Resident Supervision and Accountability
IUSM-GME-PO-0027

Scope
This policy applies to all Indiana University School of Medicine (IUSM) Graduate Medical Education (GME) resident physicians.

Reason for Policy
The purpose of this policy is to describe the guidelines for resident supervision.

Policy Statement
IUM must ensure that all GME programs provide appropriate supervision for all residents and a work environment that is consistent with proper patient care, the educational needs of residents, and the applicable ACGME Program Requirements. It is the expectation of IUSM that all faculty will adhere to the federal guidelines and policies regarding resident supervision.

The attending physician has both an ethical and a legal responsibility for the overall care of the individual patient and for the supervision of the resident involved in the care of that patient.
In the clinical learning environment, each patient must have an identifiable, appropriately-credentialed and privileged attending physician (or licensed independent practitioner as specified by each review committee) who is ultimately responsible for that 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.

Residents and faculty must demonstrate that the appropriate level of supervision is in place for all residents who care for patients. Programs are required to provide resident job descriptions, common procedure lists, and levels of supervision for each procedure taught to residents in the program. Each program’s Clinical Competency Committee (CCC) will determine resident competency for each of those procedures. The Job Descriptions portal in MedHub (Reference 1) will house this data and make it accessible to IU Health, Eskenazi, and VAMC faculty and ancillary staff.

For instances in which the hospital supervision policy differs from the IUSM supervision policy, the stricter of the two policies will be applied (References 2, 3, 4).

Although senior residents require less direction than junior residents, even the most senior must be supervised. A chain of command that emphasizes graded authority and increasing responsibility as experience is gained must be established. Judgments on this delegation of responsibility must be made by the attending physician who is ultimately responsible for the patient’s care; such judgments shall be based on the attending physician’s direct observation and knowledge of each resident’s skills and ability.

The program must demonstrate that the appropriate level of supervision is in place for all residents is based on each resident’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.

To promote oversight of resident supervision while providing for graded authority and responsibility, the program must use the following classification of supervision:

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

Indirect Supervision:

1) 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.

2) 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.
3) Oversight: The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

**Procedures**

**Progressive Authority and Responsibility**

a. 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.

b. Residents must be supervised by qualified teaching staff in a way that will allow them to assume progressively increasing responsibility for patient care according to their level of training, their ability, their experience, and the severity and complexity of the patient’s illness.

c. The level of responsibility accorded to each resident must be determined by the teaching staff. The program director must ensure, direct, and document adequate supervision of residents at all times.

d. The program director must evaluate each resident’s abilities based on specific criteria, guided by the Milestones.

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 the residents.

f. Senior residents or fellows should serve in a supervisory role of 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.

**Communication with Supervising Faculty**

a. Programs must set guidelines for circumstances and events in which residents must communicate with the supervising faculty members.

b. Each resident must know the limits of his/her scope of authority, and the circumstances under which he/she is permitted to act with conditional independence.

c. Initially, PGY-1 residents must be supervised either directly or indirectly with direct supervision immediately available. (Each Review Committee may describe the conditions and the achieved competencies under which PGY-1 residents progress to be supervised indirectly, with direct supervision available.)

**Faculty Oversight**

a. Faculty supervision assignments must 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.

b. The supervision of residents must be accomplished through explicit written descriptions of supervisory lines of responsibility for the care of patients. Such guidelines must be communicated to all members of the...
Residents must be provided with prompt, reliable systems for communication and interaction with supervisory physicians.

c. On-call schedules for teaching staff must be structured to ensure that supervision is readily available to residents on duty at all training sites.

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**Definitions**

*ACGME* is the Accreditation Council for Graduate Medical Education.

A *resident* is an IUSM resident or fellow, or a non-IUSM resident or fellow electively rotating through IUSM and provides clinical care as part of a GME program.

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**Implementation**

The Designated Institutional Official (DIO) for GME is responsible for implementation of this policy.

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**Oversight**

Policy authority for this document resides with the Graduate Medical Education Committee. The DIO and the Graduate Medical Education Committee are responsible for oversight. This policy will be reviewed every three years or more often if deemed necessary.

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**Related Information**

MedHub Job Descriptions Portal  

IU Health Supervision Policy

Eskenazi Health Supervision Policy

Roudebush VA Supervision Policy

Veterans Administration Handbook -  

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**History**

1. Policy IUSM-GME-PO-0026 approved by GMEC and published on 12 June 2013.