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Owner	Jennifer Lee: Director
Area	Medical Education
Applicability	Gundersen Region (All Hospitals)
References	Policy

Institutional Supervision - Residents/Fellows

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Applicable To

All Graduate Medical Education (ACGME accredited in addition to all other programs) Program Directors, faculty, residents and fellows of Gundersen Lutheran Administrative Services, Inc., independently and as agent for Gundersen Lutheran Medical Center, Inc., Gundersen Clinic, Ltd., Gundersen Lutheran Medical Foundation, Inc., Memorial Hospital of Boscobel, Tri-County Memorial Hospital Inc., St. Joseph's Health Services Inc., Palmer Lutheran Health Center, Moundview Memorial Hospital & Clinics, Inc., and Saint Elizabeth's Hospital of Wabasha, Inc. (hereinafter referred to collectively as "Gundersen").

Purpose Statement

The purpose of this policy is to outline supervision requirements for all Gundersen Medical Foundation Residency/Fellowship Programs in order to (1) ensure that patients receive safe and effective care; (2) residents/fellows develop skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and (3) establish a foundation for continued professional growth, to comply with the Accreditation Council for Graduate Medical Education (ACGME) Institutional Requirements and Common Program Requirements. All accredited programs must assure that their residents and fellows, as well as all supervising or attending physicians, adhere to the following standards to optimize patient care and the educational experience of our trainees.

Definitions

Direct Supervision: The supervising physician is physically present with the resident/fellow during the key portions of the patient interaction.

Indirect Supervision: The supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the resident/fellow 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.

Procedures

In the clinical learning environment, each patient must have an identifiable, appropriately-credentialed and privileged attending physician (or licensed independent practitioner as approved by each ACGME Review Committee) who is ultimately responsible for that patient's care. This information should be available to residents/fellows, faculty members, and patients.

To ensure appropriate oversight of resident/fellow supervision, each program must use the classification of supervision as defined above.

The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident/fe;;pw must be assigned by the Program Director and faculty members.

1. Faculty supervision assignments should be of sufficient duration to assess the knowledge and skills of each resident/fellow and delegate to them the appropriate level of patient care authority and responsibility.
2. Each program is responsible for developing descriptions of the level of responsibility accorded to each resident/fellow by rotation and PGY level. These descriptions must include identification of the mechanisms by which the participant's supervisor(s) and Program Director make decisions about each resident's/fellow's progressive involvement and independence in specific patient care activities. In particular:
    a. The Program Director must evaluate each resident's/fellow's abilities based on specific criteria established by the faculty of the training program. These criteria should be guided by national standards-based criteria when such are available;
    b. Supervising faculty members will delegate patient care activities to residents/fellows based on the needs of the patient and the demonstrated abilities of the resident/fellow;
    c. Senior residents or fellows should serve in a supervisory role of junior residents/fellows with appropriate patients, provided their demonstrated progress in the training program justifies this role;
    d. In each training program, there will be circumstances in which all residents/fellows, regardless of level of training and experience, must verbally communicate with appropriate supervising faculty. Programs must identify and set guidelines for these circumstances and these guidelines must be available in writing for all residents/fellows.

Programs must set guidelines for circumstances and events in which residents/fellows must communicate with appropriate supervising faculty members, such as the transfer of a patient to an intensive care unit, or end-of-life decisions.

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1. Each resident/fellow must know the limits of the resident's/fellow's scope of authority, and the circumstances under which the residents/fellows are permitted to act with conditional independence.
2. PGY-1 residents must initially be supervised directly.

Gundersen Medical Education has a mechanism by which residents/fellows can report inadequate supervision concerns in a protected manner that is free from reprisal, as well as complete the on-line form and submitting it to the GME office.

Responsibilities

The Vice President of Medical Education/Designated Institutional Official and the Administrative Director of Medical Education in Medical Education are responsible for the development and oversight of this policy. Inadequate supervision concerns will be addressed on a case by case basis.

Residency/Fellowship Program Directors: Ensure appropriate oversight of resident/fellow supervision is adhered to within the clinical learning environment; maintain descriptions outlining the level of responsibility; and evaluate resident/fellow's appropriately.

Residency/Fellowship Program Administrators: Ensure rotation descriptions are available in MedHub and sent to residents/fellows before rotation start dates.

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References

Accreditation Council for Graduate Medical Education (ACGME): (IR 4.10) - ACGME Institutional Requirements including FAQs

Accreditation Council for Graduate Medical Education (ACGME): (CPR 6.7) - ACGME Common Program Requirements (Residency) including FAQs

Approval Signatures

Step Description	Approver	Date
MD	Benjamin Jarman: MD - General Surgery	10/5/2026
Manager	Jennifer Klonecki: Manager	9/30/2026
Policy Review Committee	Bradley Northrup: Accreditation Specialist	9/30/2026
Policy Owner	Jennifer Lee: Director	9/17/2026

Applicability

Boscobel, Gundersen, Moundview, Palmer, St Elizabeth, St Josephs, Tri-County

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