



# OMEKO

## **Graduate Medical Education Policy**

Approved by the GMEC (Graduate Medical Education Committee) on August 26, 2025

**Effective Date:** July 1, 2020

**Review Date:** August 26, 2025

**Next Review Date:** August 2030

### **Policy Title: Trainee Supervision Policy**

**Policy Type:** Sponsoring Institution/Sponsored Program Policy

**Purpose:** To describe the methods of supervision of OSU-CHS/OMEKO Trainees and the hierarchy of responsibility of residents, fellows and attending physicians in patient care activities for training within OSU-CHS/OMEKO Sponsored Programs.

The attending physician is ultimately responsible for the care of the patient. To assure the provision of high-quality patient care in the graduate medical education environment, Trainees must be supervised. Supervision will be provided at the appropriate level of supervision (as defined by ACGME (Accreditation Council for Graduate Medical Education)) to provide safe and effective care to patients. For many aspects of care, the supervising physician may be a more advanced resident or fellow. Qualified supervising residents and fellows that have been approved by the program director will be available at all assigned times as well as the supervising faculty member.

When providing direct care, Trainees and faculty members must inform each patient of their respective roles in that patient's care.

### **Trainee Supervision**

Supervising faculty are available to provide supervision, depending on the Trainee's level of training and ability as well as patient acuity, complexity, and severity of the patient's problems. Supervising faculty are always available on-site in the Emergency Department. PGY-I Trainees must have direct supervision immediately available by either more senior Trainees or supervising faculty. As Trainees progress through their training, they assume increasing responsibility for patient care based on their level of training, experience, and individual abilities. The program director of each residency/fellowship program determines the level of each Trainee based on his/her demonstrated competence.

Levels of supervision include the following and are determined by the Program Director:

**Direct supervision:** The supervising physician is either (a) physically present with the Trainee during key portions of the patient interaction or and patient, or (b) if permitted by a Program's applicable ACGME Review Committee and the supervision policy of the specific program, the supervising physician and/or

patient is not physically present with the Trainee and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology.

**Indirect Supervision:** The supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the Trainee for guidance and is available to provide appropriate Direct supervision

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

**Hierarchy of Responsibility:** Responsibility for the residents and fellows is delegated to the Program Director of each training program. The Program Director has the authority to assign supervising faculty in each program.

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. Supervision should be structured such that it ensures each Trainee's development of the skills, knowledge and attitudes required to enter the unsupervised practice of medicine.

**Compliance:** The Program Director or designee is responsible for monitoring compliance with the supervision policy for patient care and performance of procedures by Trainees. Resident and fellow procedure privilege documentation is maintained in the Graduate Medical Education Office and readily available to faculty and nursing personnel.

### **Faculty Supervision**

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.

Each Sponsored Program must create and maintain guidelines for the circumstances and/or events in which a Trainee must communicate with a supervising faculty member. Each Trainee must know the limits of his/her scope of authority, the circumstances under which they are permitted to act with Direct Supervision, Indirect supervision and with oversight, as well as those events and circumstances that require communication with the supervising faculty member. Initially, PGY-1 Trainees must be under Direct Supervision with progression to Indirect Supervision only as specified by the applicable ACGME Review Committee.

### **Program Letters of Agreement**

Residency training programs with agreements at distant sites from the primary site are required to have program letters of agreement to assure that Trainees receive appropriate educational experiences with appropriate levels of supervision.

Programs must annually review required clinical assignments and update Program Letters of Agreements (PLA) as needed including changes in program director, site directors or other changes that can be found in the common program requirements 1.2-1.5. The PLA should be renewed at least every 10 years and must be approved by the DIO (Designated Institutional Official).

The program director should monitor each site for adequate supervision as stated in this policy.

Clinical Setting	Required Level of Supervision	Minimum Level of Supervision Documentation
Operating Room/Active Delivery (This includes non-bedside procedures which may occur somewhere outside the operating room; Cardiac Catheterization, endoscopy, interventional radiology)	Direct Supervision by Attending The attending physician must be present within the building where their procedure is occurring and immediately available to the Trainee and the patient for the major components of the procedure. The attending must be notified prior to the procedure.	Attending must specify degree of involvement
Inpatient/Outpatient Bedside Procedures	Indirect Supervision	Attending must specify degree of involvement
Emergency Department	Direct Supervision by Attending Attending must be physically present within the building where care is being provided and immediately available to the Trainee and patient for the major components of clinical care including procedures performed in the Emergency Department.	Trainee documentation of departmental attending physician supervision (e.g., "I have seen and/or discussed the patient with my departmental attending physician, Dr. __, who agrees with my assessment and plan.")
Emergency Care that falls out of scheduled events (code blues, interventions that are considered lifesaving)	The supervising attending responsible for the patient must be notified	Attending must specify degree of involvement
Inpatient Care New admissions ICU New admissions	Indirect supervision Oversight Supervising attending must see patient within one calendar day of admission	Supervising attending Physician Addendum to the Trainee's note (not a co-signature)
Inpatient-Routine Care	Oversight	Supervising attending physician co-signature implies that they have reviewed the Trainee's note, and absent an addendum to the contrary, concurs with the content of the Trainee's note.
Intensive Care-Routine Care	Indirect Supervision	Supervising attending physician co-signature implies that they have reviewed the Trainee's note, and absent an addendum to the contrary, concurs with the content of the Trainee's note.
Inpatient Care-Discharge	Oversight; the attending should be involved in discharge planning for the patient	Supervising attending physician co-signature implies that they have reviewed the Trainee's note, and absent an addendum to the

		contrary, concurs with the content of the Trainee's note.
Outpatient Care-New Patient	Indirect Supervision	Supervising attending Physician Addendum to the Trainee's note (not a co-signature)
Outpatient Care-Follow Up Visits	Oversight	Supervising attending physician co-signature implies that they have reviewed the Trainee's note, and absent an addendum to the contrary, concurs with the content of the Trainee's note.
Routine consultations	Oversight; Ad Hoc Review	Supervising attending physician co-signature implies that the attending physician has reviewed the Trainee's note, and absent an addendum to the contrary, concurs with the content of the Trainee's note
Additional documentation to patient care that falls out of routine progress notes (could be phone calls/family conferences/etc.)	Oversight; Ad Hoc Review	Supervising attending physician co-signature implies that the attending physician has reviewed the Trainee's note, and absent an addendum to the contrary, concurs with the content of the Trainee's note

If there are discrepancies between Sponsored Program and Sponsoring Institution policies, in general the stricter of the two policies will apply; however, the Sponsoring Institution and the Sponsored Programs will work collaboratively to come to consensus in areas of debate.

## References

### ACGME Sponsoring Institution Requirements

3.2.d. Supervision and Accountability The Sponsoring Institution must oversee supervision of residents/fellows consistent with institutional and program-specific policies. (Core)

3.2.d.1. The Sponsoring Institution must oversee mechanisms by which residents/ fellows can report inadequate supervision and accountability in a protected manner that is free from reprisal. (Core)4.10. Supervision The Sponsoring Institution must maintain an institutional policy regarding supervision of residents/fellows. (Core)

4.10.a. The Sponsoring Institution must ensure that each of its ACGME-accredited programs establishes a written program-specific supervision policy consistent with the institutional policy and the respective ACGME Common and specialty-/ subspecialty-specific Program Requirements. (Core)

## ACGME Common Program Requirements

6.6. The 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. (Core)

6.7. Direct Supervision The supervising physician is physically present with the resident during the key portions of the patient interaction.

6.7.a. PGY-1 residents must initially be supervised directly, only as described in the above definition. (Core)

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.

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

6.8. The program must define when physical presence of a supervising physician is required. (Core)

6.9. 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. (Core)

6.9.a. The program director must evaluate each resident's abilities based on specific criteria, guided by the Milestones. (Core)

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

6.9.c. 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 resident or fellow. (Detail)

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

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