

TRAINING PROGRAM SUPERVISION AND ACCOUNTABILITY POLICY

[Last updated: June 23, 2023]

Please reference complete [UW GME Institutional Supervision and Accountability Policy](#) for additional definitions and background.

UW Family Medicine Residency & Chelan Rural Training Track

Clinical Training Sites:

UW Neighborhood Northgate Clinic
UWMC-Montlake: Family Medicine Service
UWMC-Northwest: Family Medicine Service
Family Medicine Clinic at Harborview
Chelan Valley Community Health (CVCH)
Lake Chelan Community Hospital

Responsibilities and Accountability

Each patient must have an identifiable and appropriately-credentialed and privileged attending physician (or licensed independent practitioner as specified by the applicable Review Committee) who is responsible and accountable for the patient's care. This information will be available through personal introductions at the time of service, and the departmental website to residents/fellows, faculty members, other members of the health care team, and patients.

The UW Family Medicine Residency residents, fellows, and faculty members must inform each patient of their respective roles in that patient's care when providing direct patient care.

The program will provide the appropriate level of supervision for each resident/fellow based on each resident's/fellow's level of training and ability, as well as patient complexity and acuity. Supervision may be exercised through a variety of methods, as appropriate to the situation.

As part of their education program, residents/fellows are given graded progressive responsibility according to the individual's clinical experience, judgment, knowledge, and technical skill. Each resident/fellow must know the limits of their scope of authority, and the circumstances under which the resident/fellow is permitted to act with conditional independence.

Supervision Definitions

To promote oversight of resident/fellow supervision while providing for graded authority and responsibility, the following levels of supervision are recognized:

1. Direct Supervision:
 - a. The supervising physician is physically present onsite during the majority of patient interactions.

Note: PGY-1 residents are required to adhere to Option A as they must initially have only direct supervision.
 - b. The supervising physician and/or patient is not physically present with the resident during a telemedicine appointment but must monitor the trainee's patient interactions by using adequate methods of telecommunication.
2. Indirect Supervision:
 - a) *with direct supervision immediately available* – the supervising physician is physically within the hospital or other site of patient care and is immediately available to provide Direct Supervision. Response time not to exceed 30 minutes.
 - 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 means of telephonic and/or electronic modalities and is available to come to the site of care in order to provide Direct Supervision.
3. Oversight: the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

Resident Competence & Delegated Authority

The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident/fellow must be assigned by the program director and faculty members.

The program director must evaluate each resident's/fellow's abilities based on specific criteria, guided by the Milestones.

Faculty members functioning as supervising physicians must delegate portions of care to residents/fellows based on the needs of the patient and the skills of each resident/fellow.

Clinical Responsibilities by PGY-Level

PGY-1 Residents

PGY-1 residents are initially either directly supervised or *indirect supervision with direct supervision* immediately available (see definitions above). Utilizing regular evaluation by the CCC, and other input from supervising faculty, residents are advanced to Primary Care Exception after the first six months of the PGY1 year.

Intermediate Residents

Intermediate residents may be *directly* or *indirectly supervised* by an attending physician or senior resident/fellow but will provide all services under supervision. They may supervise PGY-1 residents and/or medical students; however, the attending physician is responsible for the care of the patient.

Senior Residents/fellows

Senior residents/fellows may be *directly* or *indirectly supervised*. They may provide direct patient care, supervisory care or consultative services, with progressive graded responsibilities as merited. Senior residents or fellows should serve in a supervisory role to medical students, junior and intermediate residents in recognition of their progress towards independence, as appropriate to the needs of each patient and the skills of the senior resident/fellow; however, the attending physician is responsible for the care of the patient.

Levels of Supervision for Common Specialty Clinical Activities and Invasive Procedures

Please list each clinical activity/procedure by PGY-level, with specific CPR Level of Supervision language:

Clinical Activity / Procedure	Resident level (PGY)	Location	Supervision Level
Outpatient clinic visits	R1	UW Primary Care Northgate Clinic, Harborview Family Medicine Clinic	First six months: faculty see all patients Second six months: primary care exception for some patients
Outpatient clinic visits	R2, R2	UW Primary Care Northgate Clinic, Harborview Family Medicine Clinic, CVCH	Primary care exception for non-complex patients
Outpatient office procedures	R1, R2, R3	UW Primary Care Northgate Clinic, Harborview Family Medicine Clinic, CVCH	All procedures supervised by faculty
Inpatient - patient care	R1, R2, R3	UWMC-Montlake, UWMC-Northwest, Lake Chelan Community Hospital	Indirect supervision - R1: direct supervision immediately available by senior resident or attending R2 and R3: direct supervision available

Inpatient – procedures	R1, R2, R3	UWMC-Montlake, UWMC-Northwest, Lake Chelan Community Hospital, HMC	All procedures supervised by faculty
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Outpatient Procedures	Resident Level (PGY)	Location	Supervision Level
DERM			
Simple interrupted suture	R1, R2, R3	UWPC Northgate, Harborview Family Medicine Clinic, Lake Chelan Community Hospital, CVCH	Direct
Complex suturing	R1, R2, R3	UWPC Northgate, Harborview Family Medicine Clinic, Lake Chelan Community Hospital, CVCH	Direct
Digital block	R1, R2, R3	UWPC Northgate, Harborview Family Medicine Clinic, Lake Chelan Community Hospital, CVCH	Direct
Drain subungual hematoma	R1, R2, R3	UWPC Northgate, Harborview Family Medicine Clinic, Lake Chelan Community Hospital, CVCH	Direct
Abscess I&D	R1, R2, R3	UWPC Northgate, Harborview Family Medicine Clinic, Lake Chelan Community Hospital, CVCH	Direct
Nail removal	R1, R2, R3	UWPC Northgate, Harborview Family Medicine Clinic, Lake Chelan Community Hospital, CVCH	Direct
Foreign body removal	R1, R2, R3	UWPC Northgate, Harborview Family Medicine Clinic, Lake Chelan Community Hospital, CVCH	Direct
Biopsy: Punch, Excision	R1, R2, R3	UWPC Northgate, Harborview Family	Direct

		Medicine Clinic, Lake Chelan Community Hospital, CVCH	
Cryotherapy	R1, R2, R3	UWPC Northgate, Harborview Family Medicine Clinic, Lake Chelan Community Hospital, CVCH	Direct
Incisional cyst removal	R1, R2, R3	UWPC Northgate, Harborview Family Medicine Clinic, Lake Chelan Community Hospital, CVCH	Direct
REPRO			
Prenatal US: AFI, placenta	R1, R2, R3	UWPC Northgate, Harborview Family Medicine Clinic, Lake Chelan Community Hospital, CVCH	Direct
Prenatal US: dating	R1, R2, R3	UWPC Northgate, Harborview Family Medicine Clinic, Lake Chelan Community Hospital, CVCH	Direct
Bartholin cyst drainage	R1, R2, R3	UWPC Northgate, Harborview Family Medicine Clinic, Lake Chelan Community Hospital, CVCH	Direct
Colposcopy	R1, R2, R3	UWPC Northgate, Harborview Family Medicine Clinic, Lake Chelan Community Hospital, CVCH	Direct
Cervical polyp removal	R1, R2, R3	UWPC Northgate, Harborview Family Medicine Clinic, Lake Chelan Community Hospital, CVCH	Direct
Endometrial biopsy	R1, R2, R3	UWPC Northgate, Harborview Family Medicine Clinic, Lake Chelan Community Hospital, CVCH	Direct
IUD insertion	R1, R2, R3	UWPC Northgate, Harborview Family Medicine Clinic, Lake	Direct

		Chelan Community Hospital, CVCH	
IUD removal	R1, R2, R3	UWPC Northgate, Harborview Family Medicine Clinic, Lake Chelan Community Hospital, CVCH	Direct
Nexplanon insertion/removal	R1, R2, R3	UWPC Northgate, Harborview Family Medicine Clinic, Lake Chelan Community Hospital, CVCH	Direct
Uterine aspiration/D&C	R1, R2, R3	UWPC Northgate, Harborview Family Medicine Clinic, Lake Chelan Community Hospital, CVCH	Direct
Vasectomy	R1, R2, R3	UWPC Northgate, Harborview Family Medicine Clinic, Lake Chelan Community Hospital, CVCH	Direct
MSK			
Closed fracture reduction	R1, R2, R3	UWPC Northgate, Harborview Family Medicine Clinic, Lake Chelan Community Hospital, CVCH	Direct
Splinting	R1, R2, R3	UWPC Northgate, Harborview Family Medicine Clinic, Lake Chelan Community Hospital, CVCH	Direct
Joint Injection/Aspiration	R1, R2, R3	UWPC Northgate, Harborview Family Medicine Clinic, Lake Chelan Community Hospital, CVCH	Direct
Aspirate/injection: bursa, ganglion cyst	R1, R2, R3	UWPC Northgate, Harborview Family Medicine Clinic, Lake Chelan Community Hospital, CVCH	Direct
Trigger Point Injection	R1, R2, R3	UWPC Northgate, Harborview Family Medicine Clinic, Lake	Direct

		Chelan Community Hospital, CVCH	
Trigger finger injection	R1, R2, R3	UWPC Northgate, Harborview Family Medicine Clinic, Lake Chelan Community Hospital, CVCH	Direct
Tendon sheath injection, peritendinous injection	R1, R2, R3	UWPC Northgate, Harborview Family Medicine Clinic, Lake Chelan Community Hospital, CVCH	Direct
OTHER			
Hemorrhoid excision	R1, R2, R3	UWPC Northgate, Harborview Family Medicine Clinic, Lake Chelan Community Hospital, CVCH	Direct
Circumcision	R1, R2, R3	UWPC Northgate, Harborview Family Medicine Clinic, Lake Chelan Community Hospital, CVCH	Direct

Inpatient -Procedures	Resident level (PGY)	Location	Supervision Level
Vaginal Delivery	R1, R2, R3	UWPC Northgate, Harborview Family Medicine Clinic, Lake Chelan Community Hospital, CVCH	Direct
Vacuum-assisted VD	R1, R2, R3	UWPC Northgate, Harborview Family Medicine Clinic, Lake Chelan Community Hospital, CVCH	Direct
Cesarean section	R1, R2, R3	UWPC Northgate, Harborview Family Medicine Clinic, Lake Chelan Community Hospital, CVCH	Direct
Perineal laceration repair	R1, R2, R3	UWPC Northgate, Harborview Family Medicine Clinic, Lake	Direct

		Chelan Community Hospital, CVCH	
Paracentesis	R1, R2, R3	UWPC Northgate, Harborview Family Medicine Clinic, Lake Chelan Community Hospital, CVCH	Direct
Thoracentesis	R1, R2, R3	UWPC Northgate, Harborview Family Medicine Clinic, Lake Chelan Community Hospital, CVCH	Direct
Adult lumbar puncture	R1, R2, R3	UWPC Northgate, Harborview Family Medicine Clinic, Lake Chelan Community Hospital, CVCH	Direct
Newborn lumbar puncture	R1, R2, R3	UWPC Northgate, Harborview Family Medicine Clinic, Lake Chelan Community Hospital, CVCH	Direct
Adult intubation	R1, R2, R3	UWPC Northgate, Harborview Family Medicine Clinic, Lake Chelan Community Hospital, CVCH	Direct
Newborn intubation	R1, R2, R3	UWPC Northgate, Harborview Family Medicine Clinic, Lake Chelan Community Hospital, CVCH	Direct
Central venous catheter	R1, R2, R3	UWPC Northgate, Harborview Family Medicine Clinic, Lake Chelan Community Hospital, CVCH	Direct
Arterial Line	R1, R2, R3	UWPC Northgate, Harborview Family Medicine Clinic, Lake Chelan Community Hospital, CVCH	Direct
Newborn vascular access (peripheral, IO, umbilical v.)	R1, R2, R3	UWPC Northgate, Harborview Family Medicine Clinic, Lake Chelan Community Hospital, CVCH	Direct

Esophagogastroduodenoscopy	R1, R2, R3	UWPC Northgate, Harborview Family Medicine Clinic, Lake Chelan Community Hospital, CVCH	Direct
Colonoscopy	R1, R2, R3	UWPC Northgate, Harborview Family Medicine Clinic, Lake Chelan Community Hospital, CVCH	Direct
MVA for miscarriage	R1, R2, R3	UWPC Northgate, Harborview Family Medicine Clinic, Lake Chelan Community Hospital, CVCH	Direct

Circumstances and Events in which Supervising Faculty Member (s) MUST be Contacted

Complex patients, all new hospital admissions, clinically significant change in patient status, and at the discretion of the senior resident on the Family Medicine Service.

Supervision of Consults

Residents performing consultations on patients are expected to communicate verbally with their supervising attending prior to finalizing recommendations to the service requesting the consultation.

Emergency Procedures

It is recognized that in the provision of medical care, unanticipated and life-threatening events may occur. The resident/fellow may attempt any of the procedures normally requiring supervision in a case where death or irreversible loss of function in a patient is imminent, and an appropriate supervisory physician is not immediately available, and to wait for the availability of an appropriate supervisory physician would likely result in death or significant harm. The assistance of more qualified individuals should be requested as soon as practically possible. The appropriate supervising practitioner must be contacted and apprised of the situation as soon as possible.

Faculty Supervision Assignment

Faculty supervision of residents and fellows, in both in-patient and out-patient settings, is continuous over the three-year residency or one-year fellowship and is therefore of sufficient duration to assess the knowledge and skills of each resident/fellow and to delegate to the resident or fellow the appropriate level of patient care authority and responsibility. In the in-patient Family Medicine Service, faculty attending during the day in one-week blocks.

Supervision of Handoffs

Residents/fellows conducting hand-offs are expected to use structured verbal and electronic processes for patient transfers between services and locations. Program Handoff Policy

conforms with UW IPASS policy. Resident/fellows may be supervised directly or indirectly when conducting hand-offs. PGY-1 residents should initially be directly supervised when conducting hand-offs. Direct supervision of PGY-1 residents is done by senior residents and periodically by faculty.