UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE JACKSONVILLE

Program:	**Subject:** RESIDENT SUPERVISION POLICY - Institutional Guidelines and Program Template	**Institutional Approval Date:** 9/1/2000 **Approved by:** GMEC
Effective Date:		**Revised Date**: 5/20/20; 7/14/21; 10/2/23
Approval Date: 11/7/2023	Page 1 of 3	**Date Reviewed**: 10/1/13; 5/17/18; 5/29/20; 7/14/21

University of Florida College of Medicine Jacksonville (Sponsoring Institution) and GMEC Requirements

ACGME-accredited programs must provide for all residents appropriate supervision 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 progressive 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.

This document details policies, protocols and procedures designed for compliance with ACGME, The Joint Commission and other regulatory bodies as may pertain to the specific clinical area or specialty.

ACGME LEVELS OF SUPERVISION

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 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

PROGRAM POLICY

Progressive learning activities and parameters for graded responsibility as residents move from novice to competent are described in the goals and objectives for every rotation/educational experience, including quality improvement, patient safety, and research. These competency-based goals and objectives designed to promote progress on a trajectory to autonomous practice must be distributed, reviewed, and available to residents and faculty members. 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.. . Competency is assessed as described in the Program Procedures below.

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 supervision levels in New Innovations biannually or as the trainee achieves competence. The individual trainee supervision level access is available on the

Bridge: https://1b-esx-infonet.umc.ufl.edu//Medical-Staff-Services/Pages/default.aspx (see resident supervision guidelines)

PROGRAM PROTOCOLS

Residents must communicate with appropriate supervising faculty members in the following circumstances and events.

Care of a complex patient: In the clinical practice of this specialty, care of a complex patient includes, but is not limited to, those patients with the following:

- *Enter program's list of case types*

For any of these types of patient or case complexity, or when in doubt about the level of patient complexity, the resident must communicate with the supervising faculty.

End-of-life decisions: the supervising faculty member must be called by the resident as soon as end-of-life issues arise. The faculty member will be present with the resident during end-of-life discussions with patients and families.

Transfer of patient to intensive care unit: the supervising faculty member must be called by the resident for any deteriorating condition change in a patient that potentially necessitates respiratory (including, but not limited to, bipap or intubation) or circulatory support (including, but not limited to, consideration for pacing, pressors, inotropes or mechanical support), unless otherwise specified in plans made with the supervising faculty.

PROGRAM PROCEDURES

Competence is determined using global assessments, multisource assessments and structured observation checklists, as detailed in the goals and objectives for each assignment. The criteria for progression to another level of supervision are detailed in the goals and objectives document.

Formative evaluation of resident competence is assessed by teaching faculty during each rotation, with formal feedback provided at the mid-point and end of the rotation. The summative evaluation (global assessment) is reviewed with the resident by the faculty at the end of each rotation. The evaluation in New Innovations is then reviewed by the program director and filed in the resident's file. 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.

Residency/Fellowship Program Policies:

In addition to compliance with Institutional and Program requirements, the following additional Program Policy requirements are in effect, including the *program's processes, assessment tool(s), and timing and frequency for assessment, which are detailed below, with assessment tool(s) attached as an appendix.*

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