In this document, “Resident” refers to both specialty Residents and subspecialty fellows.

**Purpose**
To ensure that Residents are provided adequate and appropriate levels of supervision at all times during the course of the educational training experience and to ensure that patient care is delivered in a safe manner.

**Policy**
Each patient must have an identifiable, appropriately-credentialed and privileged attending physician (or licensed independent practitioner as approved by each Review Committee) who is ultimately responsible for that patient’s care. This information should be available to residents, faculty, and patients. Residents and faculty members should inform patients of their respective roles in each patient’s care.

All Residents working in clinical settings must be supervised by a licensed physician. Within the State of Colorado, the supervising physician must hold a regular faculty or clinical faculty appointment from the University of Colorado School of Medicine. For clinical rotations occurring outside of Colorado the supervising physician must be approved by the training Program Director.

The program must demonstrate that the appropriate level of supervision is in place for all Residents who care for patients. The Program Director will ensure all program policies relating to supervision are distributed to Residents/Fellows and Faculty who supervise Residents. A copy of the program policy on Supervision must be included in the official Program Manual and provided to each Resident upon matriculation into the program. To ensure oversight of Resident supervision and graded authority and responsibility, the program must use the ACGME classification of supervision (CPR VI.D.3):

**Direct Supervision:**
- The supervising physician is physically present with the Resident 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.
- 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.

The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident must be assigned by the Program Director and Faculty members. The Program Director must evaluate each Resident’s abilities based on specific criteria, and per specific national standards-based criteria when available.
Each program must specify in writing the type and level of supervision required for each level of the program. Levels of supervision must be consistent with Joint Commission regulations for supervision of trainees, “graduated job responsibilities/job descriptions”. The required type and level of supervision for Residents performing invasive procedures must be clearly delineated.

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.

Programs must set written guidelines for circumstances and events in which Residents must communicate with appropriate supervising Faculty, such as the transfer of a patient to an intensive care unit, 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. The clinical responsibilities for each Resident must be based on PGY-level, patient safety, Resident education, severity and complexity of patient illness/condition and available support services.

PGY-1 Residents should be supervised either directly or indirectly with direct supervision immediately available.

GMEC oversees the following 3 mechanisms by which Residents/Fellows can report inadequate supervision in a protected manner:

- GME Annual Surveys
- ACGME Annual Resident Surveys
- GME Hotline (anonymous)