UNIVERSITY OF TENNESSEE GRADUATE MEDICAL EDUCATION
PATIENT CARE SETTING RESIDENT SUPERVISION STANDARDS

The following are minimum standards for resident supervision and documentation in patient care settings. They are designed to promote patient safety, provide educational excellence, but maintain autonomy based on demonstrated educational competence. These requirements are effective in all training sites without regard to patient insurance status or time of day. Residents and faculty members in training programs under the auspices of ACGME will abide by the supervision and documentation schema as noted below. Individual programs and hospitals may have more stringent supervision and documentation requirements.

All residents' patient care activities are ultimately supervised by a credentialed and privileged attending physician (or an approved licensed independent practitioner). **Programs must define the resident procedures or clinical tasks that are permitted by year of training with and without direct supervision**. **Programs must maintain records of each resident's attainment of procedural/clinical task competence.** Listings of procedural competencies by resident name and by program can be accessed on the GME Resident Supervision web site: http://uthsc.edu/GME/supervision.php.

Supervision Setting / Clinical Activity	Required Supervision Level / Description	*Minimum Level of Supervision Documentation
A. OPERATING / DELIVERY ROOM	• **Direct Supervision by Attending Physician** Departmental attending must be **physically present** within the building where the procedure occurs and **immediately available** to the resident and patient, for the major components of the procedure. The departmental attending must be notified prior to the scheduling of the procedure and must be aware of the documented competency level of the resident.	Degree of involvement documented.
B. NON-ROUTINE, NON-BEDSIDE, NON-OR PROCEDURES (e.g., Cardiac Cath, Endoscopy, Interventional Radiology, etc.)	• **Direct Supervision by Attending Physician** Departmental attending must be **physically present** within the building where the procedure occurs and **immediately available** to the resident and patient, for the major components of the procedure. The departmental attending must be notified prior to the scheduling of the procedure and must be aware of the documented competency level of the resident.	Degree of involvement documented.

Supervision Setting / Clinical Activity	Required Supervision Level / Description	*Minimum Level of Supervision Documentation
C. EMERGENCY DEPARTMENT	• **Direct Supervision by Attending Physician** Departmental attending must be **physically present** within the building where the procedure occurs and **immediately available** to the resident and patient, for the major components of the procedure. The departmental attending must be notified prior to the scheduling of the procedure and must be aware of the documented competency level of the resident.	Level 4
D. EMERGENCY CARE – Immediate care is initiated to preserve life or prevent impairment. The procedure is initiated with the departmental attending physician contacted.	The departmental attending must be notified prior to the scheduling of the procedure.	Degree of involvement documented.

In the following patient care settings, the Program Director may designate a more senior resident/fellow to supervise a junior resident.

Supervision Setting / Clinical Activity	Required Supervision Level / Description	*Minimum Level of Supervision Documentation
E. INPATIENT CARE / New Admissions	• **Indirect Supervision with Direct Supervision Available.** • **Oversight** The departmental attending physician must see and evaluate the patient within one calendar day of admission.	Level 2
INPATIENT CARE / Continuing Care	• **Oversight**	Level 4
INPATIENT CARE / Intensive Care	• **Indirect with Direct Supervision *immediately* available**	Level 4
INPATIENT CARE / Hospital Discharge and Transfers	• **Oversight** The attending must be involved in decision to discharge or transfer patient.	Level 3
F. OUTPATIENT CARE / New Patient Visit	• **Indirect with Direct Supervision *immediately* available**	Level 2
OUTPATIENT CARE / Return Patient Visit	• **Oversight**	Level 5
OUTPATIENT CARE / Clinic Discharge	• **Oversight**	Level 5

Supervision Setting / Clinical Activity	Required Supervision Level / Description	*Minimum Level of Supervision Documentation
G. CONSULTATIONS Inpatient, Outpatient and Emergency Department	• **Oversight** Post-hoc review with feedback by supervising faculty/resident physician	Level 4
H. RADIOLOGY / PATHOLOGY	• **Oversight** Post-hoc review with feedback by supervising faculty/resident physician	All reports verified by dept. attending physician prior to release.
I. ROUTINE BEDSIDE and CLINIC PROCEDURES	• **Indirect Supervision with Direct Supervision Available.**	Level 4

****Levels of Supervision Documentation*:**
Level 1. Departmental attending Physician Note
Level 2. Department attending Physician Addendum to the resident's note (not a co-signature)
Level 3. Departmental attending physician Co-signature implies that the departmental attending physician has reviewed the resident's note, and absent an addendum to the contrary, concurs with the content of the resident's note.
Level 4. Resident documentation of departmental attending physician supervision (e.g., "I have seen and/or discussed the patient with my departmental attending physician, Dr. _, who agrees with my assessment and plan.")
Level 5. Documentation to be determined by individual program director.