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## GUIDELINES FOR PATIENT CARE AND HOUSE STAFF SUPERVISION

All patients will be admitted by an attending physician, certified nurse midwife or dentist member of the Active Staff or Visiting staff. The acceptance of a patient for treatment, including all related decisions, is the responsibility of the attending physician.

House Staff who do not have a secondary faculty appointment must not primarily initiate or provide care for VUMC patients without the supervision of an attending physician. Only House Staff with a secondary faculty appointment (e.g., Clinical Fellow Instructor or for moonlighting purposes) may in appropriate situations be the attending physician of record for VUMC patients, and all applicable policies apply to these regulations. Further information may be found in the "VUMC Medical Staff Rules and Regulations."

It is the policy of the Graduate Medical Education Committee (GMEC) that all GME programs follow the appropriate policies related to the supervision of House Staff, as set forth in program policies, VUMC policies, Medical Staff Rules and Regulations, and levels of supervision. House Staff will be supervised by appropriately-credentialed and privileged attending physicians in a manner that is consistent with program requirements for the applicable residency or fellowship program, ACGME or other applicable accrediting body requirements, as well as VUMC policies and Medical Staff Rules and Regulations.

House Staff shall be given a clear means of identifying supervising physicians who share responsibility for patient care on each rotation. Both House Staff and attending physicians will inform each of their patients of their respective role in that patient's care.

The Program Director shall provide written descriptions of lines of responsibility for the care of patients, which shall be made clear to all members of the teaching teams. In outlining those lines of responsibility, the Program Director will define supervision using the following classification of supervision:

1. Direct Supervision:

- the supervising physician is physically present with the resident during the key portions of the patient interaction;
- PGY-1 residents must initially be supervised directly;

2. Indirect Supervision: the supervising physician is not providing physical supervision but is immediately available to the resident for guidance and is available to provide appropriate direct supervision

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

Interpretation of any of the above terms 1-3 should be referred to the ACGME DIO.

Supervision shall be structured to provide House Staff with progressively increasing responsibility commensurate with their level of education, ability and experience, together with an assessment of patient complexity. The Program Director in conjunction with the program's faculty members shall make determinations on advancement of House Staff to positions of higher responsibility and readiness for a supervisory role in patient care through assessments of competencies based on specific criteria (guided by national standards-based criteria when available). Based on these same criteria and in recognition of their progress toward independence, senior House Staff should serve in a supervisory role of junior House Staff when appropriate.

Program Directors will designate procedures that House Staff may perform under indirect supervision. To perform these procedures with indirect supervision, House Staff must either be approved to perform these with indirect supervision, or they must have another House Staff or faculty member who is approved or credentialed for the procedure also present. There will be a list of approved procedures for each House Staff available. There may be some exceptions that apply, such as in emergency situations when the House Staff has had ongoing experience with the procedure.

Each program must set guidelines for circumstances and events in which House Staff must communicate with appropriate supervising faculty members/attending physicians, such as the transfer of a patient to an intensive care unit, taking a patient for a procedure or an operation, or end-of-life decisions. Each House Staff must know the limits of their scope of authority and the circumstances under which they are permitted to act with conditional independence. PGY-1 House Staff will be supervised either directly or indirectly with direct supervision immediately available. Additional institutional policies may apply.

The faculty supervisor(s) assigned for each rotation or clinical experience (inpatient or outpatient) will be requested to provide to the Program Director a written evaluation of each trainee's performance during the period that the House Staff was under his or her supervision. The Program Director (or their designee) will structure faculty supervision assignments of sufficient duration to assess the knowledge and skills of each House Staff and delegate to them the appropriate level of patient care authority and responsibility.

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House Staff who wish to report a concern regarding inadequate supervision are encouraged to report it directly to the Program Director, to the DIO, or to anonymously report it in the Veritas system or through the [VUMC Compliance Integrity Line](#). It is available 24/7.

**Revisions Reviewed and Approved by GMEC: 10/20/2023**