

	FACULTY OF MEDICINE	Policy Number	008
	DEPARTMENT OF INTERNAL MEDICINE	Effective Date	09/19/19
	SUPERVISION POLICY AND PROCEDURES	Page	1 of 4
		Supersedes	003

I. POLICY

It is the aim of the Internal Medicine Department at the American University of Beirut Medical Center (“AUBMC”) to train residents by providing support and guidance that will enhance their educational experience and allow them to develop into independent physicians. The purpose of this policy is to assure the appropriate supervision of residents in training in accordance with the Graduate Medical Education (“GME”) Supervision and Resident Responsibilities Policies and in compliance with ACGME Program Requirements. The objective is to allow residents to achieve maximum development of skills, knowledge and attitudes to optimize patient care by providing a learning environment that gives (a) sufficient freedom and graded responsibility for residents to share responsibility for decision-making in patient care under adequate faculty supervision, (b) feedback to residents concerning their diagnostic and management decisions, and (c) an appropriate balance of education with the patient’s right to expect a healthy, alert, responsible and responsive physician dedicated to delivering effective and appropriate care.

II. SCOPE

This policy applies to all residents participating in the Internal Medicine Residency Training Program sponsored by AUBMC.

III. DEFINITIONS

- Supervising Physician: An attending physician or a more senior resident or fellow.
- Levels of Supervision: Four levels of supervision are recognized at the Internal Medicine Residency Program at AUBMC:
 - 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 confines of the site of patient care, and is immediately available to provide Direct Supervision
 - *With direct supervision available:* The supervising physician is not physically present with the confines of patient care, but is

	FACULTY OF MEDICINE	<i>Policy Number</i>	008
	DEPARTMENT OF INTERNAL MEDICINE	<i>Effective Date</i>	09/19/19
	SUPERVISION POLICY AND PROCEDURES	<i>Page</i>	2 of 4
		<i>Supersedes</i>	003

immediately available by telephone, and is available to provide Direct Supervision.

- Oversight: The supervising physician is available to provide review of procedures/encounters with feedback after care is delivered.

IV. PROCEDURES

- All patient care is supervised by qualified faculty members.
- Residents and attending physicians should inform patients of their respective roles (and hierarchy) during patient care.
- The Internal Medicine Residency Program establishes schedules at all clinical service locations, which allow attendings, residents, nursing staff, and other personnel to easily identify the assigned residents and supervisors.
- Attending physicians must oversee all patients on service and be accessible for diagnostic and management decisions including being available for consultation and support.
- Clinical responsibilities must be conducted in a carefully supervised and graduated manner, allowing residents to assume progressively increasing responsibility in accordance with their level of education, ability, and experience.
- Supervision of residents should foster humanistic values by demonstrating a concern for wellbeing and professional development.
- Faculty and residents shall be educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effects. The program director and faculty must monitor residents for the effects of sleep loss and fatigue and respond in instances when fatigue may be detrimental to residents performance and well-being
- The degree of supervision by the attending physician may vary with clinical experiences and the training level and abilities of each resident. The residency program should maintain site-specific supervision requirements in accordance with GMEC's Site-Specific Supervision Policies and Procedures.
- Attending physicians will provide the appropriate level of supervision based on the nature of each patient's condition, the complexity of care, and the experience and judgment portrayed by the residents being supervised.
- Documentations of supervision will be noted by progress notes or signature by the attending physician. Physician supervisors should be attentive to institutional requirements regarding documentation and should provide residents with constructive feedback as appropriate.

	FACULTY OF MEDICINE	<i>Policy Number</i>	008
	DEPARTMENT OF INTERNAL MEDICINE	<i>Effective Date</i>	09/19/19
	SUPERVISION POLICY AND PROCEDURES	<i>Page</i>	3 of 4
		<i>Supersedes</i>	003

- Residents will be authorized by the Program Director to provide clinical care based on specific criteria including careful observation and determination of the ability to perform procedures and manage patients. This will be based on objective assessment in all competency domains specified by ACGME.
- Senior residents and fellows serve in a supervisory role of junior residents based on the needs of patients and as a way to recognize their progress towards independence. Each resident is responsible to know his/her limits and scope of authority. First year residents are supervised either directly or indirectly with direct supervision immediately available (to note that these residents must be approved by the program to be eligible for indirect supervision).
- Residents are expected to communicate in a timely manner with their senior residents *and* attendings with the following clinical situations:
 - An unexpected change in the patient's service or level of care (for example, being transferred to Intensive Care Unit ("ICU") beds);
 - A patient's request to communicate to the attending physician;
 - A change in the clinical status of a patient (significant changes include, but not limited to: need for intubation or ventilatory support, cardiac arrest, development of significant neurological changes, development of major wound complications, medication errors requiring clinical intervention, any clinical problem that will require an invasive procedure; procedures that are done by residents should be in compliance with the GME Resident Responsibilities Policy);
 - When a patient is requesting to be discharged "against medical advice"
 - A high risk medical error occurred with or without causing harm to the patient
 - Upon a patient's death
- Attendings, fellows, senior residents and junior residents should maintain clear communication about the patient's care.

V. INADEQUATE SUPERVISION

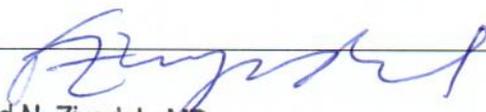
- If a resident feels she/he is receiving inadequate supervision by a senior resident, she/he should directly notify the Program Director or via the Chief Residents
- If a resident feels she/he is receiving inadequate supervision by an attending, she/he should notify the Program Director directly.

	FACULTY OF MEDICINE	Policy Number	008
	DEPARTMENT OF INTERNAL MEDICINE	Effective Date	09/19/19
	SUPERVISION POLICY AND PROCEDURES	Page	4 of 4
		Supersedes	003

VI. MONITORING COMPLIANCE

- The quality of resident's supervision and adherence to supervision guidelines and policies shall be monitored through semi-annual review of resident evaluations and the GMEC's internal reviews of programs.
- For any significant concerns regarding resident supervision, the program director shall submit a plan for its remediation to the GMEC for approval

September 19, 2019	
Approval Date	Residency Program Director, Internal Medicine Department

September 19, 2019	 Fuad N. Ziyadeh, MD
Approval Date	Chairman, Internal Medicine Department