I. **Scope:** This policy applies to all health care practitioners engaged in the supervision and teaching of residents enrolled in post-graduate medical education programs at Children’s National Medical Center (CNMC).

II. **Definitions:**
- The term “resident” refers to all graduate medical trainees, including interns, residents, and fellows.
- Post-graduate Training Program refers to an internship, residency or fellowship educational program.
- Direct Supervision refers to supervision provided by an attending physician or more advanced resident who is physically present with the resident and patient.
- Indirect Supervision refers to the supervision that is immediately available within the hospital or is immediately available by telephone or electronic modalities.
- Oversight: The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

III. **Responsibility:**
It is the responsibility of all Program Directors and attending physicians who teach and supervise residents at CNMC and other training sites to comply with this policy.

IV. **General Program Responsibilities**
- Each ACGME-accredited program must develop program specific policies consistent with the standards in this policy. All program policies must be reviewed and approved by the GMEC.
- The Program Director, with the assistance of attending physician(s) must assure that residents are appropriately supervised in patient care activities.
- The Program Directors for ACGME-accredited programs must define general supervisory responsibilities for resident at each PGY level including, medical/surgical procedures or orders that require direct supervision or countersignature, in emergency and non-emergency situations.
- The Program Director is responsible for providing the GME office with a final copy of the program’s supervision policy as approved by the GMEC.
- The Program Director, with the assistance of attending physician(s) will assess residents’ competence as the basis for determining the minimum level of supervision required for different activities. The Program Director shall outline the objective criteria used to evaluate residents’ progressive ability.
• Each ACGME-accredited program will determine how to monitor and improve compliance with its supervision policies and competency assessments, using such methods as procedure logs, resident feedback, attending physician feedback, risk management reports and quality improvement reports.

• The program must formally communicate the assessment of the resident’s competence to the resident and supervising attending physician at least semi-annually when significant progress or deficiencies are identified.

• On-call schedules for teaching staff must be structured to ensure that supervision is readily available to residents on duty.

• All patients seen by a resident on an outpatient basis must be reviewed and discussed by the responsible attending physician.

V. **Attending Physician Responsibilities**

1. An attending physician is responsible for the care provided to patient in both inpatient and outpatient settings.

2. The attending physician and program director must agree on the resident’s progressive responsibility for care of patients based on the resident’s clinical experience, judgment, knowledge, technical skills and capacity to function in his/her role.

3. The attending physician must advise the program director of any observed change in level of resident’s ability. The safe and effective care of patient should be the personal responsibility of the attending physician.

**Resident Responsibilities**

1. The resident must be aware of his/her level of training, specific clinical experience, judgment, knowledge, and technical skill. The resident must not independently perform procedures or treatments, or management plans that he/she is unauthorized to perform, or lacks the skill and training to perform.

2. Residents on duty must contact the attending physician or designee if:
   - a new patient is admitted to the attending physician.
   - a patient undergoes significant change in status, such as unexpected transfer to a higher level of care.
   - a resident is unsure of the appropriate medical care for a patient.

3. The resident is responsible for communicating to the attending physician any significant issues regarding patient care.

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