

<b>This policy applies to:</b> <b>All ACGME accredited programs sponsored by SHC as well as all participating institutions used by SHC programs.</b>	<b>Last Approval Date:</b> <b>May 10, 2012</b>
<b>Name of Policy:</b> <b>Resident Supervision Policy</b>	<b>Page 1 of 2</b>
<b>Reference Number to Institutional Requirements:</b> <b>III.B.4.a/b</b>	

**I. PURPOSE**

The GMEC must establish and implement policies and procedures regarding the quality of education and the work environment for the residents in all programs. These policies and procedures must include Resident Supervision: Monitor programs' supervision of residents and ensure that supervision is consistent with:

- a) Provision of safe and effective patient care;
- b) Educational needs of residents;
- c) Progressive responsibility appropriate to residents' level of education, competence, and experience; and,
- d) Other applicable Common and specialty/subspecialty-specific Program Requirements.

**II. POLICY**

This policy is intended to guide patient care activities in which residents participate in are appropriately supervised and documented during the course of their inpatient and outpatient training. Resident supervision begins with the initial contact with the attending physician and the patient and continues through all care experiences the resident has with the patient. All resident patient care activities are to be conducted within the scope of their training programs.

All Stanford Hospital and Clinic Training Programs, including affiliate training sites, will adhere to current accreditation requirements as set forth by the Accreditation Council for Graduate Medical Education (ACGME) for all matters pertaining to the house officer training programs, including the level of supervision provided.

Each residency training program is required to maintain a level of faculty supervision of residents which complies with ACGME requirements. Each department shall develop a policy regarding residents who request to participate in patient care provided by non-faculty and non-visiting clinical faculty physicians. This policy will include a provision to assess the educational benefits of the participation. The proximity and timing of supervision as well as the specific tasks delegated to resident depends on a number of factors including:

- the acuity of the situation and the degree of risk to the patient.
- the level of training (i.e. year in residency) of the house officer
- the skill and experience of the house officer with the particular care situation
- the familiarity of the supervising physician with the house officer's abilities

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### III. PROCEDURES

Each training program director shall develop explicit, written descriptions of supervisory lines of responsibility for the care of patients. Such guidelines must be communicated to all residents and all members of the programs' teaching staff. Residents must be provided with prompt reliable systems for communication and interaction with attending physicians. Resident supervision should reflect graduated levels of responsibility based on individual skill and level of training. Attending physicians must be scheduled to ensure that supervision is readily available to the resident on duty, particularly during on call periods. The level of responsibility accorded to each resident must be determined by the teaching faculty according to the program-specific criteria for competency-based evaluation and promotion.

#### Monitoring

- The GME Office shall maintain program-specific supervision policies on MedHub and shall take steps to ensure that this file is updated periodically.
- The adequacy of supervision and house officer satisfaction with supervision will be evaluated during the GMEC internal review process, Annual Program Reviews, GME and ACGME surveys.
- The annual GME report provided to all participating institutions shall specifically address the adequacy of supervision policies, as required by ACGME standards.
- The GME Committee shall review all accrediting and certifying bodies' concerns regarding supervision of residents and ensure that appropriate follow-up with corrective actions occurs as needed.

#### DOCUMENT INFORMATION

This policy is reviewed by the Graduate Medical Education Committee every five years.

Approved By: Graduate Medical Education Committee

REV. 1/8/2008

REV. 5/10/2012