



Policy Number GME-2220-007  
Date of Last Review Month Year: 06/2022  
Date of Last Revision Month Year :  
Policy Owner(s) Department GME

**Institutional Requirement IV.J.**  
2022 Accreditation Council for  
Graduate Medical Education (ACGME)

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## Graduate Medical Education: Resident Supervision

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### I. Purpose

To ensure that sponsored residency programs provide appropriate supervision to residents in accordance with the ACGME Institutional and Common Program Requirements

### II. Scope

All Ochsner employed Residents and Fellows, Education Program Directors and GME Administrative Staff. For the purposes of this policy the term resident includes any trainee in an Ochsner sponsored program.

### III. Policy Statements

A. Each sponsored, accredited residency program will develop criteria and procedures which specify that residents are provided with progressively increasing responsibility for patient care according to their level of education, ability, and experience. These criteria must specify the extent to which residents may undertake patient without direct supervision. The program must use the following classifications of supervision;

1. Direct Supervision – the supervising physician is physically present with the resident and patient.
2. Indirect Supervision:
  - a. 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
  - b. With direct supervision available - the supervising physician is not physically available within the hospital or other site of patient care but is immediately available by means of telephone 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.



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- B.** PGY 1 – residents should be supervised either directly or indirectly with direct supervision immediately available. PGY-1 residents should be supervised directly until the resident has demonstrated sufficient competence to progress being supervised indirectly with direct supervision available. Each program will define and list (with guidance from the applicable ACGME RRC's Specialty Specific Program Requirements and RRC FAQ's) specific examples of procedures or other patient care activities for which a minimum number of directly supervised activities must be performed successfully as the basis for granting indirect supervision status to a PGY-1.
- C.** The program director and faculty members must evaluate and determine level of responsibility for each resident in the provision of patient care without supervision, and in assuming a supervisory role, based on specific program criteria.
- D.** Each sponsored program is to establish schedules which assign qualified faculty physicians, residents and fellows to supervise, at all times and in all settings, in which residents provide any type of patient care. The type of supervision to be provided is delineated in the residency program curriculum's rotation description.
- E.** Each program will reference the applicable ACGME Residency Review Committee's (RRC) Specialty Specific Program Requirements and Frequently Asked Questions to identify, and incorporate as appropriate, specific circumstances in which the resident – regardless of level of training – should communicate with their supervising faculty attending physician, if such circumstances have been identified by the RRC.
- F.** 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.
- G.** Criteria and procedures will be reviewed during annual review of program, if indicated, with reports provided by the DIO to the GMEC which will make recommendations.



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Approved

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### Policy History

Date of Issue: 06/2022  
Revisions:  
Previous Title: