



MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN

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(GME)*
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MedSchool*

UMHS Global Clinical Program Trainee Supervision Policy, 04-06-043

I. POLICY STATEMENT, PURPOSE AND SCOPE

It is the policy of the University of Michigan that members of the Medical Staff will actively supervise Clinical Program Trainees (CPTs) and appropriately document this supervision in the medical record.

The purpose of this policy is to establish institution-wide standards for members of the Medical Staff engaged in the supervision and teaching of Clinical Program Trainees enrolled in accredited (ACGME, CODA, ABOG, or CPME) graduate medical education programs to follow and to establish guidelines that program-specific policies must meet. This policy applies to both inpatient and outpatient supervision of the Clinical Program Trainee.

II. POLICY STANDARDS

- A. This policy applies to all Medical Staff engaged in the supervision and teaching of Clinical Program Trainees enrolled in accredited graduate medical education programs.
- B. All Clinical Program Trainees will function under the supervision of an appropriately credentialed member(s) of the Medical Staff. Each residency/fellowship training program must ensure that adequate supervision is provided for Clinical Program Trainees at all times. A responsible member(s) of the Medical Staff must be immediately available to the Clinical Program Trainee in person or by telephone and able to be present within a reasonable period of time, if needed. Each training program must publish call schedules indicating the responsible member(s) of the Medical Staff to be contacted, when necessary and make them available in a prominent location.
- C. Specific responsibilities and relationships of the Executive Committee on Clinical Affairs (ECCA), the Graduate Medical Education Committee (GMEC), Program Directors, and members of the Medical Staff are shown under the section entitled "Roles and Responsibilities" below.
- D. **The Executive Committee on Clinical Affairs shall consider all matters that pertain to patient care and the professional conduct and activity of Clinical Program Trainees. ECCA shall review the report of the Credentialing Committee and make recommendations to the University of Michigan Health System Board for Clinical Program Trainee status.**** The GMEC communicates with ECCA annually regarding the status of GME at the institution and those supervising their training. A member of ECCA has a permanent seat on the GMEC to ensure communication is seamless on issues of

supervision.

- E. As part of their training program, Clinical Program Trainees will be given progressive responsibility for the care of patients. Supervised delegation of responsibility to a Clinical Program Trainee to provide care to patients must be provided in one of the following manners:
- **Direct supervision** - Where the supervising physician is physically present with the Clinical Program Trainee and patient.
 - **Indirect supervision with direct supervision immediately available** - Where the supervising physician is physically within the hospital or other site of patient care and is immediately available to provide direct supervision, if needed.
 - **Indirect supervision with direct supervision available** - Where the supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide direct supervision.
 - **Oversight** - Where the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

ECCA expects each Clinical Program Trainee, Program Director, and training program to meet the supervision requirements of their accrediting body.

The type of supervision provided to Clinical Program Trainees will be based upon regular documented evaluation of the Clinical Program Trainee's progress with regard to clinical experience, judgment, knowledge, and technical skill. **Ultimately, it is the decision of the supervising members of the Medical Staff as to which activities the Clinical Program Trainee will be allowed to perform within the context of each of the assigned levels of supervision. The overriding consideration must be the safe and effective care of the patient.**

- F. The job descriptions for all of the Clinical Program Trainees will be available online on the Clinical Home Page at all times.

***Medical Staff Bylaws, 2011*

III. ROLES AND RESPONSIBILITIES

Responsibility	Action
Executive Committee on Clinical Affairs (ECCA)	<ol style="list-style-type: none">1. Shall consider all matters which pertain to patient care and the professional conduct of Clinical Program Trainees.2. Shall review the report of the Credentialing Committee and make recommendations to the University of Michigan Health System Board for staff membership (as Clinical Program Trainees) and for staff assignments to specific services or programs.
Graduate Medical Education Committee (GMEC)	<ol style="list-style-type: none">1. Shall be responsible for establishing and monitoring policies and procedures with respect to the institution's Clinical Program Trainee training programs.2. Shall extend non-voting membership to the Chief of Staff and/or designee.3. Shall forward minutes to the Office of Clinical Affairs/Executive Committee on Clinical Affairs for monthly review and appropriate action if needed/as appropriate

Responsibility	Action
	regarding patient care and professional conduct by trainees and faculty.
Program Director	<ol style="list-style-type: none"> 1. Shall be responsible for the quality of overall Clinical Program Trainee education. 2. Shall ensure that the training program is in compliance with the policies of the respective accrediting and certifying bodies. 3. Shall define the graduated levels of responsibility by preparing a description of the types of clinical activities the Clinical Program Trainee may perform and under what levels of supervision, as well as those activities for which Clinical Program Trainee may act in a teaching capacity (available on the Clinical Home Page). 4. Shall monitor Clinical Program Trainee progress and ensure that supervision problems, issues, and opportunities to improve are addressed. 5. Shall ensure that Medical Staff comply with ACGME Residency Review Committee (or appropriate accrediting organization) citations within their training program. 6. Shall clearly document in what circumstances and situations Clinical Program Trainees must have direct, indirect supervision. Policies will also specify the type of oversight that is needed.
Attending Physician	<ol style="list-style-type: none"> 1. Shall be personally involved in, and responsible for, directing the evaluation and management and care transitions of individual patients under their care and supervision. The attending physician has the ultimate responsibility for all medical decisions regarding their patients. 2. Shall be responsible for providing oversight and supervision of all care provided by Clinical Program Trainees. This responsibility includes being immediately available when required. "Immediately available" means that the attending or supervising physician is physically within the hospital or other site of patient care and is immediately available to provide direct supervision. <ol style="list-style-type: none"> a. Shall delegate responsibility to the Clinical Program Trainee and other caregivers for the care of a patient under an appropriate level of supervision based upon the patient's medical problems and condition, the complexity of the management plan, and the experience and judgment of the Clinical Program Trainee being supervised. b. Shall be expected to comply with the Code of Conduct at all times in regard to Clinical Program Trainee supervision and shall encourage each Clinical Program Trainee to seek guidance from the attending at any time the Clinical Program Trainee believes it to be necessary in the care of the patient. At a minimum, the Clinical Program Trainee must be told to notify the attending of significant changes in the patient's condition, regardless of the time of day or day of week. c. Shall communicate clearly to each Clinical Program Trainee involved in the care of the patient when the attending expects to be contacted by the Clinical Program Trainee. d. Shall be notified automatically by a Clinical Program Trainee for any

Responsibility	Action
	<p>"significant changes" in a patient's condition. For patients outside of care within the ICU, this includes the following:</p> <ul style="list-style-type: none"> ▪ Admission to hospital of any unstable patient ▪ Transfer of a patient to the intensive care unit (ICU) ▪ Need for intubation or ventilatory support ▪ Cardiac arrest or significant changes in hemodynamic status ▪ Development of significant neurological changes ▪ Development of major wound complications ▪ Medication errors requiring clinical intervention ▪ Any significant clinical problem that requires an invasive procedure or operation ▪ Transfer requests from any source in real time, before notifying physician/transfer center that the request is being denied admission at U-M.
<p>Clinical Program Trainee (CPT)</p>	<ol style="list-style-type: none"> 1. Shall be responsible to speak up regardless of the time of day, or day of the week, to identify real or perceived safety concerns, uncomfortable situations, or confusion about care provided in the course of patient care, and go up the Chain of Command if concerns are not addressed. 2. Shall speak up in good faith free from any retribution or penalty. 3. Shall follow procedure actions outlined in UMHS "Speak Up with Safety Concerns" Procedure, 05-01-004 4. Shall be aware of and comply with the training program's supervision policies. 5. Shall automatically notify the responsible attending physician for any "significant changes" in the condition of a patient not being cared for in the ICU, which includes each of the following situations: <ul style="list-style-type: none"> ◦ Admission to hospital of any unstable patient ◦ Transfer of the patient to the intensive care unit (ICU) ◦ Need for intubation or ventilatory support ◦ Cardiac arrest or significant changes in hemodynamic status ◦ Development of significant neurological changes ◦ Development of major wound complications ◦ Medication errors requiring clinical intervention ◦ Any significant clinical problem that will require an invasive procedure or operation ◦ Transfer requests from any source in real time before notifying the requesting physician/transfer center that the request was being denied admission at U-M

Responsibility	Action
	<ul style="list-style-type: none"> ◦ Any consultation regarding a patient in the Emergency Department that requires the consulting Clinical Program Trainee to examine a patient. In this circumstance, the Clinical Program Trainee must also notify the supervising attending physician in real time of the subsequent plan of care by phone or in person.

IV. UNIVERSITY OF MICHIGAN MONITORING OF SUPERVISION

- A. Along with the Chief of Staff, the Associate Dean and Director for Graduate Medical Education, and the Graduate Medical Education Committee, each Program Director is responsible for monitoring the supervision of all Clinical Program Trainees, identifying problems, and devising plans of action for their remedy.
- B. At a minimum, the monitoring process must include:
1. A review of compliance with inpatient and outpatient documentation requirements, as part of medical record reviews;
 2. A review of all accrediting and certifying bodies' concerns and follow-up actions;
 3. Regular discussion at meetings of the training program's Program Evaluation Committee and during each training program's annual review; and
 4. A review by the Program Evaluation Committee of all incidents, risk events, and claims with complications to ensure that the appropriate level of supervision occurred in each of these situations.
- C. Any review of incidents, risk events, and claims with complications that involves issues related to the supervision of Clinical Program Trainees must be communicated on at least a yearly basis to the Executive Committee on Clinical Affairs, the University of Michigan Health System Board, and other major affiliated institutions as appropriate.

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Approved by:

Graduate Medical Education Review Board - March 3, 2003; January 26, 2009; December 13, 2010; December 16, 2013

Executive Committee on Clinical Affairs - Mary 13, 2003; June 9, 2004; March 24, 2009; January 11, 2011; November 22, 2011; December 16, 2013

Director and Chief Executive officer, UMHHC - August 19, 2003; June 18, 2004; August 24, 2009; January 27, 2011

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June 2017 revisions approved by ECCA - June 13, 2017

Additional non-technical revisions made by Heather Wurster - July 13, 2017

Attachments

No Attachments

Applicability

U-M Medical School, UMHS Clinical

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