27.5.10 - Graduate Medical Education: Responsibilities of Programs

Supervision

Last Update: 01/01/2015

Baylor College of Medicine (BCM) Graduate Medical Education (GME), in collaboration with its participating sites, strives to provide superior clinical learning environments for educating and training residents/fellows to become competent, independent practitioners, while ensuring the highest level of patient safety and satisfaction.

BCM GME understands that providing residents/fellows with graded levels of responsibility throughout training is necessary to allow residents/fellows to mature to this objective, while also always maintaining appropriate resident/fellow supervision provided by fully licensed supervising faculty members.

To that end, each patient cared for by a BCM resident(s)/fellow(s) at each of BCM’s participating sites must have an identified, fully licensed and credentialed independent practitioner who serves as the resident(s)/fellow(s)’ supervising faculty member and is ultimately responsible for that patient’s care. It is the responsibility of the supervising faculty member to assure that all trainees have the appropriate level of supervision.

BCM GME program directors must ensure that supervising faculty members are made aware of the ACGME’s classifications of supervision.

a. Direct Supervision: The supervising physician is physically present with the resident and patient, and managing the delivery of care.

b. Indirect Supervision
   i. With Direct Supervision Immediately Available: The supervising physician is physically within the hospital or other site of care and is immediately available to provide direct supervision.
   ii. With Direct Supervision Available: The supervising physician is not physically present within the hospital or site of care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide direct supervision.

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

Each BCM program must develop a program-specific policy of supervision, and distribute this policy to all appropriate parties, including the GME Office and supervising faculty members. This policy must comply with policies from the Joint Commission or other hospital accrediting bodies; the bylaws of each participating site through which residents/fellows rotate; all local, state, and federal guidelines; and, all BCM policies and procedures.
Each BCM program must also assure that Program Letters of Agreement for training at each participating site include context-specific supervision guidelines.