

## **POLICY: Supervision and Accountability**

**PURPOSE:** To comply with ACGME common program requirements for trainee supervision and accountability and provide appropriate supervision for all residents and fellows at every level of training.

### Supervision and Accountability

UCSF Fresno as the institution must oversee the supervision of trainees following the ACGME institutional and program-specific policies. All UCSF Fresno residency and fellowship training programs must have their own policy which addresses their specialty/subspecialty specific supervision requirements in addition to incorporating this institutional policy for supervision.

The institution has a mechanism by which residents/fellows can report inadequate supervision concerns in a protected manner that is free from reprisal and can be accessed by the following link:

[UCSF Fresno SAFE Reporting.](#)

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

- This information must be available to residents, fellows, faculty members, other members of the health care team, and patients.
- Trainees and faculty members must inform each patient of their respective roles in that patient's care when providing direct patient care.

Supervision may be exercised through a variety of ways. For many aspects of patient care, the supervising physician may be a more advanced resident or fellow. Other portions of care provided by the trainee can be adequately supervised by the immediate availability of the supervising faculty member, fellow, or senior trainee physician, either on site, or by means of telecommunication technology. Some activities require the supervising faculty member to be physically present. In some circumstances, supervision may include post-hoc review of trainee-delivered care with feedback.

The program must demonstrate that the appropriate level of supervision in place for all trainees is based on each trainee'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 (The ACGME Review Committee may specify which activities require different levels of supervision). The program must define when physical presence of a supervising physician is required.

### Levels of Supervision

To promote appropriate 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 during the key portions of the patient interaction; or 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. The Review Committee may further specify.

- Indirect Supervision: : the supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the resident for guidance and is available to provide appropriate direct supervision. The Review Committee may further specify.
  - 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.
  - with Direct Supervision available – the supervising physician is not physically present within the hospital or other site of patient care, but is immediately available via phone and/or other 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.

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

- The program director must evaluate each trainee's abilities based on specific criteria guided by the Milestones.
- Faculty members functioning as supervising physicians must delegate portions of care to trainees based on the needs of the patient and the skills of each trainee.
- 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 trainee.

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

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

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

### Standards for Supervision

The UCSF Fresno standard for supervision is that faculty/attendings see inpatients and document in the patient's medical record every day. Examples of evidence of supervision documentation would be:

- An attending note
- Attending addendum to a trainee note, including, "Patient seen and examined, discussed with the trainee and agree with plan", when the patient is seen by the attending
- Attending addendum to a trainee note, including, "Patient reviewed, discussed with the trainee and agree with plan", if the patient is not seen by the attending.

The minimal documentation\* of faculty supervision criteria for all UCSF Fresno training programs are:

- Admissions: The attending will document supervision within 24 hours of admission
- Daily note: The attending will document supervision daily or a minimum of every 3 days for surgical services.
- Discharge Summary: The attending will document review within the timelines required by the medical staff policies and procedures (currently within 14 days of discharge for CRMC).
- Operative Notes: The attending will document supervision within one day
- Consultations: The attending will document supervision within one day of inpatient consultation. Further documentation will be according to the patient's condition. Outpatient and ED consultations must have documentation of supervision within one day.

**\*These are the minimum requirements and may be superseded by the supervision policies of our affiliates.**

All programs are expected to incorporate the standards/criteria above into their program's supervision policy meeting or exceeding the above and adhere to specific ACGME supervision standards for their specialty or subspecialty programs.

UCSF Fresno adopts the above supervision standards as stated in the above policy which were taken from the ACGME Institutional Requirements 7/1/2022 and Common Program Requirements 7/1/2022.

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