



GRADUATE MEDICAL EDUCATION SUPERVISION

The University of Hawai'i John A. Burns School of Medicine, as the Sponsoring Institution (SI), is responsible for the full compliance of its programs with the Accreditation Council on Graduate Medical Education (ACGME) program requirements for resident and fellow supervision.

GME Programs must have a written policy on supervision that complies with ACGME Common Program Requirements [[VI.A.2 Supervision and Accountability](#)].

- Appropriate levels of supervision for unique activities of the specialty must be defined.
- A structured chain of responsibility and accountability as it relates to patient care must be defined, widely communicated, and monitored.
- Levels of supervision must follow ACGME classification (Common Program Requirements VI.A2.b) including:
 - Direct supervision
 - Indirect supervision
 - Oversight

In addition, programs must provide mechanisms by which residents/fellows can report inadequate supervision and accountability in a protected manner that is free from reprisal.

While graduated responsibility is expected as GME learners progress through their training, the attending physician supervisors are ultimately responsible for the clinical care provided while supervising residents and fellows in clinical settings. It is the attending supervisor's responsibility to review the program's Supervision Policy and provide supervision that promotes safe and effective care to patients. It is also the attending's responsibility to follow medical staff guidelines, policies, and procedures, as well as clinical practice guidelines and expected professional practices for clinical supervision of residents/fellows.

The Graduate Medical Education Council (GMEC) recognizes "SUPERB SAFETY" as the model for encouraging bidirectional communication between the learner and faculty supervisor. This model iterates guidelines for circumstances and events in which residents/fellows should communicate with the supervising faculty member(s). Training in SUPERB SAFETY is available on the JABSOM website. JABSOM requires all residents/fellows and strongly encourages core faculty members to complete this training and track completion.

The SI will review each program's written policy at least annually. The effectiveness of each policy will be evaluated by data that may include: (1) Faculty and resident surveys, (2) Clinical Learning Environment Review visits, or (3) Patient safety events, reports, or concerns. Programs demonstrating deficiency in the area of supervision, either through SI review or ACGME concern or citation, will be required to submit an action plan to GMEC. Progress on the action plan will be reviewed at each bimonthly GMEC meeting.

The SI and program will ensure that residents or fellows can report concerns about the adequacy of supervision and accountability in a protected manner that is free from reprisal.

Reporting mechanisms may include, but are not limited to, discussions with GME program or Department leadership, reporting concerns in RL, New Innovations, or through the anonymous GME email, reporting to members of the Office of the DIO, the JABSOM Associate Dean for Academic Affairs or the JABSOM Dean. The SI has clear policies that prevent and do not tolerate retaliation in any form. Please reference the University of Hawai'i [E.P.9.210](#) (*Workplace Non-Violence*) and [1.206](#) (*Whistleblower and Retaliation*) for more information.

APPENDIX

SUPERB SAFETY Model

Attending Physician		Resident	
S	Set Expectations for When to Be Notified <i>"I'd like you to contact me if a patient is discharged, goes to the ICU, goes to surgery or another service, dies, or leaves AMA."</i>	S	Seek Attending Physician's Input Early <i>"Involving your attending early can often prevent delays in care and provide quicker results. They are also legally responsible for patients."</i>
U	Uncertainty Is a Time to Contact <i>"It is normal to feel uncertain about clinical decisions. Please do contact me if you feel uncertain about a specific decision."</i>	A	Active Clinical Decisions <i>"Contact your attending if an active clinical decision is being made (surgery, invasive procedure, etc)"</i>
P	Planned Communication <i>"Let's talk around 10 PM on your call nights and before you leave the hospital each day. If you get busy or forget, I will contact you."</i>	F	Feel Uncertain About Clinical Decisions <i>"It is normal to feel uncertain about clinical decisions. You should contact your attending if you feel uncertain about a specific decision."</i>
E	Easily Available <i>"I am easy to reach by page, or you can use my cell phone or my home phone."</i>	E	End-of-Life Care or Family/Legal Discussions <i>"These complex discussions can change the course of care. Families and patients should also know that the attending is aware of the discussion."</i>
R	Reassure Resident Not to Be Afraid to Call <i>"Don't worry about waking me up, or if calling is a sign of weakness, or that I will think you are stupid. I would rather know what is going on."</i>	T	Transitions of Care <i>"Transitions are risky for patients. Contact your attending if someone is being discharged, transferred to another service or ICU, or hospital."</i>
B	Balance Supervision and Autonomy for Resident <i>"I want you to be able to make decisions about our patients, but I also know this is your first month as a resident so I will follow closely." (Tailor for more experienced residents to emphasize autonomy)</i>	Y	You Need Help With the System/Hierarchy <i>"Despite your best efforts, system difficulties and the hierarchy may hinder care for patients. Attendings can help expedite care through direct attending involvement with consultants, etc."</i>

Martin SK, Farnan JM. SUPERB safety: Improving communication for medical specialty residents. *J Grad Med Educ.* 2013 Mar; 5(1):159-160.doi: [10.4300/JGME-05-01-34](https://doi.org/10.4300/JGME-05-01-34)

Training accessible through: <https://manoa.hawaii.edu/jabsom/admin/facdev/login.php>