



## 015\_GMEC\_Supervision Policy and Procedures

Title:	<b>GMEC Supervision Policy and Procedures</b>	Index Number:	<b>FM-GMEC-015</b>		
Scope of application:	<b>All Graduate Medical Education (GME) Programs</b>	Original Date:	Reviewed on:	Next Review Date:	
		<b>17.11.2005</b>	<b>15.01.2024</b>	<b>15.01.2027</b>	

### 1. Policy

Faculty are expected to provide an appropriate level of clinical supervision required of all residents during clinically relevant educational activities. The GMEC subscribes to a philosophy that the most effective learning environment for post-graduate medical trainees is one that provides (a) sufficient freedom and graded responsibility for residents to share responsibility for decision-making in patient care under adequate faculty supervision, (b) supervising faculty 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. In order to create this type of learning environment, ensure appropriate levels of resident supervision, and compliance with the *Essentials of Accredited Residencies*, the GMEC strives to ensure that the principles set forth in this policy and these procedures are followed by the residency training programs sponsored by the American University of Beirut ("AUB").

### 2. Procedures

- 2.1 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.
- 2.2 Faculty supervision must include timely and appropriate feedback and residents must be provided with rapid, reliable systems for communicating with supervising faculty.
- 2.3 Faculty supervision of residents must support each program's written educational curriculum.
- 2.4 Faculty supervision of residents should foster humanistic values by demonstrating a concern for each resident's well being and professional development.
- 2.5 All resident activities are supervised by faculty members who have overall responsibility for patient care rendered and the ultimate authority for final decision-making. The particular resident-faculty relationship and the structure of faculty supervision will vary according to patient care setting and specialty.
- 2.6 Faculty schedules must be structured to provide residents with continuous supervision and consultation. Faculty call schedules are structured to ensure that support and supervision are readily available to residents on duty.



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- 2.7 The program director and the faculty must determine the level of responsibility accorded to each resident.
- 2.8 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 resident performance and well being.
- 2.9 Duty hour assignments in teaching settings must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

### 3. Program & General (Site-Specific) Resident Supervision

#### 3.1 Program Specific Resident Supervision:

Each Program sponsored by AUB shall develop and maintain appropriate supervision policies, compliant with ACGME-I Foundational and Advanced Specialty/Subspecialty Program Requirements

#### 3.2 General – The following Supervision requirements are applicable to the site specified in subsections 3.2.1- 3.2.5.

##### 3.2.1 Resident Supervision on Inpatient Services:

- 3.2.1.1. A patient care team that may include medical students, interns, residents and fellows, under the direct supervision of a faculty physician will care for patients admitted to the service.
- 3.2.1.2. Decisions regarding diagnostic tests and therapeutics, although initiated by residents, will be reviewed with the responsible faculty during patient care rounds.
- 3.2.1.3. Patients will be seen by the responsible attending and their care will be reviewed with the faculty at appropriate intervals. The attending will document his/her involvement in the care of the patient in the medical record.
- 3.2.1.4. Residents are required to promptly notify the patient's faculty physician in the event of any controversy regarding patient care or any serious change in the patient's condition.
- 3.2.1.5. Faculty or their designees (covering physicians) are expected to be available, by telephone or pager, for resident consultation 24 hours per day for their term on service, on-call day, or for their specific patients.

##### 3.2.2 Supervision of Residents in the Emergency Department:

In the Emergency Department, faculty must be on-site 24 hours per day.



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### 3.2.3 *Supervision of Residents in Clinics and Consultation Services:*

In clinics and consultation services, faculty must review overall patient care rendered by residents.

### 3.2.4 *Supervision of Residents in Intensive Care Units:*

In intensive care units, resident decisions regarding patient care, including admission, discharge, treatment decisions, performance of invasive procedures and end-of-life decisions are to be discussed and reviewed by faculty.

### 3.2.5 *Supervision of Residents in Operating Suites:*

In the operating suites, surgical and anesthesiology faculty are responsible for the supervision of all operative cases. Surgical and anesthesiology faculty are present in the operating room with residents during critical parts of the procedure. For less critical parts of the procedure, surgical and anesthesiology faculty must be immediately available for direct participation.

## 4. **Monitoring Compliance**

- 4.1 The quality of resident supervision and adherence to supervision guidelines and policies shall be monitored through annual review of the residents' evaluations of their faculty and rotations and the GMEC's internal reviews of programs. During the internal reviews of programs, the GMEC shall request that each program provide information regarding a description of the procedures used to ensure supervision in the program's clinical settings (including nights and weekends), an explanation as to how the program monitors compliance with its supervision policies, a description as to how the program becomes aware of and responds to exceptions or critical instances of breakdown of supervision, and the mechanisms the program has in place to ensure accessibility and availability of faculty.
- 4.2 For any significant concerns regarding resident supervision, the respective program director shall submit a plan for its remediation to the GMEC for approval and the program director may be required to submit progress reports to the GMEC until the issue is resolved.



5. Signatures

Reviewed and Approved by	Name	Signature	Date
Assistant Dean for Graduate Medical Education (GME) & Chair of Graduate Medical Education Committee (GMEC)	Salah Zeineldine, MD		05.02.2024
Executive Associate Dean for Medical Education	Kamal Badr, MD		05.02.2024