

## Charter for SAUSHEC GMEC Sub-Committee for Trainee Supervision

**Charter:** The function of the SAUSHEC GMEC Sub-Committee for Trainee Supervision is to monitor the documentation of program supervision policies of residents to ensure the provision of safe and effective patient care, educational needs of residents, progressive responsibility appropriate to resident's level of education, competence, and experience in accordance with other applicable Common and specialty/subspecialty-specific program requirements as determined by ACGME policies. In addition, the Supervision Sub-Committee will serve as a forum to address non-compliance of supervision requirements.

**Strategy 1: Ensure compliance of SAUSHEC Supervision policies with the latest ACGME common program requirements.**

Goal 1.1: All SAUSHEC Supervision policies should comply with ACGME policies to ensure successful maintenance of accreditation

Evaluation Method 1.1: All SAUSHEC training program supervision policies will be reviewed for inclusion of the following items:

- Appropriate utilization of ACGME classification of supervision
- The definition of a resident's authority and circumstances under which specific residents are permitted to act with conditional independence
- The allowance of progressive authority, responsibility, and conditional independence of the resident throughout the training years
- Guidelines for circumstances and events in which residents communicate transfers of care and/or end of life decisions
- The location of information regarding which credentialed and privileged provider is the active supervisor for the resident
- The location of information regarding what type of supervision is required for specific procedures on a specific resident

Evaluation Method 1.2: SAUSHEC training program supervision policies will be reviewed every two years. An electronic record that includes the status of each program's supervision policy during the review cycle will be maintained

**Strategy 2: Evaluate and report specific concerns/violations of Supervision policies to the Graduate Medical Education Council**

Goal 2.1: Ensure the provision of safe and effective patient care

Evaluation Method 2.1: Specific concerns/violations of resident supervision will be reviewed by the entire Supervision sub-committee. A consensus opinion will be composed and presented to

the Dean of SAUSHEC. This opinion may include but is not limited to suggestions for modification in resident supervision and/or suggestions for improved compliance in resident supervision.

**Membership:** This charter shall include the following minimum required clinical backgrounds of the members to ensure adequate diversity of the subcommittee's membership

- Fellowship program director
- Core residency program director
- Surgical program director
- Medical program director
- Program director from a program with no/limited direct patient contact
- Resident representative
- Administrative representative

**Reporting:** The status/operations of this subcommittee will be reported quarterly to the GME Committee

**References:**

ACGME Common Program Requirements VI.D

**Definitions:**

- 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
- Resident
  - Any trainee member of a training program