
	The Johns Hopkins University School of Medicine		Policy Number	116
	GRADUATE MEDICAL EDUCATION COMMITTEE POLICY		Effective Date	1/8/04
	GMEC SUPERVISION POLICY AND PROCEDURES		Page	1 of 4
			Supersedes	N/A

I. 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 housestaff to share responsibility for decision-making in patient care under adequate faculty supervision, (b) supervising faculty feedback to housestaff 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 housestaff 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 Johns Hopkins University School of Medicine.

II. PROCEDURES

1. Clinical responsibilities must be conducted in a carefully supervised and graduated manner, allowing housestaff to assume progressively increasing responsibility in accordance with their level of education, ability, and experience.
2. Faculty supervision must include timely and appropriate feedback and housestaff must be provided with rapid, reliable systems for communicating with supervising faculty.
3. Faculty supervision of housestaff must support each program's written educational curriculum.
4. Faculty supervision of housestaff should foster humanistic values by demonstrating a concern for each housestaff member's well-being and professional development.
5. All housestaff activities are supervised by faculty members who have overall responsibility for patient care rendered and the ultimate authority for final decision-making. The particular housestaff-faculty relationship and the structure of faculty supervision will vary according to patient care setting.
6. Faculty schedules must be structured to provide housestaff with continuous supervision and consultation. Faculty call schedules


	The Johns Hopkins University School of Medicine	<i>Policy Number</i>	116
	GRADUATE MEDICAL EDUCATION COMMITTEE POLICY	<i>Effective Date</i>	1/8/04
	GMEC SUPERVISION POLICY AND PROCEDURES	<i>Page</i>	2 of 4
		<i>Supersedes</i>	N/A

are structured to ensure that support and supervision are readily available to housestaff on duty.

7. The program director and the faculty must determine the level of responsibility accorded to each housestaff member.
8. Faculty and housestaff 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 housestaff for the effects of sleep loss and fatigue and respond in instances when fatigue may be detrimental to housestaff performance and well-being.
9. Duty hour assignments in teaching settings must recognize that faculty and housestaff collectively have responsibility for the safety and welfare patients.

III. PROGRAM AND GENERAL (SITE-SPECIFIC) HOUSESTAFF SUPERVISION

1. *Program Specific Housestaff Supervision:*
 - Each Program sponsored by **The Johns Hopkins University School of Medicine** shall develop and maintain appropriate supervision policies, compliant with ACGME Program Requirements.
2. General – The following Supervision requirements are applicable to the site specified in subsections a – e.
 - a. *Housestaff Supervision on Inpatient Services:*
 - 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.
 - Decisions regarding diagnostic tests and therapeutics, although initiated by housestaff, will be reviewed with the responsible faculty during patient care rounds.
 - 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.

	The Johns Hopkins University School of Medicine		Policy Number	116
	GRADUATE MEDICAL EDUCATION COMMITTEE POLICY		Effective Date	1/8/04
	GMEC SUPERVISION POLICY AND PROCEDURES		Page	3 of 4
			Supersedes	N/A

- Housestaff 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.
- Faculty or their designees (covering physicians) are expected to be available, by telephone or pager, for housestaff consultation 24 hours per day for their term on service, on-call day or for their specific patients.

b. *Supervision of Housestaff in Adult and Pediatric Emergency Departments:*

In the Adult and Pediatric Emergency Departments, faculty must be on-site 24 hours per day.

c. *Supervision of Housestaff in Clinics and Consultation Services:*

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

d. *Supervision of Housestaff in Intensive Care Units:*


In intensive care units, housestaff 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.

e. *Supervision of Housestaff in Operating Suites:*

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

IV. MONITORING COMPLIANCE

1. The quality of housestaff supervision and adherence to supervision guidelines and policies shall be monitored through annual review of the housestaff's 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 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

	The Johns Hopkins University School of Medicine	<i>Policy Number</i>	116
	GRADUATE MEDICAL EDUCATION COMMITTEE POLICY	<i>Effective Date</i>	1/8/04
	GMEC SUPERVISION POLICY AND PROCEDURES	<i>Page</i>	4 of 4
		<i>Supersedes</i>	N/A

availability of faculty.

2. For any significant concerns regarding housestaff 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.

GMEC Approval Date	Chair, GMEC