COM GME Internal Medicine Program Policy

Policy 1.900 Internal Medicine
Section Resident Supervision/Work Environment
Subject Supervision
Policy Requirements ACGME Institutional: 2.2.b;3.2.d; 4.10 ACGME Common: 2.6; 2.11; 4.2.c; 6.6; 6.7; 6.8; 6.9; 6.10; 6.11 ACGME Internal Medicine: 2.6.I; 4.2.c; 4.11.e.6.; 6.6; 6.7; 6.8; 6.11 COM GMEC: 3.100 UAMS Administrative Policies: 4.4.01
Version History Date developed: **07/2025** Revisions Approved: **10/2025** Reviewed by Program Evaluation Committee: 10/2025

Purpose: To ensure the availability of adequate resources for resident education, including support for core faculty members to ensure both effective supervision and quality resident education.

Policy: The COM Internal Medicine program policy will provide proper supervision as defined by the following classifications in which the residents must provide patient care:

- Direct Supervision (DS) – Supervising physician is physically present with the resident and the patient during key portions of the patient interaction.
- 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. (ISI used or Immediately available. ISA used for available)
- Oversight (O) – The supervising physician is available to review procedures/encounters with feedback provided after care is delivered.

Interns are 1st year residents who are directly supervised by upper-level residents, fellows, and attending physicians as they provide the day-to-day care of patients. They are typically the initial contact person for questions

Senior or upper-level residents, having completed an internship, are expected to assume a more supervisory role in patient care (as team leaders), care for patients with more complex clinical problems and have more autonomy in medical decision making.

The Attending Physicians are the physicians ultimately responsible for a patient’s care. They must have an active Arkansas medical license and be credentialed by the Medical Staff Office.

Throughout training, residents will advance from direct to indirect supervision based on their performance using the ACGME Core Competency milestones, discussed in the Clinical Competency Committee (CCC) semiannual meetings and with the fellows during their individual semiannual meetings with the Program Director (PD).

Process:

The program director and faculty members must assign each resident the privilege of progressively increased authority and responsibility, conditional autonomy, and a supervisory role in patient care. The program director must evaluate each resident's abilities based on specific criteria, guided by the milestones.

When providing direct patient care, both residents and faculty members should clearly communicate their specific roles to each patient.

Documentation of all patient encounters MUST identify the supervising practitioner and indicate the level of involvement. Documentation of resident supervision include 4 types that are allowed:

1. Attending progress note or other entry into the medical record system, EPIC.
2. Attending addendum to the resident's note in the medical record system, EPIC.
3. Co-signature by the attending implies that the supervising practitioner has reviewed the resident note, and absent an addendum to the contrary, concurs with the content of the resident's note or entry.
4. Resident documentation of attending supervision. This includes involvement of the attending with a note such as "I have seen and discussed the patient with my supervising practitioner, Dr. 'X' and Dr. 'X' agrees with my assessment and plan". At a minimum, the responsible attending should be identified (e.g., "the attending of record for this patient encounter is Dr. 'X'.

Levels of Supervision:

For many aspects of patient care, the supervising physician may be a more advanced resident or fellow.

Clinical Activities/Procedures	PGY1	PGY2	PGY3
Arterial Lines	ISI	ISA	ISA
Central Line Insertion	ISI	ISA	ISA
Lumbar Puncture	ISI	ISA	ISA
Thoracentesis	DS	DS	DS
Abdominal paracentesis	ISA	ISA	O
Joint aspiration	DS	ISI	ISA
Joint injection	DS	DS	DS
Perform history and physical exam	ISA	O	O
Develop differential diagnosis and treatment plan	ISA	O	O
Order and interpret routine laboratory tests	ISA	O	O
Order medications, imaging, exams, and consults	ISA	O	O