

UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE JACKSONVILLE

Program: PEDIATRICS		
Effective Date: carry over from ongoing institutional policy in effect since 7/11/2018	Subject: RESIDENT SUPERVISION POLICY	Revised Date: 11/5/2024
Approval Date: 4/7/2025	Page 1 of 3	Date Reviewed: 4/7/2025

Each program must have a set of aims consistent with the Sponsoring Institution’s mission, the needs of the community it serves, and the desired distinctive capability of its graduates. Each program must also have competency-based goals and objectives that are designed to promote progress on a trajectory to autonomous practice, and which must be distributed, reviewed, and available to residents and faculty members. Parameters for graded responsibility as residents move from novice to competent are described in the goals and objectives for every rotation/educational experience. Competency is assessed as described in the Program Procedures below.

The following supervision levels apply to both in-person and telehealth patient encounters.

Direct Supervision:

- The supervising physician is physically present with the resident during the key portions of the patient interaction; or
- The supervising physician and/or patient is not physically present with the resident and the supervising physician is concurrently monitoring patient care through appropriate telecommunication technology

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

Oversight:

- The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered

Each resident must know the limits of their scope of authority, and the circumstances under which they are permitted to act with conditional independence. As complexity of responsibility increases, residents will require a greater or closer level of supervision from which progression will then evolve to be deemed competent.

PROGRAM PROTOCOLS

Residents must communicate with appropriate supervising faculty members in the following circumstances and events.

Care of a complex patient: In the clinical practice of this specialty, care of a complex patient includes, but is not limited to, those patients with the following:

- *Any clinical deterioration from expected course*
- *Any increased requirement in the level of care*
- *Transfer of a patient for treatment outside of the institution for specialized care*

UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE JACKSONVILLE

Program: PEDIATRICS	Subject: RESIDENT SUPERVISION POLICY	
Effective Date: carry over from ongoing institutional policy in effect since 7/11/2018		Revised Date: 11/5/2024
Approval Date: 4/7/2025	Page 2 of 3	Date Reviewed: 4/7/2025

- *Respiratory decompensation and/or need for support*
- *Cardiac decompensation and/or need for support*
- *Life threatening electrolyte conditions*
- *Acute or progressive neurologic event (i.e. CVA, Guillain-barre)*
- *Organ Failure*
- *Threat to vision or limb*
- *Treatment complication or side effect, including anaphylaxis*
- *Medical error or “near” miss*
- *Acute onset of psychosis, suicidality, harm to self or others*
- *Legal decisions regarding custodial or guardianship status*
- *Need to discuss AND or palliative care options*
- *Death or Impending Death*
- *Organ procurement*

For any of these types of patient or case complexity, or when in doubt about the level of patient complexity, the resident must communicate with the supervising faculty.

End-of-life decisions: the supervising faculty member must be called by the resident as soon as end-of-life issues arise. The faculty member will be present with the resident during end-of-life discussions with patients and families.

Transfer of patient to intensive care unit: the supervising faculty member must be called by the resident for any deteriorating condition change in a patient that potentially necessitates respiratory (including, but not limited to, bipap or intubation) or circulatory support (including, but not limited to, consideration for pacing, pressors, inotropes or mechanical support), unless otherwise specified in plans made with the supervising faculty.

PROGRAM PROCEDURES

Competence is determined using global assessments, multisource assessments and objective measures, as detailed in the goals and objectives for every rotation/educational experience. The degree of supervision and the progression of graded responsibilities will be assessed by the Clinical Competency Committee based on the achievement of the goals and objectives of clinical rotations, recorded in the evaluations including global assessments, multisource assessments and direct observation, with specifics below:

Formative evaluation of resident competence is assessed by teaching faculty during each rotation, with ongoing feedback provided. The summative evaluation (global assessment) is located in **New Innovations**, for review by the resident who can question the faculty on any

UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE JACKSONVILLE

Program: PEDIATRICS		
Effective Date: carry over from ongoing institutional policy in effect since 7/11/2018	Subject: RESIDENT SUPERVISION POLICY	Revised Date: 11/5/2024
Approval Date: 4/7/2025	Page 3 of 3	Date Reviewed: 4/7/2025

issues at the end of each rotation. On a semi-annual basis, the clinical competency committee reviews all performance data on each resident, determines the resident’s progress on their specialty Milestones, and establishes required supervision levels, which are documented in New Innovations for access by other health care personnel. The individual trainee supervision level access is available on the Bridge: <https://1b-esx-infonet.umc.ufl.edu//Medical-Staff-Services/Pages/default.aspx> (see resident supervision guidelines). The program director or designee meets individually with each resident to review his/her progress and to help set performance improvement goals.

For Pediatrics, there is a similar process in place at Wolfson Children’s Hospital (WCH) which has been approved by the WCH Medical Board.