



Policy #1: Resident Supervision and Criteria for Advancement of Residents

1. Residents in the Family Medicine Residency will be supervised in a manner consistent with the ACGME Institutional Requirements, Common Program Requirements and Family Medicine Program Requirements.
2. Residents shall in all clinical rotations be given a clear means of identifying supervising physicians who are ultimately responsible for patient care. The following definitions are used for classifying levels of supervision.
 - a. *Direct Supervision*: the supervising physician is physically present with the resident and patient.
 - b. *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.
 - c. *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.
 - d. *Oversight*: the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.
3. Residents will be assigned a faculty supervisor for each 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. Each clinical assignment is of sufficient length to allow the supervising physician to assess the knowledge and skills of each resident and delegate to him/her the appropriate level of patient care authority and responsibility. Faculty members functioning as supervising physicians shall assign portions of care to residents based upon the needs of the patient and the skills of the resident. Using these same criteria, and in recognition of their progress toward independence, senior residents shall serve in a supervisory role for junior residents.
4. Supervision is structured to provide residents with progressively increasing responsibility commensurate with their level of education, ability, and attainment of program-specific Milestones. Based upon resident achievement of the Family Medicine Milestones and Entrustable Professional Activities, the Clinical Competency Committee (CCC) shall make recommendations to the Program Director regarding advancement of residents to positions of higher responsibility, readiness for a supervisory role in patient care, and conditional independence. The CCC convenes each January to review PGY-1 residents for advancement to indirect supervision, and annually in June to review all residents for PGY-Level advancement.

5. 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. However, there are minimum criteria for progression through identified stages within the 36 months of training:
 - a. To progress from *direct supervision* to *indirect supervision with direct supervision immediately available* (including indirect precepting according to the CMMS Primary Care Exception), residents must:
 - have completed successfully 6 full months of PGY-1 rotations;
 - have no delinquent inpatient or outpatient documentation/charts;
 - have completed all procedure documentation requirements;
 - have completed all rotation, faculty, and peer evaluations;
 - have completed their 1st semi-annual Educational Assessment Conference;
 - have completed annual research/scholarly activity requirements;
 - have completed all administrative requirements;
 - have a recommendation, from the CCC to the Program Director for advancement to *indirect supervision*.
 - b. To progress from PGY-1 to PGY-2 status, resident must:
 - have completed all requirements to progress from *direct supervision* to *indirect supervision with direct supervision immediately available*;
 - have completed successfully all 12 months of PGY-1 clinical rotations;
 - have completed successfully USMLE Step 3;
 - have no delinquent inpatient or outpatient documentation/charts;
 - have completed all procedure documentation requirements;
 - have completed all rotation, faculty, and peer evaluations;
 - have completed at least 1 ABFM MOC activity (Self-Assessment Module or PPM)
 - have completed a 2nd semi-annual Education Assessment Conference;
 - have completed annual research/scholarly activity requirements;
 - have completed all administrative requirements;
 - have a recommendation, from the CCC to the Program Director, for advancement, assignment to a supervisory role with Junior residents, and ability to provide clinical care up to 24 continuous hours.
 - c. To progress from PGY-2 to PGY-3 status, residents must:
 - have completed all requirements to progress from PGY-2 to PGY-3 status;
 - have completed successfully all 12 months of PGY-12 clinical rotations;
 - have no delinquent inpatient or outpatient documentation/charts;
 - have completed all procedure documentation requirements;
 - have completed all rotation, faculty, and peer evaluations;
 - have completed at least 2 ABFM MOC activities (Self-Assessment Module or PPM);
 - have completed the 4th semi-annual Education Assessment Conference;
 - have completed annual research/scholarly activity requirements;
 - have completed all administrative requirements;
 - have a recommendation, from the CCC to the Program Director, for advancement.

- d. To complete training and graduate from the program, resident must:
- have completed all requirements to progress from PGY-2 to PGY-3 status;
 - have completed successfully all 36 months of clinical rotations;
 - have no delinquent inpatient or outpatient documentation/charts;
 - have completed all procedure documentation requirements;
 - have completed all rotation, faculty, and peer evaluations;
 - have completed all ABFM MOC activities;
 - have completed the 5th semi-annual Education Assessment Conference;
 - have completed the End of Training Summative Conference with the Program Director;
 - have a valid and unrestricted medical state license;
 - have completed annual research/scholarly activity requirements;
 - have completed all administrative requirements;
 - have taken the American Board of Family Medicine Certification Examination;
 - have a recommendation, from the CCC to the Program Director, for graduation and independent practice;
 - have recommendation from the Program Director for graduation and practice without supervision.



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Program Director

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Date