

LEHIGH VALLEY HEALTH NETWORK
Graduate Medical Education Manual
GME Policy - Supervision

I. SCOPE:

Lehigh Valley Health Network (LVHN) adopts this policy for the following selected licensed entities:

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| <input checked="" type="checkbox"/> Lehigh Valley Hospital | <input type="checkbox"/> Lehigh Valley Hospice |
| <input type="checkbox"/> Lehigh Valley Hospital – Hazleton | <input type="checkbox"/> Transitional Skilled Unit |
| <input type="checkbox"/> Lehigh Valley Hospital – Pocono | <input type="checkbox"/> Fairgrounds Surgical Center |
| <input type="checkbox"/> Lehigh Valley Hospital – Schuylkill | <input type="checkbox"/> LVHN Children’s Surgery Center |
| <input type="checkbox"/> Lehigh Valley Home Care | <input type="checkbox"/> LVHN Surgery Center – Tilghman |

Medical and Dental Resident and Fellows Physicians

II. POLICY:

Policy Statement:

The Accreditation Council for Graduate Medical education (ACGME) institutional requirements stipulate that the Graduate Medical education Committee (GMEC) must establish guidelines regarding levels of supervision for all graduate trainees. These supervisory guidelines shall also provide post-graduate medical trainees with an educational program that is clinically and academically progressive and that complies with both the ACGME and subspecialty boards.

All post-graduate trainees at Lehigh Valley Health Network’s (LVHN) must be supervised by qualified faculty, with appropriate credentials and clinical privileges. The description of the role, responsibilities, and patient care activities of each graduate trainee and supervisor are program-specific and documented for each training program and readily available for faculty to review. These documents are maintained in the program directors’ offices that are on site at LVHN.

Purpose:

To ensure that LVHN’s graduate medical education program has defined a process for supervision of each participant in the training programs by licensed, appropriately credentialed practitioners when providing patient care services, and also to provide effective communication among the committee(s) responsible for graduate medical education and the LVHN medical staff. The LVHN supervision policy adheres to ACGME institutional regulations.

Supervision in the setting of graduate medical education has the goals of assuring the provision of safe and effective care to the individual patient; assuring each graduate

trainee's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishing a foundation for continued professional growth.

A. Supervision of Graduate trainees-

1. In the clinical learning environment, each patient must have an identifiable, appropriately-credentialed and privileged attending physician (or licensed independent practitioner as approved by each Review Committee) who is ultimately responsible for that patient's care.

a. This information should be available to graduate trainee, faculty members, and patients.

b. Graduate trainees and faculty members should inform patients of their respective roles in each patient's care.

2. The program must demonstrate that the appropriate level of supervision is in place for all graduate trainees who care for patients. Supervision may be exercised through a variety of methods. Some activities require the physical presence of the supervising faculty member. For many aspects of patient care, the supervising physician may be a more advanced resident or fellow. Other portions of care provided by the graduate trainee can be adequately supervised by the immediate availability of the supervising faculty member or resident physician, either in the institution, or by means of telephonic and/or electronic modalities. In some circumstances, supervision may include post-hoc review of care delivered by a graduate trainee with feedback as to the appropriateness of that care.

B. Levels of Supervision - To ensure oversight of graduate trainee supervision and graded authority and responsibility, the program must use the following classification of supervision:

1. Direct Supervision – the supervising physician is physically present with the graduate trainee 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

prompt and reliable communication methods such as telephonic 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.
- C. All program level supervision policies will adhere to LVHN and ACGME supervision policy.
- D. Program Director Assignments - The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each graduate trainee must be assigned by the program director in consultation with the Program Evaluation Committee (PEC) and/or Clinical Competency Committee (CCC).
1. The program director must evaluate each graduate trainee’s abilities based on specific criteria. When available, evaluation should be guided by specific national standards-based criteria.
 2. Faculty members functioning as supervising physicians should delegate portions of care to graduate trainees, based on the needs of the patient and the skills of that trainee. .
 3. Senior residents or fellows should serve in a supervisory role of junior residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow.
- E. Program Assignments - Programs must set guidelines for circumstances and events in which graduate trainees must communicate with appropriate supervising faculty members, such as the transfer of a patient to an intensive care unit, unexpected adverse event, end-of-life decisions and/or at the patient/family request.
1. Each graduate trainee must know the limits of his/her scope of authority, and the circumstances under which he/she is permitted to act with conditional independence.
 - c. In particular, PGY-1 residents should be supervised either directly or indirectly with direct supervision immediately available. [Each Review Committee will describe the achieved competencies under which PGY-1 residents’ progress to be supervised indirectly, with direct supervision available.]

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

Faculty schedules must be structured to provide graduate trainees with appropriate continuous supervision and consultation.

- G. Clinical Responsibilities - The clinical responsibilities for each graduate trainee must be based on PGY-level, patient safety, resident education, severity and complexity of patient illness/condition and available support services. [Optimal clinical workload is further specified by each program's ACGME Review Committee.]
- H. Institutional communication - LVHN assures regular communication between the Graduate Medical Education Committee (GMEC) and the Medical Staff Executive Committee (MEC) via the appointment of the Designated Institutional Official to the Medical Staff Executive Committee. In addition, a designated member of the Medical Staff Executive Committee (Senior Vice –President of Quality and Safety) must also serve on the GMEC. These dual appointments result in effective communication about patient safety and quality of patient care provided, as well as the related educational and supervisory needs of post-graduate trainees.

III. DEFINITIONS: N/A

IV. PROCEDURE: N/A

V. REFERENCES: N/A

VI. ATTACHMENTS: N/A

VII. DISCLAIMER:

This policy and the implementing procedures are intended to provide a description of recommended courses of action to comply with statutory or regulatory requirements and/or operational standards. It is recognized that there may be specific circumstances, not contemplated by laws or regulatory requirements that make compliance inappropriate. For advice in these circumstances, consult with the Departments of Risk Management and/or Legal Services and the Ethics Committee, as appropriate.

VIII. REVIEWS:

Origination: [July/2005]

Review / Revision: [December/2018]

Approved by the Graduate Medical Education Committee

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