HENRY FORD HOSPITAL MEDICAL EDUCATION POLICY

Subject:	**Supervision**	**No. 305**
Scope:	**Interns, Residents & Fellows (House Officers)**	
Supersedes:	All previous policies and procedures regarding this subject and scope	
Effective:	7/1/11	
Requirements of:	Accreditation Council for Graduate Medical Education (ACGME)	
Approved:	Medical Education Shared Governance Team	Date: 2/21/14

Purpose

To ensure an appropriate supervision of house officers.

Policy

Henry Ford Hospital (HFH) is committed to providing a supportive learning environment where sound academic and clinical education is carefully planned and balanced with concerns for patient safety and house officer well-being. HFH fosters a culture of professionalism that supports patient safety and personal responsibility. HFH is committed to providing an educational and work environment which encourages residents to raise and resolve concerns in a confidential and protected manner without fear of intimidation or retaliation.

The clinical responsibilities for each house officer is based on PGY-level, patient safety, education, severity and complexity of patient illness/condition and available support services. House officers care for patients in an environment that maximizes effective communication, utilizes inter-professional teams and ensures effective hand-over processes. House officers are integrated and actively participate in interdisciplinary clinical quality improvement and patient safety programs.

Each program must ensure that the learning objectives of the program are accomplished through an appropriate blend of supervised patient care responsibilities, clinical teaching and didactic educational events; and are not compromised by excessive reliance on house officers to fulfill non-physician service obligations. Didactic and clinical education must have priority in the allotment of house officers' time and energies. All programs must comply with ACGME Common and Program Requirements, VI.D: Supervision of Residents.

Each patient must have an identifiable, appropriately-credentialed and privileged attending physician responsible for care. Schedules must be structured to provide house officers with appropriate supervision. Each program must demonstrate that the appropriate level of supervision is in place for all house officers who care for patients.

Senior staff and senior house officers must be cognizant of the level of competence of house officers and medical students under their supervision in assigning clinical responsibilities. The privilege of progressive authority and responsibility, conditional independence and a supervisory role in patient care delegated to each house officer must be assigned by the program director and

faculty members. Faculty supervision assignments must be of sufficient duration to assess the knowledge and skills of each house officer and medical student to delegate the appropriate level of patient care authority and responsibility. The Clinical Competency Committee evaluates progression through milestone assessment.

PGY-1 house officers must be supervised either directly or indirectly, with direct supervision immediately available, in accordance with each Review Committee's required competencies.

PGY-2 and above house officers must know the limits of his/her scope of authority and the circumstances under which he/she is permitted to act with conditional independence.
Each program must have a program-specific policy that meets program requirements and sets guidelines and states circumstances and events in which house officers must communicate with supervising faculty members. House officers must be provided with rapid, reliable systems for communicating with supervising faculty.

To ensure consistent oversight of house officer supervision, graded authority and responsibility, programs use the following classification of supervision:

Direct Supervision: The supervising physician is physically present with the resident and patient.

Indirect Supervision with direct supervision immediately available: The supervising physician ***is physically within the confines of the site*** of patient care, and is immediately available to provide Direct Supervision.

Indirect Supervision with direct supervision available: The supervising physician ***is not physically present*** within the confines of the site of patient care, but is immediately available via phone and/or electronic modalities, and is available to provide Direct Supervision.

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