

Graded and Progressive Responsibility and Supervision of Residents

As residents gain experience and demonstrate growth in their ability to care for patients, they assume roles that permit them to exercise those skills with greater independence. This concept – graded and progressive responsibility – is one of the core tenets of American graduate medical education.

Supervision in the setting of graduate medical education has the goals of assuring the provision of safe and effective care to the individual patient; assuring each resident's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishing a foundation for continued professional growth.

Supervision of Residents

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.

Supervision may be exercised through a variety of methods. For many aspects of patient care, the supervising physician may be a more advanced resident. Other portions of care provided by the resident can be adequately supervised by the immediate availability of the supervising faculty member or resident physician, either in the institution, or by means of telephonic and/or electronic modalities. In some circumstances, supervision may include post-hoc review of resident-delivered care with feedback as to the appropriateness of care.

Levels of Supervision

1. Direct supervision – the supervising physician is physically present with the resident and patient.
2. Indirect supervision:
 - a. 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.
 - b. 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.

The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident will be assigned by the program director and the Clinical Competency Committee based on resident progress on the Milestones.

PGY 1 residents must always be supervised directly or indirectly with direct supervision immediately available.

Circumstances and Events in which Residents must Communicate with Appropriate Supervising Faculty Members.

1. Transfer of patient to ICU.
2. End of life decisions. Due to the highly complex nature of caring for pediatric end of life situations, the primary responsibility for initiation of a DNR is the responsibility of the attending staff.

The following are guidelines as to when advancement in responsibilities and privileges may occur. Ultimately decisions must be made individually by the attending, program director and Clinical Competency Committee in regard to resident progress on the milestones and readiness for additional independence.

Graded Responsibility and Supervision of Residents in Ambulatory General Pediatrics

1. Residents with 0-6 months of training must work with close supervision by the ambulatory attending including thorough discussion and patient examination.
2. Residents with 7-18 months of training must discuss all patients with the supervising ambulatory attending.
3. Residents with greater than 18 months of training should discuss all patients with the supervising ambulatory attending until the attending, program director and Clinical Competency Committee determine the resident is able to work with increased responsibilities. Then the resident may work independently depending on the type of patient and at the discretion of the attending.
4. PGY 2's and 3's have the added responsibility of teaching and supervising medical students and PGY 1's.
5. The supervising ambulatory attending is available as a resource and consultant for residents of all levels of training. The attending will also review all charts and orders.

Graded Responsibility and Supervision of Residents in the Inpatient Setting

1. Residents with 0-12 months of training must work with close supervision by a PGY 2 or 3 resident or the inpatient attendings. During the first 6 months of training a supervising

resident or attending must provide direct supervision for the intern during the admission process of new patients. For months 7-12 indirect supervision with direct supervision immediately available by the supervising resident or attending during the admission process is acceptable. During this period of months 7-12 the intern may call the attending directly to check out the new admission without talking to the supervising resident first. However, the supervising resident must still be available to provide immediate direct supervision if needed.

2. PGY-1 residents are expected to function as the primary physician for all inpatients assigned to their care.
3. PGY 2s and 3s provide primarily a supervisory role on the inpatient service; however they must be ready to provide primary, first line care (all the duties of a PGY-1) when necessary.
4. At the PGY 3 level, to facilitate progressive authority and responsibility, residents may manage routine admissions with only oversight by the attending. These routine admissions are those with no significant unexplained abnormalities in vital signs or laboratory values and an obvious/clear diagnosis. Admissions should be reported to the attending physician within eight hours so that a review of the admission and feedback may be given. Admissions should be reported sooner if there is any question about the patient's condition or diagnosis or if there is uncertainty as to how to proceed diagnostically or therapeutically.

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