Cherokee Nation Health Services
Family Medicine Residency Program
Resident Supervision Policy

Version: 2	Initial Approved Date: 7/25/2019
Last Revision Date: 6/03/2021	Next Review Date: 6/30/2025

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Purpose: To describe the methods of supervision of the Cherokee Nation Family Medicine Residency Program Residents and the hierarchy of responsibility of residents in patient care activities.

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, residents 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. Faculty members will be available at all times to provide resident supervision.
When providing direct care, residents and faculty members must inform each patient of their respective roles in that patient's care.

Resident Supervision
Supervising faculty are available to provide supervision, depending on the resident's level of training and ability as well as patient acuity, complexity, and severity of the patient's problems. Post-graduate year (PGY)-1 residents will have direct supervision immediately available by either supervising faculty or a combination of senior residents and supervising faculty. As residents 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 resident 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 physically present with the resident or providing concurrent supervision via telecommunication technology during key portions of the patient interaction or and patient.

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.

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

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

Supervision should be structured such that it ensures each resident'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 residents. Residents' procedure privilege documentation is maintained within the residency program 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 resident and to delegate to the resident the appropriate level of patient care authority and responsibility. Each resident 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 as determined by the program's Clinical Competency Committee (CCC). The CCC will meet on a semiannual basis to discuss each resident's progress and determine the appropriate level of supervision and responsibility granted to that resident.

The program director should monitor each site for adequate supervision as stated in this policy. The minimum required levels of supervision for the clinical settings listed below will vary depending on the resident's level of training and privileges/responsibilities granted by the CCC. The supervising physician may determine to utilize a higher level of supervision at their discretion, and they are to communicate this to the resident during their clinical assignment. PGY-1 residents will have direct supervision in all settings.

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Clinical Setting	**Required Minimum 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 Catherization, endoscopy, interventional radiology)	Direct Supervision	Attending must specify degree of involvement
Inpatient/Outpatient Bedside Procedures	Indirect Supervision	Attending must specify degree of involvement
Emergency Department	Direct Supervision	Attending must place addendum to the resident's note stating that they have evaluated the patient with the resident, participated in the development of the plan of care, and agree with the contents of the note
Emergency Care that falls out of scheduled events (code blues, rapid responses, 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	Direct supervision	Attending must place addendum to the resident's note stating that they have evaluated the patient with the resident, participated in the development of the plan of care, and agree with the contents of the note
Inpatient-Routine Care	Indirect supervision	Attending must place addendum to the resident's note stating that they have discussed the patient and plan of care with the resident and agree with the contents of the note
Intensive Care-Routine Care	Direct Supervision	Attending must place addendum to the resident's note stating that they have evaluated the patient with the resident, participated in the development of the plan of care, and agree with the contents of the note

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Inpatient Care-Discharge	Indirect supervision; the attending will be involved in discharge planning for the patient	Attending must place addendum to the resident's note stating that they have discussed the patient and plan of care with the resident and agree with the contents of the note
Outpatient Care-New Patient	Indirect Supervision	Attending must place addendum to the resident's note stating that they have discussed the patient and plan of care with the resident and agree with the contents of the note
Outpatient Care-Follow Up Visits	Indirect Supervision	Attending must place addendum to the resident's note stating that they have discussed the patient and plan of care with the resident and agree with the contents of the note
Routine consultations	Indirect Supervision	Attending must place addendum to the resident's note stating that they have discussed the patient and plan of care with the resident and agree with the contents of the note
Additional documentation to patient care that falls out of routine progress notes (could be phone calls/family conferences/etc.)	Oversight	Supervising attending physician cosignature implies that the attending physician has reviewed the resident's note, and absent an addendum to the contrary, concurs with the content of the resident's note