LANCASTER GENERAL HOSPITAL
ACGME POLICIES

In Reference to ACGME Institutional Requirements – Effective July 1, 2022

IV.J. Supervision

IV.J.1. Institutional GME Policies and Procedures: The Sponsoring Institution must maintain an institutional policy regarding supervision of residents/fellows.

IV.J.2. Institutional GME Policies and Procedures: The Sponsoring Institution must ensure that each of its ACGME-accredited programs establishes a written program-specific supervision policy consistent with the institutional policy and the respective ACGME Common and specialty-/subspecialty-specific Program Requirements.

Process Name:	GME Supervision
Effective Date:	09/25/2023
Who is the policy's expert(s):	Designated Institutional Official
Who is responsible for compliance:	LGH Designated Institutional Official & GME Program Directors
To Whom does the policy apply:	Residents/Fellows of all Lancaster General Hospital ACME accredited Graduate Medical Education programs
Process:	All residents/fellows employed by a Lancaster General Hospital ACGME accredited program are subject to the supervision guidelines set forth at the program level. As Lancaster General Hospital is Sponsoring Intuition of a single ACGME residency and its affiliate fellowship, institutional GME supervision guidelines mirror those of the Family Medicine Residency program.
Related Policies and documents:	LGH FM Residency Policies: Precepting & Sign Out Guidelines

Penn Medicine Lancaster General Hospital Guidelines for Resident and Fellow Supervision

It is the policy of the Graduate Medical Education Committee to follow requirements of the ACGME regarding supervision of residents in accredited training programs. Residents will be supervised by faculty physicians in a manner that is consistent with the ACGME common program requirements and requirements for the applicable residency program. Each program must have a supervision policy.

The Program Director shall provide explicit written descriptions of lines of responsibility for the care of patients, which shall be made clear to all members of the teaching teams. Residents shall be given a clear means of identifying supervising physicians who share responsibility for patient care on each rotation. In

outlining the lines of responsibility, the Program Director will use the following classifications of supervision:

1. Direct Supervision: the supervising physician is physically present with the resident and patient.

2. 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.

3. 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 to provide Direct Supervision.

4. Oversight: the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

Supervision shall be structured to provide residents with progressively increasing responsibility commensurate with their level of education, ability, and attainment of milestones. The Program Director in conjunction with the program's faculty members shall make determinations on advancement of residents and fellows to positions of higher responsibility and readiness for a supervisory role in patient care. This is dependent on attainment of competencies based on specific criteria.

Faculty members functioning as supervising physicians should assign portions of care to residents based on the needs of the patient and the skills of the resident. Based on these same criteria and in recognition of their progress toward independence, senior residents or fellows should serve in a supervisory role of junior residents.

Each program 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, transferring a patient to surgery, or end-of-life decisions. 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. PGY-1 residents will be supervised either directly or indirectly with direct supervision immediately available. Program will define, based on the appropriate Residency Review Committee's guidelines, the competencies that PGY-1 residents must achieve in order to progress to supervision indirectly with direct supervision available.

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Residents will be assigned a faculty supervisor for each rotation or clinical experience (inpatient or outpatient). The faculty supervisor shall provide to the Program Director a written evaluation of each resident's performance during the period that the resident was under his or her direct supervision. The Program Director will structure faculty supervision assignments 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.

PAV 10/2023