West Virginia University School of Public Health
Graduate Medical Education Policy on Supervision and Accountability
(*IR IV.I.1) (IR III.B.4*) (III.B.4.a)(1-2)

Although the attending physician is ultimately responsible for the care of the patient, every physician shares in the responsibility and accountability in the provision of care.

Each patient will have an identifiable and appropriately-credentialed attending physician (who is responsible and accountable for the patient's care. This information will be available to residents, faculty members, other members of the health care team, and patients. Residents and faculty members must inform each patient of their respective roles in that patient's care when providing direct patient care.

Levels of Supervision

To promote oversight of resident supervision while providing for graded authority and responsibility, the program will use the following classification of supervision:

Direct Supervision: Attending is physically present during patient encounters
Indirect Supervision: Director supervision immediately available - Attending is on site
Junior resident: residents that are in their PGY-2 year of training
Senior resident: residents that are in their PGY-3 year of training
Attending Faculty/Preceptor – Faculty members functioning as supervising physicians must delegate portions of care to residents based on the needs of the patient and the skills of each resident

The residency program will provide supervision of residents that is consistent with each resident's abilities, with patient care, and with educational needs of the resident guided by the Milestones. The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident will be assigned by the program director and faculty members.

Preventive Medicine residents are assigned to specific clinics throughout the two-year program. While in these clinics, residents are under the direct supervision of a faculty physician specifically designated in the clinic schedule who is physically present at all times. Each faculty physician will supervise no more than one resident in clinic and no more than two residents are scheduled in clinic at any one time.

Using the electronic health record, all resident notes are directed to the supervising faculty physician for review and co-signature before encounters are closed. The electronic health record must reflect the following in the resident's notes or dictation:

1. the name of the faculty member who functioned as the supervisor

2. the degree of involvement of the faculty member
3. the specific findings and diagnostic and therapeutic plans
4. any additional requirements determined by the medical staff policies and/or the administrative procedures at the clinical site.

The Program Director will provide feedback and formal evaluations concerning resident performance at 3-month intervals guided by the Milestones.

a. Academic Year, PGY-2

While enrolled in the Master of Public Health (MPH) degree, all residents must complete an individualized plan of study with the help of the MPH program advisor which must be approved by the MPH Program Director no later than their first semester of study. Residents are required to meet with MPH Program Advisor each semester to review progress prior to signing up for the next semester's courses. Direct supervision is not necessary for academic activities within the MPH; however, residents are expected to report any departure from class schedule in advance.

b. Practicum Year, PGY-3

While on clinical rotations within WVU Medicine but outside of Occupational Medicine, the resident is supervised by faculty according to the procedure of the relevant department. When on off-site rotations outside of WVU Medicine, the resident is directly supervised by the designated preceptor as outlined in the Program Letter of Agreement.

The resident should notify the attending faculty of any significant changes in the patient's status or significant difficulty in developing a plan of care due to conflicts with the patient, their representatives or consultants. This should include but not be limited to: transfer of a patient or the need to perform an invasive procedure.

The program has methods for providing continuous evaluation of residents. These include, but are not limited to, oral and written evaluations, chart audits and an assessment of progression along the Preventive Medicine Milestones reviewed semi-annually by the Clinical Competency Committee (CCC), which consists of all core faculty physicians. Written evaluations are submitted by practicum preceptors at the end of every rotation. Reviews with the Program Director are conducted quarterly, and a summary of the review made in writing. These are cosigned by the resident and placed in the resident file. The resident has access to this information at any time.

Direct personal supervision is provided by the Program Director and assigned faculty/preceptors. Supervision pertains to: discharge of all clinical duties; assessment of ability to gather appropriate information; assessment of ability to integrate and employ state of the art knowledge; application of knowledge to clinical and public health problem solving; ability to communicate clinical information to patients and their families; ability to communicate public health implications to industry, labor, government, or others who may need it.

It is the goal and responsibility of the resident to continuously demonstrate progress towards the independent practice of preventive medicine. It is the role of the faculty/preceptor to provide appropriate training to meet that goal. Towards this end, a list of expected competencies in occupational medicine will be provided to the residents upon commencement of training. A baseline formative evaluation between the resident and the Program Director will be held at the start of the residency in order to identify strengths and areas in which the resident could benefit from specifically directed training. The resident is also provided with the Preventive Medicine Milestones at the start of the program. Each faculty/preceptor will be apprised in advance of the competencies that are expected of the residents by the completion of each rotation, usually through obtaining a copy of the rotation agreement.

Residents are responsible for compiling and submitting a record of activities. Faculty are responsible for using this information to assure that all required aspects of training occur.

For a complete list of resident and attending physician patient care activities and supervision responsibilities, click on the following link.

WVUH Policy on Resident and Attending Physician Patient Care Activities
http://healthweb.rcbhsc.wvu.edu:81/rubymsaffairs/MSA%20Policies/Appendices/Appendix_L.htm

Free from Reprisal

If a resident suspects retaliation, they should first talk to their Program Director, and/or Program Manager. If neither of these can give legitimate explanations, or correct the problem, the resident should voice their concern that they are being retaliated against. The resident should document the behavior believed to have triggered the retaliation, pointing out that the negative action took place only after he/she complained, and ask that it be stopped immediately. If the member is not willing to admit wrongdoing or correct the problem, the resident can submit a complaint via the Mistreatment Form accessible on the website. Once a complaint has been filed, it will go directly to the Chair, GMEC. The Chair in turn will speak to the Program Director.

Approved by GMEC February 5, 2016
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