UND SCHOOL OF MEDICINE & HEALTH SCIENCES
UNIVERSITY OF NORTH DAKOTA

GRADUATE MEDICAL EDUCATION
SUPERVISION AND ACCOUNTABILITY POLICY

A. **Purpose**

The purpose of this policy is to establish a structured chain of responsibility and accountability as it relates to the supervision of all patient care. Supervision in the setting of graduate medical education provides safe and effective care to patients while ensuring each resident's development of the skills, knowledge, and attitudes required to enter the unsupervised in (practice of medicine.

B. **Application**

This policy applies to all residents, fellows, and faculty members in residency or fellowship programs sponsored by the University of North Dakota School of Medicine and Health Sciences. This policy refers to the activities of residents and fellows within the scope of their graduate medical education program training experiences and does not apply to fellowship programs assigning fellows to engage in the independent practice of their core specialty.

C. **Policy**

1. Each patient must have an identifiable, appropriately credentialed and privileged attending physician (or licensed independent practitioner as specified by the applicable ACGME Review Committee) who is responsible and accountable for the patient's care.

    a. This information must be available to residents, faculty members, other members of the health care team, and patients.

    b. Residents and faculty members must inform each patient of their respective roles in that patient's care when providing direct patient care.

2. Each program must demonstrate that the appropriate level of supervision 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. Performance and documentation of direction of care by the attending physician and/or participation in key portions of direct care provided by the resident physician may also be required for documentation and billing of patient care in some circumstances.

3. **Levels of Supervision**

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

    a. Direct Supervision of Residents or Fellows:

        (i) The supervising physician is physically present with the resident or fellow during key portions of the patient interaction (or the Review Committee may further specify).

            1. PGY-1 residents must initially be supervised directly, as described above (3a). The Review Committee may describe conditions under which PGY-1 residents progress to be supervised indirectly.

        or

        (ii) The supervising physician and/or patient is not physically present with the resident and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology (note: the Review Committee may further specify or may choose

not to permit).

b. Indirect Supervision of Residents or Fellows – the supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the resident or fellow for guidance and is available to provide direct supervision.

c. Oversight – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

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

   a. The program director must evaluate each resident or fellow's abilities based on specific criteria, guided by the Milestones.

   b. Faculty members functioning as supervising physicians must delegate portions of care to residents and fellows, based on the needs of the patient and the skills of each resident.

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

5. Programs must set guidelines for circumstances and events in which residents and fellows must communicate with the supervising faculty member(s).

   a. Each resident and fellow must know the limits of their scope of authority, and the circumstances under which the resident is permitted to act with conditional independence.

6. Faculty supervision assignments must be of sufficient duration to assess the knowledge and skills of each resident and to delegate to the resident the appropriate level of patient care authority and responsibility.

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