality of house staff supervision and adherence to supervision guidelines and policies shall be monitored to ensure proper supervision in the program’s clinical settings (including nights and weekends). Each Department will provide a description of how its programs monitor compliance with supervision policies, a description as to how the programs become aware of and respond to exceptions or critical instances of breakdown of supervision and the mechanisms the programs have in place to ensure accessibility and availability of attending physicians. Each Department will provide these written
descriptions to the Chief Medical Officer and to the Chair of the Graduate Medical Education Committee. This information will be presented annually to the MSEC and the GMEC.

10. For any significant concerns regarding house staff supervision, the respective program director shall submit a plan for its remediation approved by the Department Chair, to the Chief Medical Officer for review and approval by the Medical Staff Executive Committee. This will also be forwarded to the GMEC for review and the program director may be required to submit progress reports to the GMEC (through the Chair of the GMEC) and to the MSEC (through the Chief Medical Officer) until the issue is resolved.

IV. Clinical/Departmental Procedure:
Supervision Requirements

V. Supplemental Materials:
Common Program Requirements

VI. References: N/A