

Augusta University  
House Staff Policies and Procedures

Policy  
HS 9.0 House Staff GME Supervision Policy

Source  
Graduate Medical Education Office

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1.0 Purpose

The Medical College of Georgia (MCG) at Augusta University (AU) is affiliated with an academic medical center with multiple missions including providing optimal patient care, educating and training medical professionals including House Staff (interns, residents, and fellows), and conducting research. MCG and MCG faculty have embraced the concept of faculty driven care based on the belief that the faculty physician leadership is essential in the provision of high quality, safe, and cost-effective care. Although the attending faculty physician is ultimately responsible for the care of the patient, every physician shares in the responsibility and accountability for their efforts in the provision of care. Supervision in the setting of graduate medical education (GME) provides safe and effective care to patients; ensures each House Staff's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishes a foundation for continued professional growth. Our Programs, in partnership with our Sponsoring Institution (MCG), define, widely communicate, and monitor a structured chain of responsibility and accountability as it relates to the supervision of all patient care at all primary and participating sites. The below policy addresses requirements regarding House Staff supervision in accordance with ACGME requirements.

2.0 Procedure

Programs may utilize multiple participating sites as well as their primary site for the education of their House Staff. Program Directors are responsible to ensure House Staff are educated about the supervision requirements at each participating and primary site. The requirements should be detailed in each Program's program specific supervision policy. The written program-specific supervision policy must be consistent with this institutional policy and the respective ACGME common and specialty-/subspecialty-specific Program Requirements. The below requirements are in effect regardless of the site of House Staff training.

- 2.1 Each patient must have an identifiable and appropriately-credentialed and privileged attending physician (or licensed independent practitioner if appropriate) who is responsible and accountable for each patient's care.
  - 2.1.1 This aforementioned information must be available to House Staff, faculty members, other members of the health care team, and patients. GME Program Directors, in assistance with site director(s), must provide explicit written descriptions of lines of responsibility for the care of patients.
  - 2.1.2 House Staff and faculty members must inform each patient of their respective roles in that patient's care when providing direct patient care.
- 2.2 GME Programs must demonstrate that the appropriate level of supervision is in place for all House Staff based on each House Staff's level of training and ability, as well as patient complexity and acuity. Supervision may be exercised through a variety of methods, as appropriate to the situation, so long as the supervision meets all primary/participating site requirements, ACGME specialty-specific requirements, and requirements of the Department/Division/Program.
- 2.3 GME Programs must have a program-specific supervision policy. This policy must define when physical presence of a supervising physician is required. This definition must be consistent with primary/participating site requirements, ACGME specialty-specific requirements, and requirements of the Department/Division/Program.
- 2.4 Levels of Supervision - To promote appropriate House Staff supervision while providing for graded authority and responsibility, the program must use the following classification of supervision:
  - 2.4.1 Direct Supervision:
    - 2.4.1.1 The supervising physician is physically present with the House Staff during the key portions of the patient interaction, or
      - 2.4.1.1.1 PGY-1 residents must initially be supervised directly as described in 2.4.1.1.

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12/05, 10/07, 12/09, 10/10, 2/11  
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- 2.4.1.2 the supervising physician and/or patient is not physically present with the House Staff and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology.
- 2.4.2 Indirect Supervision: the supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the House Staff for guidance and is available to provide appropriate direct supervision.
- 2.4.3 Oversight: the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.
- 2.5 The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each House Staff must be assigned by their Program Director and faculty members.
- 2.5.1 The Program Director must evaluate each House Staff's abilities based on specific criteria, guided by the specialty-specific ACGME Milestones.
- 2.5.2 Faculty members functioning as supervising physicians must delegate portions of care to House Staff based on the needs of the patient and the skills of each House Staff. This delegation must meet requirements of primary/participating sites, ACGME specialty-specific requirements, and requirements of the Department/Division/Program.
- 2.5.3 Senior residents or fellows should serve in a supervisory role to 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. This supervision must meet requirements of primary/participating sites, ACGME specialty-specific requirements, and requirements of the Department/Division/Program.
- 2.6 As stated above in 2.3, GME Programs must have a program-specific supervision policy. Programs must set guidelines for circumstances and events in which House Staff must communicate with the supervising faculty member(s) in this policy.
- 2.6.1 Each House Staff must know the limits of their scope of authority, and the circumstances under which the House Staff is permitted to act with conditional independence.
- 2.6.2 In all instances, the House Staff must notify the attending physician for:
- A patient death or significant adverse event;
  - An identified patient error or near miss associated with patient harm or other patient safety or quality of care concerns;
  - The transfer of a patient to a higher level of care;
  - For consultation when the House Staff believes there is a difference of opinion or concern about a patient's care that requires attending involvement; and
  - Allow Natural Death (AND) designation or substantial code status change is being considered.
- 2.7 Faculty supervision assignments must be of sufficient duration to assess the knowledge and skills of each House Staff and to delegate to the House Staff the appropriate level of patient care authority and responsibility.

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2.8 Supervision vs. Coding and Billing – Meeting Teaching Physician Requirements

This document describes the expectations regarding supervision of clinical care by the faculty. It is imperative to note that while these guidelines meet requirements for faculty attending involvement and is consistent with excellent clinical care, billing for teaching faculty is a separate issue. Please refer to separate applicable documents for information regarding the faculty responsibilities for appropriate coding and billing in the specific medical setting. Faculty attending are expected to be familiar with CMS Rules for the Teaching Setting as well as other billing regulations and to comply with all such requirements if a bill for professional services is to be submitted.

2.9 Concerns - If a House Staff member were to have a concern about supervision, they should follow the below.


- 2.9.1 Under-supervision – if a House Staff member has an urgent concern regarding under-supervision, they should immediately contact their assigned supervising physician. If not feasible, they may contact their Program Director, Associate Program Director, Program Chief House Staff, Departmental Chair, and/or Division Chief. Once the urgent need is appropriately handled, the House Staff should follow the GME HS conflict resolution policy 39.0.
- 2.9.2 Over-supervision – if a House Staff member has a concern regarding over-supervision, they should follow the GME HS conflict resolution policy 39.0.
- 2.9.3 Any concerns made in good faith including all supervision concerns will be held in a protected manner that is free from reprisal pursuant to GME HS policy 39.0.

The DIO will act on any reports of supervision concerns that are submitted to the GME office or other accessible avenue to ensure Program compliance with this policy. If non-compliance is noted, the DIO will implement correction with assistance of the Dean of MCG and the CMO of the applicable primary or participating site in a confidential manner without House Staff reprisal. This will ensure that the Sponsoring Institution (i.e., MCG) is overseeing supervision of House Staff consistent with institutional and program-specific policies as well as mechanisms by which House Staff can report inadequate supervision and accountability in a protected manner free from reprisal.

  
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David Hess, M.D.  
Dean, Medical College of Georgia

2/6/23

Date

  
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Natasha M. Savage, M.D.  
Senior Associate Dean, Graduate Medical Education and DIO

2/6/23

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