I. PURPOSE

To ensure that sponsored residency programs provide appropriate supervision for residents in accordance with the ACGME Institutional and Common Program Requirements.

II. SCOPE

This policy will apply to all sponsored residency and fellowship programs at RUTGERS ROBERT WOOD JOHNSON MEDICAL SCHOOL-RWJMS.

III. RESPONSIBILITIES AND REQUIREMENTS

A. Each sponsored residency program will develop a policy and procedure on resident supervision which specifies that residents are provided with progressively increasing responsibility for patient care according to their level of education, ability, and experience. These policies must specify the extent to which residents may undertake patient care without direct supervision. The program must use the following classifications of supervision:

1) Direct Supervision – the supervising physician is physically present with the resident and patient.

2) Indirect Supervision:

   a. With direct supervision immediately available – the supervising physician is physically within the hospital or other site of patient care, and is immediately available to provide direct supervision.

   b. With direct supervision available – the supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephone and/or electronic modalities, and is available to provide direct supervision.

3) Oversight – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

B. PGY-1 residents should be supervised either directly or indirectly with direct supervision immediately available. PGY-1 residents should be supervised directly until the resident has demonstrated sufficient competence to progress to
being supervised indirectly with direct supervision available. Each program will
define and list (with guidance from the applicable ACGME RRC’s Specialty-
Specific Program Requirements and RRC FAQ’s) specific examples of
procedures or other patient care activities for which a minimum number of
directly supervised activities must be performed successfully as the basis for
granting indirect supervision status to a PGY-1.

C. The program director and faculty members must evaluate and determine the
level of responsibility for each resident in the provision of patient care
with/without supervision, and in assuming a supervisory role, based on specific
programmatic criteria.

D. Each sponsored program is to establish schedules which assign qualified faculty
physicians, residents or fellows to supervise, at all times and in all settings, in
which residents provide any type of patient care. The type of supervision to be
provided is delineated in the residency program curriculum’s rotation description.

E. The program must list guidelines for circumstances and events in which residents
must communicate with appropriate supervising faculty members. Each program
will reference the applicable ACGME Residency Review Committee’s (RRC)
Specialty-Specific Program Requirements and Frequently Asked Questions
(FAQ) to identify, and incorporate as appropriate, specific circumstances in which
the resident – regardless of level of training – should communicate with their
supervising faculty attending physician, if such circumstances have been
identified by the RRC. Programs are encouraged to add to the RRC’s list of
mandated communication events as appropriate.

F. Faculty supervision assignments should be of sufficient duration to assess the
knowledge and skills of each resident and delegate to him/her the appropriate
level of patient care authority and responsibility.

G. Each sponsored program will provide the Graduate Medical Education (GME)
Office with a copy of its policy on supervision. The DIO will report to the GMEC
on these policies. Once the policies have been considered appropriate by the
GMEC, the programs will be required to annually report to the GME office their
ongoing implementation of their policy. The DIO will report annually to the
GMEC on this issue, which will take any action necessary.

Approved by the GMEC on 2/23/1999; amended September 14, 2011