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Fellowship Program in Transfusion Medicine at UNC Hospitals

POLICY AND PROCEDURE

POLICY ON PATIENT CARE ACTIVITIES AND SUPERVISION RESPONSIBILITIES

A. POLICY
The Graduate Medical Education Committee will ensure that sponsored residency programs provide appropriate supervision for residents in accordance with the ACGME Institutional and Common Program Requirements.
B. PROCEDURE
1. Each sponsored residency program will develop a policy and procedure on resident supervision which specifies that residents are provided with progressively increasing responsibility for patient care according to their level of education, ability, and experience. These policies must specify the extent to which residents may undertake patient care without direct supervision. The program must use the following classifications of supervision:

1. 1) DirectSupervision–thesupervisingphysicianisphysicallypresent with the resident and patient.
2. 2) IndirectSupervision:
    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. Withdirectsupervisionavailable–thesupervisingphysicianis not physically present 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. 3) Oversight–thesupervisionphysicianisavailabletoprovidereviewof procedures/encounters with feedback provided after care is delivered.

PGY-1 residents should be supervised either directly or indirectly with direct supervision immediately available (see also #5, below).

2. The program director and faculty members must evaluate and determine the level of responsibility for each resident in the provision of patient care with/without supervision, and in assuming a supervisory role, based on specific programmatic criteria.
3. Each sponsored program is to establish schedules which assign qualified faculty physicians, residents or 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.
4. The program must list guidelines for circumstances and events in which residents must communicate with appropriate supervising faculty members. Each program will reference the

applicable ACGME RRC's Specialty-Specific Program Requirements and RRC FAQs 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. Programs are encouraged to add to the RRC's list of mandated communication events as appropriate.

5. PGY-1 residents should be supervised directly until the resident has demonstrated sufficient competence to progress to 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 FAQs) 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.
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.
7. Each sponsored program will provide the Graduate Medical Education with a copy of its policy on resident supervision as a part of the annual program evaluation reporting.

GMEC Reviewed and Approved: 10/19/11 MSEC Approval: