Methodist Healthcare System will provide the resident with appropriate and adequate supervision for all educational clinical activities, commensurate with an individual resident’s level of advancement and responsibility. It is acknowledged that residents will assume progressively increasing responsibility according to their level of education, ability and experience as determined by the teaching staff. It is also acknowledged that though residents participate in the care of patients, the ultimate responsibility for the patient rests with the supervising faculty member(s).

Each sponsored program will develop a policy and procedure on resident supervision which specifies:

1. In the clinical learning environment, each patient must have an identifiable, appropriately – credentialed and privileged, supervising faculty member who is ultimately responsible for that patient’s care.
   a) This information should be available to residents, faculty members and patients
   b) Residents 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 patients cared for by the residents.

3. Levels of Supervision
   a) To ensure oversight of resident 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 resident and patient.
      (2) Indirect Supervision:
         1. 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.
         2. 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 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.

4. The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident must be assigned by the program director and faculty members.
   a) The program director must evaluate each resident’s abilities based on specific criteria. When available, evaluation should be guided by specific national standards-based criteria.
   b) Faculty members functioning as supervising physicians should delegate portions of care to residents, based on the needs of the patient and the skills of the residents.
c) 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.

5. Programs must set guidelines for circumstances and events in which residents must communicate with appropriate supervising faculty members, such as the transfer of a patient to an intensive care unit, or end-of-life decisions.
   a) Each resident must know the limits of his/her scope of authority, and the circumstances under which he/she is permitted to act with conditional independence.
   (1) 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 resident’s progress to be supervised indirectly, with direct supervision available.]

6. Faculty supervision assignments should be of sufficient duration to assess the knowledge and skills of each resident and delegate to him/her the appropriate level of patient care authority and responsibility.

The MHS does not engage in the practice of medicine nor do they supervise the practice of medicine. On-call schedules for teaching staff must be structured to ensure that supervision is readily available to residents on duty. It is the responsibility of the Program Director to write supervision policies and keep an updated version on file in the GME Office.

Neither MHS nor the Program Director is responsible for supervision of the resident during moonlighting activities. All residents are required to follow the applicable policies and approval processes prior to engaging in moonlighting activity.

The Graduate Medical Education Committee (GMEC) monitors the supervision and guidance of the residents through the internal review process, annual program reviews, and annual program reports to the GMEC and resident surveys.