

Creighton University School of Medicine-Phoenix Policies

POLICY:	Supervision
GOVERNING BODY:	Graduate Medical Education Committee – Creighton University School of Medicine-Phoenix
GMEC APPROVAL DATE:	August 5, 2024; August 7, 2023; February 6, 2023
REVISED DATE:	August 5, 2024
ACGME ACCREDITATION STANDARD REFERENCE:	Institutional Requirement: IV.J. Supervision

PURPOSE

Supervision in the setting of graduate medical education provides safe and effective care to patients; ensures each House Staff Physician (HSP) development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishes a foundation for continued professional growth.

SCOPE

The policy applies to all Creighton University School of Medicine-Phoenix (CUSOM-PHX) HSP and their respective training programs, that are Accreditation Council for Graduate Medical Education (ACGME) accredited or meet the criteria in the Non-ACGME Accredited Program Policy.

DEFINITIONS

Direct supervision: Unless specified by a specific Review Committee, direct supervision means the supervising faculty is physically present during key portions of the patient interaction. Physically present is defined as the teaching physician either located in the same room as the patient and/or performs a face-to-face service or it can be met through interactive video real-time communications technology that is synchronous when permitted by the appropriate Review Committee. Audio-only technology does not meet this requirement.

Indirect supervision: The supervising physician is not providing physical or concurrent visual supervision but is immediately available to the HSP for guidance and is available to provide appropriate direct supervision.

Oversight supervision: The supervising physician is available to provide a review of procedures/encounters with feedback provided after care is delivered.

Regulatory requirements: Those dictated by a Graduate Medical Education (GME) accrediting body, the sponsoring institution, or a governmental or other oversight body such as, but not limited to, Medicare or Joint Commission.

Supervising faculty: An appropriately credentialed and qualified physician or licensed independent practitioner (as allowed by each accrediting body) appointed to the program faculty to provide HSP education and supervision and who has responsibility for the patient's care. Credentialing must be for independent performance. Faculty members who are under proctoring or other restrictions from the medical staff cannot perform as supervising faculty.

POLICY

GME is the crucial step of professional development between medical school and autonomous clinical practice. It is in this vital phase of the continuum of medical education that HSP learn to provide

optimal patient care under the supervision of faculty members who not only instruct, but serve as role models of excellence, compassion, professionalism, and scholarship. The care of patients is undertaken with appropriate faculty supervision and conditional independence, allowing HSP to attain the knowledge, skills, attitudes, and empathy required for autonomous practice. As HSP trainees acquire the knowledge and judgment that accrue with experience, they are allowed the privilege of increased responsibility for patient care as they progress to practice independently. Faculty members ensure that patients receive the level of care expected from a specialist in the field. They recognize and respond to the needs of the patients, HSP, community, and institution.

The process of progressive responsibility is the underlying educational principle for all graduate medical and professional education, regardless of specialty or discipline. The responsibility of supervising faculty is to enhance the knowledge of HSP while ensuring patient safety and quality care. Such responsibility is exercised by observation, consultation, and feedback, and includes the imparting of knowledge, skills, and attitudes/behaviors to the HSP and the assurance that care is delivered in an appropriate, timely, and effective manner.

Supervision may be exercised through a variety of methods. For many aspects of patient care, the supervising physician may be a more advanced HSP. Other portions of care provided by the HSP can be adequately supervised by the appropriate availability of the supervising faculty member, fellow, or senior HSP, either on-site or by means of telecommunication technology. Some activities require the physical presence of the supervising faculty member. In some circumstances, supervision may include post-hoc review of HSP-delivered care with feedback. If direct supervision is not required, the assigned supervising faculty must still be able to arrive at the healthcare site within a reasonable period when supervision needs are required because the patient care needs exceed the skill of the HSP. Each program is responsible for training its supervising faculty in their roles and responsibilities.

RESPONSIBILITIES

The provisions of this policy are applicable to any type of patient care activity provided by HSP.

1. Supervising faculty are ultimately responsible for the care provided to each patient and they must be familiar with each patient for whom they are responsible. Fulfillment of that responsibility requires personal involvement with each patient and each HSP who is participating in the care of that patient. Each patient must have a supervising faculty member whose name is identifiable in the patient record. Supervising faculty members should appropriately delegate portions of care to HSP, based on the needs of the patient, the skills of the HSP, and other regulatory requirements. Other supervising faculty may at times be assigned responsibility for the care of the patient and the supervision of the HSP involved. It is the responsibility of the supervising faculty member to be sure that the HSP involved in the care of the patient is informed of such reassignment and can readily always access a supervising faculty member. Services that provide 24-hour, 7-days a week (24/7) HSP coverage, must provide call schedules to the training site administration. Call schedules must delineate both HSP and supervising faculty coverage.
2. Each training program is structured for HSP to assume increasing levels of responsibility according to their experience, skill, knowledge, and judgment. The Clinical Competency Committee of each program defines the levels of responsibilities for each milestone of training and determines the clinical activities HSP may perform under what level of supervision. The GME office ensures that this list of graduated levels of responsibility is available to the healthcare site in New Innovations. The CUSOM-PHX GME office in collaboration with the training site(s) will ensure all who need access to this data housed in New Innovations will have access to it and can distribute it to other appropriate staff as needed.

3. To ensure patient safety and quality patient care while providing the opportunity for maximizing the educational experience of the HSP in the ambulatory setting, it is required that an appropriately qualified supervising faculty member is physically present for supervision during clinic hours. Tele-supervision is permitted only when allowed by the appropriate Review Committee.
4. In each training program, there will be circumstances in which all HSP, regardless of level of training and experience, must verbally communicate with appropriate supervising faculty. Programs must identify and set guidelines for these circumstances and these guidelines must be available in writing for all HSP. At a minimum, these circumstances will include:
 - a. Emergency admission.
 - b. Consultation for urgent conditions.
 - c. Transfer of patient to a higher level of care.
 - d. Code Blue Team activation or equivalent activation, which could also include Rapid Response Team.
 - e. Change in DNR status as defined by individual program policies.
 - f. Patient or family dissatisfaction in accordance with hospital policy, but this policy does not supersede institutional requirements.
 - g. Patient requesting discharge AMA; or
 - h. Patient death.
5. Programs may set additional guidelines for circumstances and events in which HSP must communicate with appropriate supervising faculty. Programs must provide a copy of their program supervision policy to the GME office.
6. Each HSP must know the limits of their scope of authority and the circumstances under which HSP is permitted to act with conditional independence.

MONITORING OF COMPLIANCE

CUSOM-PHX must oversee supervision of HSP and have mechanisms by which HSP can report inadequate supervision and accountability in a protected manner that is free from reprisal.

The quality of HSP supervision and adherence to supervision guidelines and policies shall be monitored through an annual review of the HSP evaluation of their supervisors and rotations, and by the Graduate Medical Education Committee (GMEC). **Any program that has a score of less than 90% on the ACGME question regarding the appropriate level of supervision will need to submit an action plan to the GMEC, and the program director may be required to submit progress notes to the GMEC until the issue is resolved.**

AMENDMENTS OR TERMINATION OF THIS POLICY

This policy supersedes all program level policies regarding this area/topic. In the event of any discrepancies between program policies and this GME policy, this GME institutional policy shall govern.

Creighton University reserves the right to modify, amend or terminate this policy at any time.