

## **Policy on Resident/Fellow Supervision and Evaluation Maine Medical Center – Department of Graduate Medical Education**

**Purpose:** To delineate the requirements for the proper supervision and teaching of postgraduate residents and fellows at Maine Medical Center

**Policy:**

It is the policy of this institution that all residents and fellows will be actively supervised by a licensed independent practitioner who has been granted appropriate clinical privileges and that this supervision will be documented in the medical record. Program Directors from each training program will provide residents, fellows and supervising faculty with explicit written descriptions of the roles and responsibilities of residents/fellows, as per Section 3-5 of the MMC Medical Staff Rules and Regulations.

Supervision refers to the authority and responsibility that staff attendings exercise over the care delivered to patients by housestaff. Such control is exercised by observation, consultation and direction, and includes the imparting of knowledge, skills and attitudes by the practitioner to the resident. Supervision may be provided directly or indirectly, including consultation by use of the telephone, as long as there is a rapid and reliable system for communication.

Although both supervising faculty and resident/fellows have collective responsibility for the safety and welfare of patients, the attending practitioner is expected to direct the overall care of the patient and to provide the appropriate level of supervision based on the nature of the patient's condition, the likelihood of major changes in the management plan, the complexity of care and the experience and judgment of the resident being supervised.

**Graduated Levels of Responsibility**

The residency and fellowship experience is a continuum of graduated experience and responsibility. Trainees progress to the next level of training after review of performance and evaluations. Residents and fellows will be given increasing responsibility as they are advanced to each successive postgraduate year, to be determined by the Clinical Competency Committee of each respective training program.

**Progressive Responsibility:**

With each year of training, the degree of responsibility afforded to a resident/fellow, both professional and administrative, must be increased progressively. This includes responsibility in such areas as patient care, performance of procedures, leadership, teaching, organization and administration. The responsibility or independence given to residents should depend on their knowledge, judgment, manual skill and experience and will be determined by the Clinical Competency Committee of each respective training program. There must be a mechanism in each department by which ancillary and supervising staff are made aware of which procedures a trainee is authorized to perform without attending supervision.

### **Evaluation**

To attain their full potential, residents and fellows need both formative and summative evaluation, as required by the ACGME. Attending faculty have a unique perspective on trainee performance and have an opportunity to see individual development over time. With this, comes a responsibility to fairly and frequently evaluate the residents. Attending faculty are expected to complete resident/fellow evaluations in a thoughtful and timely manner, providing written narrative comment whenever possible.

### **Oversight**

Each training program must have a residency/fellowship program-specific 'Supervision Policy' that is reviewed annually by the trainees and supervising staff. The Program Director and Department Chief will be responsible for monitoring appropriate resident supervision within each program. Trainee perspectives on the appropriateness of supervision within their program will be assessed by the annual ACGME survey and will be reflected on the Annual Program Assessment by the Graduate Medical Education Committee.

The GMEC shall communicate with the Medical Staff Executive Committee about the safety and quality of patient care provided by and the related educational and supervisory needs of the participants in professional graduate education programs, as requested by the Medical Staff Executive Committee, at least annually. The Graduate Medical Education Committee shall also periodically communicate with the Board Education and Research Committee about the educational needs and performance of the participants in the program.