The following are minimum standards for Resident and Fellow supervision and documentation in patient care settings. These are designed to promote patient safety, provide educational excellence, and yet maintain autonomy based on demonstrated educational competence. These requirements are eeffective in all training sites without regard to patient insurance status or time of day. Residents, Fellows, and Faculty in training programs are under the auspices ofthe ACGME will abide by the supervision and documentation schema as noted below. Individuals programs may develop more stringent supervision and documentation requirements.

All Resident/Fellow patient care activities are ultimately supervised by a credentialed and privileged attending physician (or an approved licensed, independent practitioner). Programs must define the procedures or clinical skills/tasks that require Direct Supervision until Resident and Fellows have demonstrated competence. Programs must maintain records of the attainment of procedural and clinical skills/tasks competence. Listings of procedural/skills privileges by Resident/Fellow name and under which level of supervision can be accessed on the UTCOMC GME Residency Supervision and Procedures area on the UTCOMC website (http://www.comchattanooga.uthsc.edu/subpage.php?pageId=1437). In particular, note that PGY-1 Level Residents should be supervised either directly or indirectly with Direct Supervision immediately available until they have achieved the competencies defined by their Programs under which PGY-1 Residents progress to be supervised indirectly, with Direct Supervision available or Oversight.

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
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

Supervision Setting/Clinical Activity	Required Supervision Level/Description	**Minimum Level of Supervision Documentation
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
G. CONSULTATIONS Inpatient, Outpatient and Emergency Department	• **Oversight** Post-hoc review with feedback by supervising faculty/resident physician	Level 4

Supervision Setting/Clinical Activity	Required Supervision Level/Description	**Minimum Level of Supervision Documentation
H. RADIOLOGY / PATHOLOGY	• **Oversight** Post-hoc review with feedback by supervising faculty/resident physician	All reports verified by department attending physician prior to release.
I. ROUTINE BEDSIDE and CLINIC PROCEDURES	• **Indirect with Direct Supervision *immediately available***	Level 4

**Levels of Supervision Documentation
1. Departmental attending Physician Note
2. Department attending Physician Addendum to the resident's note (not a co-signature)
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.
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.")
5. Documentation to be determined by individual program director

*The term "Resident" refers to both Resident and Fellow trainees.

Approved by the GMEC and updated 5/1/2018.