SUPERVISION AND ENTRUSTMENT POLICY

UIC/ADVOCATE CHRIST INTERNAL MEDICINE RESIDENCY PROGRAM

I. Purpose and Scope:

This policy establishes supervision requirements for residents enrolled in the University of Illinois at Chicago/Advocate Christ Medical Center Internal Medicine Residency Program.

II. Definitions:

A. Supervision in the setting of graduate medical education provides safe and effective care to patients; ensures each resident's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishes a foundation for continued professional growth.

B. To promote oversight of resident supervision while providing for graded authority and responsibility, the program uses the following classification of supervision:

- **DIRECT SUPERVISION**: The supervising physician is physically present with the patient and the resident.
- **INDIRECT SUPERVISION:**
  - (1) with direct supervision immediately available: the supervising physician is physically within the site of care and is immediately available to provide direct supervision.
  - (2) with direct supervision available: the supervising physician is not physically present within the site of care but is immediately available by telephone or electronic means to provide direct supervision.
- **OVERSIGHT SUPERVISION:** The supervising physician is available to provide review of procedures and encounters with feedback provided after care is delivered.

Adopted 10/2016
Revised 02/2019

III. Supervision and Accountability:

A. The attending physician is ultimately responsible for the care of the patient. All physicians in training should be aware that they share in the responsibility and accountability for their efforts or participation in the provision of patient care.

B. Each patient must have an identifiable and appropriately-credentialed and privileged attending physician who is responsible and accountable for the patient's care.

1. This information must be available to residents, faculty members, other members of the health care team, as well as patients.
2. Residents and faculty members must inform each patient of their respective roles in that patient's care.

C. The program ensures that the appropriate level of supervision in place for all residents is based on each resident's level of training and ability, as well as patient complexity and acuity:

1. Supervising physicians consist of faculty attending physicians appointed by the program director or his/her representative.
2. The UIC/Advocate Christ Internal Medicine residency program has critical-care trained faculty available 24/7 to provide immediate direct on-site supervision for the care provided to all patients with critical illnesses admitted under the care of residents in the ICU, Step-down units or general medical floors.
3. Faculty schedules will allow for the provision of continuous supervision and be readily available at all times together with a method for direct and timely access 24/7.
4. PGY-1 residents can complete H&Ps, manage common medical conditions, and request consultation services under the indirect supervision of the supervising physician or PGY-2/PGY-3 resident as directed by the supervising physician.
5. PGY2 and PGY-3 residents can complete H&Ps, manage common medical conditions, request and provide consultation services under the indirect supervision of the supervising physician.
6. Residents performing invasive procedures, including but not limited to central line insertions, arterial blood gases, lumbar punctures, Pap

smears, thoracentesis, paracentesis, emergent cardioversions and endotracheal intubations, need to ensure the direct supervision of a faculty or senior resident certified in performing that procedure until they achieve competency for performing that procedure under indirect supervision. Procedure competency shall be reviewed regularly by the program director and communicated to the residents, faculty and other members of the healthcare team.

7. Supervision during Night Float:
    a. All residents will provide care for critically ill patients under the direct supervision of the intensivist on site.
    b. The faculty on-call providing indirect supervision will set clear expectations for the Night-Float residents on communicating regarding the care of new and existing patients.
8. Supervision during Ambulatory Settings:
    a. All residents are expected to communicate with their supervising faculty for the care of clinic patients. The supervising faculty will determine the level of supervision as appropriate to the individual case and resident.
    b. While carrying the clinic pager, residents will have access to indirect supervision as deemed appropriate by the supervising faculty and clinic director.

D. Circumstances and events when residents must communicate with the supervising physician

1. Significant changes in clinical status and level of care for a patient
2. Unexpected change to urgent or emergency situation
3. Brain Death Determination or Organ Donation
4. Unexpected change in advance directive status
5. Transfer to higher or lower level of care: e.g. into/out of ICUs
6. A High-Risk medical error with or without harm to the patient
7. Discharge to home, AMA, or other loci of care, not previously discussed with supervising faculty
8. Any situation where the supervising physician explicitly requested direct communication

IV. Progressive Authority and Responsibility

Progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident must be assigned by the program director in collaboration with the Clinical Competency Committee (CCC).

- The program director, in collaboration with the CCC, must evaluate each resident's abilities based on specific criteria, guided by the Milestones.

- Faculty members functioning as supervising physicians, guided by the program director and CCC, must delegate portions of care to residents based on the needs of the patient and the skills of each resident.

- All residents through formative and summative reviews and discussions with faculty and advisors should be fully aware of the levels of supervision and entrustment assigned to them by the Program Director and supervising faculty. They should seek verification of any questions with appropriate supervisors in the program.

- PGY-1 Residents: All PGY-1 residents are expected to provide care with direct supervision of the attending physician and senior residents. As PGY-1 residents establish competency in specific areas, they will be gradually advanced to indirect supervision immediately available.

- PGY-2 Residents: All PGY-2 residents will be evaluated regularly by the Clinical Competency Committee and Program Director to determine the level of supervision needed for their safe practice of patient care and will be advanced from direct supervision to indirect supervision with direct supervision either immediately available or off-site as deemed appropriate. They may directly supervise PGY-1 residents or medical students under the guidance of the attending physician who is ultimately responsible for the care of the patients.

- PGY-3 Residents: All PGY-3 residents will be evaluated regularly by the Clinical Competency Committee and Program Director to determine the level of supervision needed for their safe practice of patient care. While PGY-3 residents are expected to be ready for independent practice by the end of their training, they are to provide care during their training under direct or indirect supervision as deemed appropriate. They may directly

supervise PGY-1 residents or medical students under the guidance of the attending physician who is ultimately responsible for the care of the patients.

V. Non-Adherence and Breaches of Policy:

- Any faculty member, inter-professional colleague, resident, or patient-care review body can raise a concern of non-adherence or breach of this policy by written or verbal comments and request assessment of a residents' performance to the Program Director.
- The Chief Resident (s), individual or collectively, shall investigate and gather facts and circumstances regarding the allegation. A concise report or their process and findings will be transmitted to the Program Director or a designee.
- The Program Director, at his/her discretion, can decide the issue and take appropriate actions, or can decide to further proceed with a process to adjudicate the issue. He/she will ascertain what process and personnel shall be involved.
- According to the process selected, a final assessment and decision will be made and transmitted to the resident involved. The scope of the decision, its consequences, and/or remediation and/or resolution/dismissal are at the discretion of the Program Director. If any due process and appeal rights are triggered by the action decided, the resident will be accorded due rights under the controlling requirements of the Program. The UIC appeals policy is available at the following URL: https://hospital.uillinois.edu/Documents/about/GME-Policy-Manual.pdf