UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE JACKSONVILLE
Office of Graduate Medical Education

POLICY: Resident Supervision Policy	
Approved by: GMEC	Page(s): 1 of 2
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University of Florida College of Medicine Jacksonville (Sponsoring Institution) and GMEC Requirements

Residency and fellowship programs must provide appropriate supervision for all residents that is consistent with proper patient care, the educational needs of residents, and the applicable Program Requirements. Residents must be supervised by teaching staff in such a way that the residents assume graded authority and responsibility, conditional independence, and a supervisory role in patient care. On-call schedules for teaching staff must be structured to ensure that supervision is readily available to residents on duty. The program director and teaching staff must determine the level of responsibility accorded to each resident.

The following supervision levels apply to both in-person and telehealth patient encounters.

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

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

Each program must have a set of aims consistent with the Sponsoring Institution's mission, the needs of the community it serves, and the desired distinctive capability of its graduates. Each program must also have competency-based goals and objectives that are designed to promote progress on a trajectory to autonomous practice, and which must be distributed, reviewed, and available to residents and faculty members. Parameters for graded responsibility as residents move from novice to competent are described in the goals and objectives for every rotation/educational experience.

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. As complexity of responsibility increases, residents will require a greater or closer level of supervision from which progression will then evolve to be deemed competent. Programs are required to update program-specific supervision levels in New Innovations biannually or more often as the trainee achieves competence. The individual trainee supervision level access is available on the Bridge: Resident Supervision Guidelines Instruction Sheet.pdf (ufl.edu). Each program must define the circumstances and events in which residents must communicate with supervising faculty.

Competence is determined using global assessments, multisource assessments and objective measures, as defined by each program.

Formative evaluation of resident competence is assessed by teaching faculty during each rotation, with ongoing feedback provided. The summative rotation evaluation (global assessment) is reviewed with the resident by the faculty at the end of each rotation. On a semi-annual basis, the Clinical Competency Committee reviews all

performance data on each resident, and the program director or their designee meets individually with each resident to review his/her progress and to help set performance improvement goals.