

Policy Title: Supervision policy	Policy Number: SOMGME-014
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I. Purpose of the Policy

The purpose of this policy is to outline the general structure and components of supervision of postgraduate trainees within various Lebanese American University (LAU) Graduate Medical Education (GME) programs. Postgraduate training is a period during which postgraduate trainees gain progressive and increasing levels of patient-related responsibility that culminates in their graduation as competent, professional, and autonomous practitioners, equipped with skills of continuous life-long learning.

This policy does not replace specific guidelines that pertain to supervision within different programs, as deemed appropriate for each postgraduate year level. Hence, each program should have specific guidelines for supervision that are clearly stated within the curriculum that align with the general guidelines of this policy.

II. Policy Scope

The policy applies to postgraduate trainees, program directors, and faculty in all LAU GME programs.

III. Definitions

- A. Postgraduate (PG) Trainee: A resident or fellow enrolled in various LAU GME programs, or visiting trainees from other institutions participating in electives or completing part of their training at LAU Medical Center. Regardless of the registration status of the postgraduate trainee with the Lebanese Order of Physicians, all physicians in training within LAU GME programs require supervision by a faculty supervisor in the School of Medicine.
- B. Attending Supervisor: A faculty member with an LAU School of Medicine (LAUSOM) appointment, who has direct responsibility for supervising postgraduate trainees. The faculty member may serve in various roles, including attending of record, consultant physician, or on-call physician, among others.

IV. Principles

- A. The practice of postgraduate trainees, supervisors, and entire faculty should be guided by the standards of professional behavior (<https://medicine.lau.edu.lb/files/standards-professional-behavior.pdf>) and Graduate Medical Education Goals and Principles (<https://medicine.lau.edu.lb/files/goals-principles-2016.pdf>), with specific emphasis on but not limited to:
 - 1. Patients' safety and wellbeing
 - 2. Recognizing limitations, seeking help when needed, and adhering to the recommendations of the physician of record
- B. Each patient should have an appropriately credentialed attending physician responsible and accountable for their care. The attending of record bears the ultimate decision-making and

responsibility of the patient. This responsibility cannot be delegated to postgraduate trainees.

- C. The educational environment should be safe, conducive to learning, fostering healthy and professional discussions, promoting the acknowledgement of limitations, and encouraging the reporting of errors and near misses.
- D. Faculty and residents should be educated on identifying the signs of fatigue and burn-out.
- E. The graduated delegation of responsibility should adhere to the ACGMEI foundational program requirements. The levels of supervision are classified as follows:
 - 1. Direct Supervision: The supervising physician is physically present with the resident and patient.
 - 2. Indirect Supervision:
 - (a) With Direct Supervision Immediately Available – the supervising physician is physically present within the hospital or other site of patient care and is immediately available to provide Direct Supervision.
 - (b) With Direct Supervision available – the supervising physician is not physically present within the hospital or other site of patient care but is immediately available by telephonic and/or electronic means, and can provide Direct Supervision.
 - 3. Oversight: The supervising physician is available to review procedures and encounters, providing feedback after care is delivered.

V. Policy Statement

A. Responsibilities of the Postgraduate Trainee Supervisor

1. The supervisor should establish a supportive learning environment with open communication.
2. The supervisor must assess, review, document and provide feedback on postgraduate trainee competence in accordance with program-specific policies and delegate graduated responsibilities for patient care guided by the milestones. It is expected that the PG trainee supervisor will review the postgraduate trainee's findings, diagnosis, and management plan in a timely fashion, which should be documented in the patient record.
3. The supervisor should ensure that postgraduate trainees under their supervision are aware of their responsibilities.

When not available in person, the supervisor should be reachable by phone, respond in a timely manner, and be available to attend to the patient in case of an emergency. When not immediately available, the supervisor should ensure that an appropriate alternate PG trainee supervisor is available and has agreed to provide supervision.

B. Responsibilities of Postgraduate Trainees

1. Trainees must acknowledge and put the welfare of patients ahead of all other interests.
2. Trainees must be aware of their limitations, respect the hierarchy, and seek help from their seniors or supervisor when needed.
3. Trainees must introduce themselves and advise patients or their designates that they are working under the supervision of the supervising physician.
4. Trainees must specifically notify the supervisor/ attending of record about:
 - a. New admissions

- b. Any changes or concerns about the status of patients
 - c. Any emergencies
 - d. Plans of discharge
5. Trainees should discuss with the supervisor/consultant or attending of record the contemplated plan of management.
 6. Trainees should provide supervision to more junior trainees and medical students.
 7. Trainees should notify their seniors if they are unable to carry out their responsibilities for any reason, ideally ahead of time.
 8. Trainees should report any signs of burnout in themselves or other team members.
 9. The attending physician is responsible for informing the patient about the benefits, complications, or alternatives of any procedure.
 10. In an emergency, or when a qualified postgraduate trainee is performing a procedure or act without direct supervision, the trainee is responsible for obtaining the informed consent of the patient.
 11. The responsibility of supervising junior trainees may be delegated to a more senior resident. The attending supervisor must assess trainee competence and delegate supervisory responsibilities with the same care and consideration as the delegation of clinical responsibilities.

C. Responsibilities of the Program Director

1. The program director must establish a program-specific supervision policy consistent with the specific program requirements and this current policy, and share it with the GME, as well as the program's trainees and faculty.

2. The program director must monitor the supervision of trainees across the different affiliated sites.
3. The program director must establish a mechanism for trainees to report concerns about supervision at any level in a protected manner that is free from reprisal and investigate these concerns with oversight from the GME committee (GMEC).

D. Responsibilities of the GME office

1. The GMEC must ensure that trainee supervision is consistent with the provision of safe and effective patient care, the educational needs of the learner, progressive responsibility according to the trainee's level of education, and adheres to applicable Foundational and Advanced Specialty requirements.
2. The GMEC must oversee the quality of supervision by requiring each program to submit an annually updated curriculum or residency guide, including department-specific supervision policies and procedures. Adequate supervision will also be ensured by periodically monitoring evaluations completed by residents, the Annual Program Evaluation reports, and the GMEC Annual Internal Review process.
3. The GMEC provides feedback to the Dean and the medical staff leadership at all participating sites through an annual report on the supervision policy and procedures, as well as the safety and quality of patient care.
4. The GMEC should provide necessary workshops and educational materials for teaching faculty in conjunction with the GMEC Development Committee and the Associate Dean of the Office of Faculty Affairs and Development (OFAD).
5. The GMEC shall review the ACGMEI concerns regarding the supervision of residents and ensure that appropriate follow-up with corrective actions occurs as needed.

VI. Procedure for breach of adequate supervision

- A. If trainees identify incidents of inadequate supervision, they are encouraged to report the issue to their program director, the department chair, or the GME office without fear of reprisal.
- B. The Program Director has the authority to remove the trainee from their current placement if supervision is inadequate and/or if it jeopardizes patient care or poses a potential hazard.
- C. Decisions to remove trainees from a specific placement or rotation should be communicated with the DIO/Assistant Dean of GME, the department chair, and the designated coordinator of the rotation or site director.
- D. The above parties should agree on the most appropriate remediation actions that may include specific counseling of the supervising faculty, conducting needed training workshops, all the way to interruption of a given rotation or severing an affiliation agreement.

Approved by	Date
GMEC	25-09-2024
Interim Review	22-08-2024