

Departmental Policy Title	Resident Supervision Policy - GME	Policy ID	11276
Keywords	Resident, Supervise, Supervision, Progressive, Indirect, Direct		
Department	Graduate Medical Education - GME		

I. Purpose of Policy

This policy establishes supervision guidance for Accreditation Council for Graduate Medical Education (ACGME)-accredited programs at Dartmouth Hitchcock (DH).

II. Policy Scope

This policy applies to all Residents, Program Directors, and faculty members in ACGME-accredited graduate medical education (GME) programs at DH.

III. Definitions

Resident: Any physician in an ACGME-accredited GME program including residents and fellows.

Progressive Authority and Responsibility: The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each Resident must be assigned by the Program Director and faculty members.

IV. Policy Statement

Supervisory guidance provides a Resident with an educational program that is clinically and academically progressive and that complies with the requirements of the ACGME and the individual specialty boards.

- Program Specific Policy: Every program must have a program-specific Supervision Policy located in the Residency Management System (MedHub) consistent with the GME Resident Supervision Policy and ACGME Review Committee (RC) requirements.
- Levels of Supervision: Each program must use the following classifications of supervision:

- Direct Supervision:

The supervising physician is physically present with the Resident during key portions of the patient interaction, or the supervising physician and/or patient is not physically present with the Resident and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology.

PGY-1 Residents must initially be supervised directly and cannot provide patient care through telecommunication technology.

- Indirect Supervision:

The supervising physician is not providing physical or concurrent visual or audio supervision, but is immediately available to the Resident for guidance and is available to provide appropriate direct supervision.

- Oversight:

The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

- Faculty supervision assignments should be of sufficient duration to assess the knowledge and skills of each Resident and delegate the appropriate level of patient care authority and responsibility.
- Each program is responsible for developing descriptions of the level of responsibility accorded to each Resident by Post-Graduate Year (PGY) level. These descriptions should include identification of the mechanisms by which the Resident's supervisor(s) and Program Director make decisions about each Resident's progressive involvement and independence in specific patient care activities. In particular:
 - The Program Director must evaluate each Resident's abilities based on specific criteria and guided by the ACGME Milestones.
 - Supervising faculty members should delegate patient care activities to a Resident based on the needs of the patient and the demonstrated abilities of the Resident.
 - Senior Residents should serve in a supervisory role to Junior Residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual Resident.
 - In each training program, there are circumstances in which all Residents, regardless of level of training and experience, must verbally communicate with appropriate supervising faculty. Programs must identify and put in writing circumstances in which verbal communication with Supervising Faculty is necessary. These circumstances may include:
 - Emergency admission
 - Consultation for urgent condition
 - Transfer of patient to a higher level of care
 - Code Blue Team activation
 - Change in DNR status
 - Patient or family dissatisfaction
 - Patient requesting discharge AMA
 - Patient death

- General

- All patient care must be supervised by qualified faculty.
- On-call and clinical assignment schedules must be available at all clinical service locations so that Residents, nursing staff and ancillary personnel can easily identify the assigned Resident and their faculty supervisor.
- Faculty Responsibilities
 - Routinely review Resident's documentation in the medical record.
 - Be attentive to compliance with institutional requirements such as problem lists, medication reconciliation, and additional field-defined document priorities.
 - Provide Residents with constructive feedback as appropriate.
 - Serve as a role model to Resident in the provision of patient care that demonstrates professionalism and exemplary communication skills.
- Resident Responsibilities
 - Each Resident is responsible for knowing the limits of the scope of authority and the circumstances under which the Resident is permitted to act with conditional independence.
 - In recognition of the responsibility to the institution and commitment to adhere to the highest standards of patient care, Residents must routinely notify the responsible attending physician based on the above, as well as any additional circumstances identified in program-specific supervisory policy.

V. References

ACGME Institutional Requirements

Common Program Requirements

Responsible Owner:	Graduate Medical Education	Contact(s):	Karen Miller
Approved By:	GMEC Approver Group; Office of Policy Support - All Other Documents	Version #	5
Current Approval Date:	08/28/2026	Old Document ID:	
Date Policy to go into Effect:	08/28/2026		
Related Policies & Procedures:			
Related Job Aids:			