

Charleston Area Medical Center Office of Graduate Medical Education

Resident/Fellow Supervision and Accountability

Purpose:

The purpose of this Supervision and Accountability Policy is to initiate institution-wide, general standards regarding resident/fellow supervision in post-graduate medical education programs at Charleston Area Medical Center (CAMC) and to outline required guidelines for program-specific supervision policies to meet. Basic principles of supervision among all CAMC residency programs are patient safety, education, quality patient care, communication, and documentation.

Ultimate supervision and accountability is provided by licensed independent practitioners including full-time and part-time clinical attending physicians or off-site approved attending physicians of the program.

Each program will develop and maintain program-specific policies consistent with the principles set forth in this policy and according to guidelines established by their respective ACGME Common and specialty-/subspecialty-specific Program Requirements.

Accountability:

It is the responsibility of program directors, attending physicians, supervising independent practitioners, and senior residents/fellows involved in the supervision and education of residents/fellows at CAMC and other training sites to act in accordance with this policy.

Responsibility:

Responsibilities of Institution/GMEC

Charleston Area Medical Center GMEC is responsible for resident/fellow supervision in the following capacities (As outlined in ACGME Institutional Requirements):

Oversee programs' supervision of residents/fellows and ensure that supervision is consistent with:

- o Provision of safe and effective patient care;
- o Educational needs of residents/fellows;
- o Progressive responsibility appropriate to residents/fellows' level of training and ability, as well as patient complexity and acuity; and,
- o Other applicable Common and Specialty/subspecialty-specific Program Requirements.

Ensure that mechanisms are in place by which residents/fellows can report inadequate supervision and accountability in a protected way free from reprisal. Avenues for reporting are outlined on the GME website at www.camcmedicine.edu in the policy "Communicating Issues on the Educational Experience and/or Work Environment".

Responsibilities of Residency Program:

The graduate training programs of CAMC will afford each resident/fellow appropriate and sufficient supervision for all activities involved in patient care in order to help ensure patient safety as a priority. The following guidelines describe standards and responsibilities for residency training programs in supervision of their residents/fellows:

- Each program must share their policy with residents/fellows and attending physician on an

annual basis.

- The program must demonstrate that the appropriate level of supervision is in place for all residents/fellows who care for patients.
- Each program will ensure that residents/fellows will perform under the supervision of attending physicians or licensed independent practitioners who hold appropriate appointments and have been credentialed at the specific training site.
- Each program is responsible for setting guidelines for circumstances and events where residents/fellows must communicate with appropriate licensed independent practitioner/senior resident/fellow.
- A supervision plan must include actions to be taken in the event the supervising physician or independent practitioner is unavailable or cannot be reached.
- The program's policy should include procedures for providing feedback and notification in the event a supervising physician/licensed independent practitioner or resident/fellow identifies issues with supervision.
- Each program will establish methods for monitoring compliance with its supervision policies. Examples of processes used to monitor this include duty hour log reports, procedure logs, resident/fellow and attending physician feedback, evaluation questions regarding adequacy of supervision and quality improvement reports.

Responsibilities of Residents/Fellows:

Clinical activities and procedures are conducted only by residents/fellows with the necessary knowledge, skill, and judgment, and only under proper supervision. Residents are responsible for performing their duties to the best of their abilities under the guidance and instruction of their supervisors and for promoting behaviors that lead to patient safety.

The following standards summarize the roles and responsibilities of residents/fellows regarding supervision in their training program.

The resident/fellow must inform each patient under their care of their trainee status and the name of the licensed independent practitioner physician who is supervising them.

Residents/Fellows should aim to develop understanding and awareness of their limitations and areas of improvement and to request assistance when appropriate.

Residents/Fellows will ask for supervision from an attending physician or licensed independent practitioner if the resident/fellow has insufficient experience with the procedure and/or skill.

The resident/fellow will notify their supervisor if for any reason they are not able to carry out any assigned duties. The resident/fellow will also immediately report any concerns or issues they have regarding adequacy of supervision as outlined in their program level supervision policy or they can reach out directly to the central GME office to discuss.

Responsibilities of Supervisors:

When residents/fellows are involved in the care of patients, the ultimate responsibility for these patients lies with the supervising resident or fellow, attending physician, or licensed independent practitioner.

The following are general responsibilities and expectations of attending physicians and licensed independent practitioners:

- In the clinical learning environment, each patient must have an identifiable, appropriately credentialed, and privileged attending physician or licensed independent practitioner who is

ultimately responsible and accountable for the patient's care. This information must be available to the resident/fellow, faculty, and other members of the health care team. The supervising physician or licensed independent practitioner will maintain the appropriate level of privileges at each clinical site. Each supervising physician or licensed independent practitioner supervisor will comply with the requirements of CAMC for supervision and documentation of activities. Licensed independent practitioner supervisors will be knowledgeable of CAMC policies.

- The supervising physician, and resident/fellow or must inform patients of their respective roles in the patient's care when providing direct patient care.
- At the outset of each rotation, the supervisor should set expectations for circumstances and events in which residents/fellows must communicate with appropriate supervisors.
- Faculty supervision assignments must be of sufficient duration to assess the knowledge and skills of each resident/fellow to delegate the resident/fellow the appropriate level of patient care authority and responsibility.
- The supervisor should make every effort to recognize signs of fatigue and sleep deprivation or any other signs of impairment, and aid residents/fellows in avoiding and counteracting the negative effects of these.
- The supervisor should recognize when a resident/fellow is not fit for duty and when the best interests of the patient may be served by transitioning that patient's care to another qualified and rested provider.

Graduated Levels of Responsibility:

As residents/fellows advance in their training program, they will be given progressive responsibility for care of patients. Residents/Fellows are supervised by attending physicians and licensed independent practitioners in order for residents/fellows to assume progressively increasing levels of authority and responsibility, conditional independence, and the role of supervisor in patient care consistent with their level of education, ability, and experience.

Each program should be organized in a way that promotes and allows residents/fellows to assume increasing levels of responsibility consistent with their individual progress in their training program. Each program director will delineate the levels of progressive responsibility for each year of residency training. The amount of supervision will vary with the clinical circumstances and the training level of the resident/fellow. The Program Director must evaluate each resident/fellow's abilities based on specific criteria guided by the milestones. When appropriate, the program will set specific expectations for non-supervised clinical activity. The program will communicate the defined levels of responsibility to each resident/fellow.

Faculty members functioning as supervising physicians must delegate portions of care to residents/fellows, based on the needs of the patient and the skills of the resident/fellow.

Senior residents or fellows will 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.

Each resident/fellow must know the limits of their scope of authority and circumstances under which they are permitted to act with conditional independence. Some activities require the physician presence of the supervising faculty member.

Levels of Supervision:

To promote appropriate resident supervision while providing for graded authority and responsibility, the program must use the following classification of supervision:

Direct Supervision: the supervising physician is physically present with the resident/fellow during the key portions of the patient interaction; or, PGY-1 residents must initially be supervised directly, only as described in Section 6 of the ACGME CPR per their specialty. The Review Committee may describe the conditions under which PGY-1 residents progress to be supervised indirectly}. The supervising physician and/or patient is not physically present with the resident and the supervising physician is concurrently monitoring the patient care through appropriate

telecommunication technology.

Indirect: the supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the resident for guidance and is available to provide appropriate direct supervision.

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

Programs must define when physical presence of a supervising physician is required.

Documentation of Supervision:

Documentation is a crucial element of the exchange of information between resident/fellow and supervising attending physician. Supervision of resident/fellow activities must be documented appropriately and accurately in the patient record at all times. This guideline includes, but is not limited to, documentation of consultations, admitting notes, procedural activity, continuing care and progress notes, and discharge summaries for patient encounters.

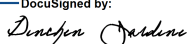
The medical record must clearly indicate the involvement of the supervising physician in resident/fellow care of the patient. The supervising attending physician’s documentation must comply with standards mandated by CAMC and hospital accrediting body.

Monitoring:

The DIO and GMEC will monitor resident/fellow supervision through monthly supervision assessments completed in New Innovations by residents/fellows and reported on the routine dashboard reports.

Additional resources used for monitoring compliance include resident/fellow evaluations, survey results and physician feedback. Procedures pages as found on CAMNET link to New Innovations where residents/fellows are listed by PG level and program. Programs are responsible for routinely reviewing procedure pages to ensure residents/fellows are listed with the correct supervision level per procedure listed. Staff utilizing the procedure pages are urged to contact the Program Directors as outlined on the site with any questions they may have regarding resident/fellow supervision.

Signatures:

GMEC Chair:	Signed by:  513364FFB07C490... Mark Gustafson, DO	7/22/2026 Date
DIO:	DocuSigned by:  D1119686F13144F... Dink Jardine, MD	7/22/2026 Date