



NOTHING CONTAINED IN THIS POLICY OR IN ANY OTHER POLICY CREATES A CONTRACT RIGHT. CONSISTENT WITH SOUTH CAROLINA LAW, ALL TEAM MEMBERS ARE EMPLOYED "AT WILL," WHICH MEANS THAT THE TEAM MEMBER HAS THE RIGHT TO TERMINATE HIS OR HER EMPLOYMENT AT ANY TIME, WITH OR WITHOUT NOTICE OR CAUSE, AND THAT PRISMA HEALTH AND/OR ITS AFFILIATED ENTITIES RETAIN THE SAME RIGHT.

SUPERVISION

Approved Date:	Effective Date: 07/01/2020	Review Date: 07/01/2022
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Scope:

Prisma Health-Midlands		Prisma Health-Upstate	
X	Prisma Health Baptist Hospital	X	Prisma Health Greenville Memorial Hospital
X	Prisma Health Baptist Parkridge Hospital	X	Prisma Health Greer Memorial Hospital
X	Prisma Health Richland Hospital	X	Prisma Health Hillcrest Hospital
X	Prisma Health Tuomey Hospital	X	Prisma Health Laurens County Hospital
X	Prisma Health Children's Hospital-Midlands	X	Prisma Health Oconee Memorial Hospital
X	Prisma Health Heart Hospital	X	Prisma Health North Greenville Hospital
X	PH USC Medical Group	X	Prisma Health Patewood Hospital
X	Provider based facilities associated with Prisma Health-Midlands hospitals	X	Prisma Health Surgery Center - Spartanburg
		X	Prisma Health Marshall I. Pickens Hospital
		X	Prisma Health Children's Hospital-Upstate
		X	Prisma Health Roger C. Peace Hospital
		X	Prisma Health Baptist Easley Hospital
		X	University Medical Group UMG/PIH
		X	Provider based facilities associated with Prisma Health-Upstate hospitals

Policy Statement

In accordance with accreditation, regulatory, and other requirements, all residents/fellows will be supervised by independently---licensed attending physicians and/or senior level residents/fellows, as appropriate. The medical staff member/attending is recognized to be the responsible party for safety and quality of services when care is rendered to patients in an academic program.

Associated Policies and Procedures

Lewis Blackman

Definitions

Attending physician: the single identifiable physician ultimately responsible and accountable for an individual patient's care, who may or may not be responsible for supervising residents or fellows.

Sponsoring institution: The organization (or entity) that assumes the ultimate financial and academic responsibility for a program of graduate medical education consistent with the ACGME Institutional Requirements.

Responsible Parties

GME Office
 Program Coordinators
 Program Directors
 Residents/Fellows

Equipment Needed

None

Procedural Steps

1. The Graduate Medical Education Committee (GMEC) is responsible for establishing and monitoring policies and procedures with respect to the institution's residency programs.
2. Within the scope of the residency training program, all residents/fellows will function under the supervision of appropriately credentialed attending physicians. Every residency program must ensure that adequate supervision is provided for residents/fellows at all times. In order to provide high quality and safe patient care, the responsible attending must be immediately available to the resident/fellow in person or by telephone and able to be present within a reasonable period of time, if needed. Each program will publish and make available in a prominent location, call schedules indicating the responsible attending(s) to be contacted.
3. Each residency program will be structured to encourage and permit residents/fellows to assume increasing levels of responsibility commensurate with their individual progress in the general competencies, including experience, skill, knowledge, and judgment. Program Directors will review each resident/fellow's performance and supervise progression from one year of training to the next based on ACGME guidelines and program curriculum, and documented evaluation of the resident/fellow's level of achievement in the general competency areas. As the residents/fellows advance, they may be given increasing responsibilities to conduct clinical activities with limited supervision, to act as teaching assistants for less experienced residents/fellows, and/or to supervise less experienced residents/fellows, as appropriate.
 - 3.1. To ensure oversight of resident/fellow supervision and graded authority and responsibility, programs must use the following classification of supervision, which must be based on documented evidence:
 - Direct Supervision – the supervising physician is physically present with the resident/fellow and patient (Level 1).
 - Indirect Supervision 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 (Level 2).
 - Indirect Supervision 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 telephonic and/or electronic modalities, and is available to provide Direct Supervision (Level 3).
 - Oversight – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered (Level 4)
 - 3.2. The assignment of graduated levels of responsibility will be made available to other staff who have a need to know through the residency competency database at Prisma Health. Updates are made at least annually.
4. Resident/fellow job descriptions and competency checklists are available to accurately reflect the resident/fellow's progression. Competency checklists are updated by the training programs at least annually. These competencies reflect the patient care services that may be performed by the

resident/fellow and the level of supervision required.

5. Throughout all clinic hours, there will be an attending physician present and immediately available to the resident/fellow.

Central Monitoring of Resident/Fellow Supervision:

The DIO is responsible for ensuring that the sponsoring institution fulfills all responsibilities identified within this section:

1. Along with the DIO, each Program Director is responsible for monitoring resident/fellow supervision, identifying problems, developing and enforcing the program's policy on supervision, and devising plans of action for their remedy.
2. At a minimum, the central monitoring process includes:
 - a. A review of compliance with inpatient and outpatient documentation requirements, as part of medical record reviews;
 - b. A review of all incidents and risk events with complications to ensure that the appropriate level of supervision occurred;
 - c. A review of all accrediting and certifying bodies' concerns and follow-up actions;
 - d. A review of resident/fellow evaluations of their faculty and rotations;
 - e. An analysis of events where violations of graduated levels of responsibility may have occurred;
 - f. A review of all tort claims involving residents/fellows, to determine if there was an appropriate level of supervision.

References

ACGME Common Program Requirements VI.A.2
ACGME Institutional Requirements IV.I

Appendices

None