

**ATRIUM HEALTH CABARRUS  
GRADUATE MEDICAL EDUCATION  
POLICY FOR RESIDENT SUPERVISION**

1. The institution and its educational departments will conform to the current Institutional and applicable Program Requirements as published by the Accreditation Council for Graduate Medical Education as well as additional requirements as set by the Executive Committee of the Medical Staff.
2. Faculty supervision assignments will be of sufficient duration to assess the knowledge and skills of each resident and delegate to him/her the appropriate level of patient care authority and responsibility.
3. The following departments/units have 24/7 coverage by one or more in-house attending physicians: Emergency Medicine, Obstetrics, Pediatrics, Neonatal Intensive Care unit (NICU), Medical Intensive Care (MICU), Acute Care Surgery, and Cabarrus Family Medicine.
4. There will be an attending call list for each service that will allow 24-hour consultations. Each department will have a formal backup mechanism in case the primary consulting attending is not available.
5. Each patient must have an identifiable credentialed and privileged attending physician or licensed independent practitioner and this information must be available to residents, faculty, staff and patients.
6. Residents and faculty must inform their patients and care team of their respective roles when providing direct patient care.
7. To ensure oversight of resident and fellow supervision and graded authority, each program will confer a specific program policy which incorporates the four levels of supervision as stated below as well as their respective ACGME review committee requirements. Each program must define when the physical presence of a supervising physician is required.
8. Levels of supervision: PGY1 residents must either be initially supervised directly or the program may describe conditions under which PGY-1 Residents may progress to indirect supervision in accordance with the specialty Review Committee guidelines.
  - a) Direct Supervision - the supervising physician is physically present with the resident and patient
  - b) Direct Supervision via appropriate technology- the supervising physician and/or patient is not physically present with the resident and the supervising physician is concurrently monitoring the patient care through appropriate technology.
  - c) 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.
  - d) Oversight – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

*Erika Steinbacher*

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Date