

SUPERVISION



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"How long out of medical school, doc?"

WVU GME Supervision Policy

- **Supervising faculty**, fellows and senior-level residents, will provide appropriate levels of clinical supervision in a **supportive**, and **non-retaliatory** manner.
- Your department will provide you with **specialty specific guidelines** for requesting supervision
- Your **first 6 months** will be carefully supervised. Following that, you will receive **progressive independence** based off past performance.



WVU GME Supervision Policy

◦ Resident supervision standards:

- **Notify attending** if patient is being discharged, transferred to the ICU, dies, leaves AMA, etc – **any major or unexpected change in status**.
- Calling for supervision is **NOT** a sign of **weakness** – it shows that you place the safety of your patient above all else.
- **Mistreatment** from an attending is **NOT acceptable**. Speak with your PD, or submit a Mistreatment report via The Button, and GME will get involved.



WVU GME Supervision Policy

o Supervision

- o By teaching staff and senior/chief residents
- o Faculty call schedules are organized to make **support readily available**
- o **Quality of supervision is monitored by annual surveys** (WVU GME, ACGME resident survey and ACGME faculty survey)
- o If surveys are concerning, PD, with the help of the PEC, will create an **action plan** which will be submitted to the GMEC.



ACGME CLER Expectations:

- o S Pathway 1) **Education** on supervision
- o S Pathway 2) **Resident/fellow perception** of the adequacy of supervision
- o S Pathway 3) **Faculty member perception** of the adequacy of resident/fellow supervision
- o S Pathway 4) Roles of clinical staff members **other** than physicians in resident/fellow supervision
- o S Pathway 5) Patients and families, and **GME supervision**
- o S Pathway 6) **Clinical site monitoring** of resident/fellow supervision and workload

Resident Supervision Survey

- Assigned semi-annually, in early November, and May, via E-Value
- Short & concise – please complete as soon as you receive the notification
- Data is important to help GME keep tabs on Supervision issues throughout the learning environment



The Perception of Adequate Supervision



- o How do you influence perception?
 - o With communication
 - o With consistency
 - o With a supportive and non-retaliatory learning environment
 - o We can't fix problems if we don't know about them. ("The Button")



Where is “the Button”?

- o Go to <http://medicine.hsc.wvu.edu/gme>
- o Scroll down towards the bottom, and you will see:

ADDITIONAL RESOURCES

/// [Mistreatment Form](#)



/// [People](#)

/// [Physician Wellness](#)

/// [ECFMG](#)

/// [Professionalism Form](#)



/// [Resident and Fellow Scholarly Activity](#)

/// [Contact Us](#)

/// [ERAS | AAMC](#)

How does “the Button” work?

- Click on the “Mistreatment Button”
- The next screen allows you to type out what happened:

Mistreatment Form

Explanation

If you are a resident who has experienced mistreatment; if you have been demeaned for requesting, or been denied, adequate supervision; or if you have witnessed any of these things happening to a resident, please click 'The Button' and make a report. Help us stop mistreatment and create and promote a safe learning environment.

I would like to report an episode of resident physician *

- ☐ Mistreatment
- ☐ Lack of Supervision

Please describe the details of the incident. *

Optional: if you want to be contacted please leave your email

Submit

Who receives the reports?

- o Sent directly to the **GME Office**
- o GME Office decides who will receive the report for investigation, and follows up until the issue is resolved
- o If you include an email address, the GME Office will contact you
- o Not a perfect tool, but **does** put the information into the **hands** of people who have the **potential to affect change**



Resident Supervision Survey

- The GME's Supervision Survey also helps us track where problems exist, or are developing



1. Supervision-Lack of Supervision

Have you witnessed or been involved in an incident where you felt patient care was compromised due to a lack of supervision?

Answer Choices	Percent of All Answers	Benchmark
1 . Never	69.82%	80%
2 . Rarely (once or twice)	26.04%	15%

Below Benchmark

2. Supervision-Procedures

Do you feel that you were asked to perform a procedure, unsupervised, with which you were not proficient?

Answer Choices	Percent of All Answers	Benchmark
1 . Never	89.64%	80%
2 . Rarely (once or twice)	8.88%	15%

Above Benchmark

3. Supervision-Faculty Availability

Were faculty available to you at all times via phone/pager?

Answer Choices	Percent of All Answers	Benchmark
1 . Always	83.43%	80%
2 . Most of the Time (10 times/month)	12.13%	15%

Above Benchmark

4. Supervision-Direct Supervision Available

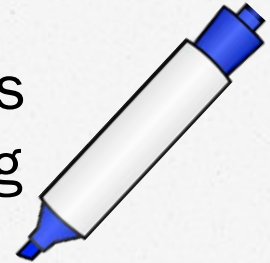
Were faculty present to directly supervise when you felt it was necessary?

Answer Choices	Percent of All Answers	Benchmark
1 . Always	76.63%	80%
2 . Most of the Time (10 times/month)	18.64%	15%

Below Benchmark

Strategies to Help Patients Understand the Supervision Hierarchy

- Update **dry erase boards** in each patient's room with names of physician staff caring for that patient



- Always **wear ID Card**



- Always **tell the patient** who you are, and what role you play in their care



**HAVE A
GOOD YEAR!**

