

 <p><b>All HFHS Includes:</b>            Behavioral Health Services            Community Care Services            Corporate Services            Henry Ford Hospital            Henry Ford Medical Group            Kingswood Hospital            Macomb Hospitals            West Bloomfield Hospital            Wyandotte Hospital</p>	<b>Policy Name/Subject:</b> Supervision and Accountability (MEP 230)		<b>Policy No:</b> MEP 230
	<b>Type of Document:</b> Policy		
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	<b>Related Policy/Procedure:</b> <i>Include title and number</i>		
	<b>Author: Graduate Medical Education Policy Management Members</b>		
	<b>External Regulatory Requirement: ACGME</b>		
	<b>Audience: Administrative Support, Residents/Fellows</b>		
	<b>Key Words: staff responsibilities; supervisory role</b>		

## Background

To ensure an appropriate supervision of house officers.

## Policy

Henry Ford Health System (HFHS) 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. HFHS fosters a culture of professionalism that supports patient safety and personal responsibility. HFHS 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 communication, utilizes interprofessional teams and ensures effective transitions of care.

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, without excessive reliance on house officers to fulfill non-physician service obligations. The learning objectives must also ensure manageable patient care responsibilities. All programs must comply with [ACGME Common and Program Requirements, VI.A.2: Supervision and Accountability](#).

Each patient must have an identifiable, appropriately-credentialed and privileged attending physician responsible and accountable for care. Schedules must be structured to provide house officers with appropriate supervision. Each program must demonstrate that the appropriate level of supervision in place for all house officers is based on each resident's level of training and ability, as well as patient complexity and acuity. Supervision may be exercised through a variety of methods, as appropriate to the situation.

Attending Physicians and senior house officers must be cognizant of the level of competence of house officers and medical students under their supervision when 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 resident progression through milestone assessment.

**Initially, PGY-1 house officers must be supervised either directly or indirectly, with direct supervision immediately available. Each Review Committee may describe the conditions and the achieved competencies under which PGY-1 house officers' progress to be supervised indirectly with direct supervision available.**

**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, 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.

Programs must use the following classification of supervision to promote consistent oversight of house officer supervision while providing for graded authority and responsibility, programs must 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.

The program must ensure that house officers receive direct supervision for all bedside procedures at any HFHS location until they are able to establish that the resident has met the minimum number of successful supervised procedures and demonstrated competence to allow indirect supervision. This is to be documented in the procedure tracking tool in the Electronic Residency Management System.