CLER Pathway 4: Supervision
The ACGME Interpretation of Supervision

“Supervision in the setting of graduate medical education has the goals of assuring the provision of safe and effective care to the individual patient; assuring each resident’s development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishing a foundation for continued professional growth.”

-ACGME Core Program Requirements: ACGME approved focused revision: June 9, 2013; effective: July 1, 2013
Education on Supervision

• What training do you receive on the expectation of how faculty will act as your supervisor(s)?
  – “Boot Camp”
  – Surgical Team Training
  – Simulation Training

• To consider:
  – Trainees: How are you taught what your supervisory status will be as you progress throughout your training?
  – Faculty: How do you deem what actions are appropriate under your direct versus indirect supervision?

• House Staff Policies: Roles and Responsibilities, McGaw Supervision, NMHC Supervision
Perception

Do you feel adequately supervised? Are you comfortable asking questions?

- Service Matters Orientation: *It's Okay to say “I don’t know”*

- Surgical Team Training “CUeS”
  - Applies to ALL specialties:
    - “I’m Concerned”
    - “I’m Uncomfortable”
    - “This is a Safety issue”
      - Talk confidentially to Risk Management, 6-RISK

- Northwestern Medicine prides itself in having a *no blame culture*
What about my other colleagues?
Nurses, technicians, etc.

- What if another clinician has questions about a trainee’s ability and graded responsibilities?
  - Roles and responsibilities for each core program are posted for all to reference on NMI
  - Supervising attending always gives final approval for records and orders