

**INOVA FAIRFAX MEDICAL CAMPUS
GRADUATE MEDICAL EDUCATION POLICY**

Institutional Policy on Supervision of House Staff

I. Purpose:

To establish a policy that ensures the most effective learning environment for house staff that allows appropriate supervision while providing for graded authority as part of their Graduate Medical Education Program(s). It is further deemed that adequate faculty supervision is necessary to provide feedback to house staff about their actions, and to address the quality and safety of the care rendered to patients

II. Scope:

This policy will apply to all House staff/House Officer(s) participating in all Graduate Medical Education Program(s) at Inova Fairfax Medical Campus (IFMC). The provisions of this policy also apply to teaching activities at affiliated sites, clinics, private practice offices and emergency departments. These other sites may supplement this policy with additional rules as dictated by their own governance structure once approved by the Program Director.

III. Definitions:

“House Staff/House Officer” refers to all interns, residents, and fellows enrolled in Graduate Medical Education Programs.

“Graduate Medical Education Program(s)” refers to a residency or fellowship training program.

“Faculty/Faculty Members” refers to Supervising Faculty that teaches and/or mentors house staff.

“DIO” refers to Designated Institutional Official or “designee”.

IV. Common Program Requirements/Responsibilities:

In accordance with ACGME requirements, IFMC advocates the following principles as elements of its policy on House staff supervision.

- A. House staff/House officer(s), working under the authority and supervision of faculty members, are regarded as the primary coordinators of care for all patients admitted to teaching inpatient services, emergency rooms, and clinics, and as such are responsible for the writing of orders, for the maintenance of records, and for the execution of diagnostic, therapeutic, and discharge plans.
- B. Depending on their respective levels of training, it is appropriate and essential that junior house staff are supervised by more senior house staff in accordance with guidelines provided in this policy.

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- C. The structure of house staff-faculty interactions and the form that faculty supervision of house staff takes may vary according to site and type of patient care setting however, the compliance with the supervision requirements must be adhered to at all times.
- D. In specific and limited instances, a Review Committee may allow non-physician, licensed, independent practitioners designated by the program director to supervise house staff. In all cases, each program's supervision policies should clearly state the types of supervision that are permissible. Programs should ensure that any policy revisions are compliant with specialty-specific requirements.

V. Supervision of House staff/House officer(s)

Supervision may be exercised through a variety of methods. Some activities require the physical presence of the supervising faculty member. For many aspects of patient care, the supervising physician may be a more advanced House Officer. Other portions of care provided by the House Officer can be adequately supervised by the appropriate availability of the supervising faculty member or senior House Officer, either in the institution, or by means of telecommunication technology. In some circumstances, supervision may include post-hoc review of house staff delivered care with feedback as to the appropriateness of that care.

- A. Each patient must have an identifiable, appropriately-credentialed and privileged attending physician (or licensed independent practitioner as approved by the applicable Review Committee) who is responsible and accountable for that patient's care. This information should be available to house staff, faculty members, other members of the health care team and patients.
- B. House staff and faculty members should inform patients of their respective roles in that patient's care when providing direct patient care.
- C. Each program must establish a written program-specific supervision policy that is consistent with institutional requirements and specialty specific ACGME/CPME program requirements. The program must demonstrate that the appropriate level of supervision is in place for all house staff in any clinical setting.
- D. Telemedicine refers to the remote diagnosis and treatment of patients by means of telecommunications technology. Decisions regarding supervision for telemedicine must be made at the program level, and must be appropriate for the clinical setting and the needs of the individual patient, as well as the health and safety of the resident(s)/fellow(s) and faculty member(s) involved. In some situations, it may be appropriate for a house officer to conduct a patient encounter remotely and then discuss the case with the supervising faculty member, also through remote means. In other situations, the program may determine that the house officer and supervising faculty member should both participate in the patient encounter

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- E. House staff must be able to report concerns regarding inadequate supervision in a protected manner that is free from reprisal. House staff are encouraged to speak either with their Chief Resident, Faculty member, Program Director or Department Chair. Alternatively, house staff may take their concerns to the Director of Graduate Medical Education/DIO and/or the Resident Advisory Committee or Graduate Medical Education Committee through their duly elected representatives.

VI. Levels of Supervision

To promote appropriate house staff supervision and graded authority and responsibility, the program must use the following classification of supervision:

A. Direct Supervision:

- I. The supervising physician is physically present with the house officer during key portions of the patient interaction.
- II. The supervising physician and/or patient is not physically present with the house officer and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology.

*It is the Program Director's responsibility to refer to their Review Committee for further specifications.

B. Indirect Supervision:

- I. The supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the house officer for guidance and is available to provide appropriate direct supervision.
- II. Oversight – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

C. The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each House officer must be assigned by the program director and faculty members.

- I. The program director must evaluate each House officer's abilities based on specific criteria, guided by the Programs Milestones
- II. Faculty members functioning as supervising physicians should delegate portions of care, guided by the Programs Milestones.
- III. Senior house staff should serve in a supervisory role of junior house staff in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual house officer.

D. Faculty supervision assignments should be of sufficient duration to assess the knowledge and skills of each house officer and delegate to him/her the appropriate level of patient care authority

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and responsibility. Programs must set guidelines for circumstances and events in which house officers must communicate with the supervising faculty member(s).

- E. As per the Inova Fairfax Hospital Escalation and Notification of Changes in Patient's Clinical Status; Chain of Communication policy (IFH Admin Manual #9-59-1), house officers are required to notify the attending physician, in a timely fashion independent of the time of day or night for: any substantial controversy regarding patient care, any serious change in the patient's course including unexpected death, need for surgery, transfer to a higher level of care unit or to another service for the treatment of an acute problem, or for any other significant change in condition.
 - I. Each house officer must know the limits of his/her scope of authority, and the circumstances under which he/she is permitted to act with conditional independence.

VII. Office of Graduate Medical Education Requirements

In accordance with ACGME requirements, the GME department will monitor mechanisms by which programs ensure the following:

1. Adequate Faculty supervision of house staff through review of safety reports, Annual Program Review reports and Institutional/ACGME surveys.
2. Ability for house staff to report inadequate supervision in a protected manner that is free from reprisal
3. Failure to comply with adequate house staff supervision requirements may result in Faculty removal from the teaching service.
4. The DIO will address any concerns identified regarding house staff supervision and the Program Director will be required to provide a progress report within a specified period of time