




<b>Policy:</b>	<b>Supervision Policy</b>	
<b>Effective Date:</b>	August 1, 2020	
<b>Approved By:</b>	GMEC Approval	July 20, 2020
	Hong Potomski, DIO & Executive Director	 Hong Potomski (Aug 10, 2020 13:54 CDT)

## AREF Fellowship Programs Supervision Policy

### Scope and Purpose

This policy outlines the varying levels of supervision as defined by the Accreditation Council for Graduate Medical Education (ACGME) and how the AREF programs apply these guidelines. This policy applies to all fellows/residents within any AREF program, regardless of the type of medical license they hold. Further, this policy applies to all fellows/residents when assigned to any other institution or clinical site as part of their GME program.

### ACGME Levels of Supervision Definitions

1. Direct Supervision
  - a. The supervising physician is physically present with the fellow/resident during the key portions of patient interaction; or
  - b. The supervising physician and/or patient is not physically present with the fellow/resident and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology
2. Indirect Supervision
  - a. the supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the fellow/resident for guidance and is available to provide appropriate direct supervision.
3. Oversight
  - a. the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered

### Progressive Authority and Responsibility

1. The Program Director and faculty members will determine the fellow/resident’s level of supervision needed, and re-evaluate regularly to allow progressive authority and increasing autonomy
  - a. These determinations will be made with consideration to individual fellow/resident’s knowledge and skills, as well as the evaluation of ACGME milestones
2. Faculty members functioning as supervising physicians will delegate portions of care to fellows based on the needs of the patient and the skills of each fellow.
3. Each patient will have an identifiable and appropriately-credentialed and privileged attending physician (or licensed independent practitioner as specified by the applicable Review Committee) who is responsible and accountable for the patient’s care.
  - a. This information will be available to fellows/residents, faculty members, other members of the health care team, and patients.
  - b. Fellows/residents and faculty members will inform each patient of their respective roles in that patient’s care when providing direct patient care.
  - c. The supervising physician’s involvement in a patient’s case, and all members of the health care team of attending physicians and fellows/residents responsible for

each patient's care, shall be documented in the medical record

4. Supervision will be exercised through a variety of methods, as appropriate to the situation.
5. Orthopaedic Sports Medicine Fellowship Program-Specific Supervision Guidelines
  - a. An attending physician must be physically present and provide direct supervision in the following situations and circumstances:
    - i. During key and critical aspects of patient surgery
      1. If a patient's condition declines during surgery, the fellow should immediately notify the attending
    - ii. During key and critical aspects of patients in the clinic, as the attending deems appropriate
  - b. Indirect supervision is observed with all patient encounters; attendings are immediately available via telephone; or, available within the facility
  - c. Indirect supervision is required during sidelines coverage and other sports outreach events.
6. Primary Care Sports Medicine Fellowship Program-Specific Supervision Guidelines
  - a. An attending physician must be physically present and provide direct supervision in the following situations and circumstances:
    - i. During key and critical aspects of patients in the clinic, as the attending deems appropriate
  - b. Indirect supervision is observed with all patient encounters; attendings are immediately available via telephone; or, available within the facility
  - c. Indirect supervision is required during sidelines coverage and other sports outreach events.
7. Fellows/residents will treat patients only under the supervision of staff attending physicians who are independently licensed and duly credentialed by the institution.
8. In providing clinical supervision to fellows/residents, the attending staff physician shall liberally provide advice and support, shall encourage fellows/residents to freely seek their input and should delegate portions of care to fellows, based on the fellows/residents' skills and the needs of the patient
9. The faculty will devote adequate time to the educational program to fulfill their supervisory and teaching responsibilities, and to demonstrate a strong interest in the education of fellows/residents
10. Faculty supervision assignments should be of sufficient duration to assess the knowledge and skills of each fellow/resident and delegate to him/her the appropriate level of patient care authority and responsibility
11. Fellows/residents are expected to make liberal use of the supervisory resources available to them and are encouraged to seek advice and input from the attending staff physician, as appropriate
12. The Program director(s) will monitor fellow/resident supervision at sites participating in the program





# Policy - AREF GME Supervision Policy

Final Audit Report

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