

PARTNERS HEALTHCARE GRADUATE TRAINEE Supervision Policy

The following provisions apply to all Graduate Medical Education (GME) training programs sponsored by the Partners affiliated hospitals. Further, this policy applies to all trainees when assigned to any other institution or clinical site as part of their GME program. The term “trainee” in this document refers to interns, specialty residents and subspecialty clinical fellows enrolled in any GME program.

- Trainees will treat patients only under the supervision of *an identifiable and appropriately-credentialed and privileged attending physician (or licensed independent practitioner, as specified by the applicable Review Committee) who is responsible and accountable for the patient’s care* and for determining and implementing the appropriate level of supervision of the trainee.
- Patients must be notified of the name of the attending staff physician responsible for their care and that trainees participating in their care are supervised by such staff physician(s). *Also, when providing direct patient care, trainees and faculty must inform each patient of their respective roles in that patient’s care.*
- The supervising physician’s involvement in a patient’s care, and the involvement of trainees and other members of the health care team, must be documented in the medical record.
- In providing clinical supervision to trainees, the attending staff physician shall liberally provide advice and support, and shall encourage trainees to freely seek their input.
- The faculty must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities and to demonstrate a strong interest in the education of trainees.
- *Faculty should delegate an appropriate level of patient care authority and responsibility to each trainee, based on the trainees’ skills and the needs of the patient. Faculty supervision assignments must be of sufficient duration to allow assessment of the knowledge and skills of each trainee.*
- Trainees are expected to make liberal use of the supervisory resources available to them and are encouraged to seek advice and input from the attending staff physician(s) and more senior trainees, as appropriate.
- *The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care by a trainee must be assigned by the Program director and faculty members, guided by an assessment of each trainee’s abilities based on specific criteria.*
- With faculty oversight, senior trainees or fellows should have opportunities to serve in a direct supervisory role of junior trainees in recognition of their progress toward independence, taking into account the needs of each patient and the skills of the individual trainee or fellow.

- Additional guidelines regarding supervision of trainees shall be developed by individual departments and/or training programs in accordance with the ACGME Common Program Requirements and their respective RRC Program Requirements, where applicable. To promote oversight of trainee supervision while providing for graded authority and responsibility, the program must use the following classification of supervision:
 - Direct supervision: the supervising physician is physically present with the trainee and patient
 - Indirect supervision 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
 - Indirect supervision 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
 - Oversight: the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

- Programs must set guidelines for circumstances and events in which trainees must communicate with the supervising faculty member(s),
 - Each trainee must know the limits of his/her scope of authority, and the circumstances under which he/she is permitted to act with conditional independence.
 - Initially, PGY-1 trainees must be supervised either directly or indirectly with direct supervision immediately available. [Where applicable, program guidelines must align with individual RRC's descriptions of the conditions and the achieved competencies under which PGY-1 trainees progress to be supervised indirectly, with direct supervision available.]

- Program directors are responsible for monitoring trainee supervision at all sites participating in the program.

Note: Some physicians may hold simultaneous appointments as a clinical Fellow and as a member of the attending staff. This policy applies to those individuals when they are acting within the scope of their fellowship responsibilities, and not in their attending role.

Note: Policies approved by the Partners Education Committee apply to GME trainees in programs sponsored by the Brigham and Women's Hospital, Brigham and Women's Faulkner Hospital, Massachusetts General Hospital, McLean Hospital, Newton Wellesley Hospital, North Shore Medical Center, and Spaulding Rehabilitation Hospital.

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