



DEPARTMENT OF THE NAVY

BUREAU OF MEDICINE AND SURGERY  
WASHINGTON, D.C. 20372-5120

IN REPLY REFER TO

BUMEDINST 1520.33

BUMED-531

27 Aug 92

BUMED INSTRUCTION 1520.33

From: Chief, Bureau of Medicine and Surgery

Subj: SUPERVISION GUIDELINES FOR CIVILIAN PHYSICIAN TRAINEES IN  
OVERSEAS NAVAL HOSPITALS

Ref: (a) NAVMEDCOMINST 1520.6  
(b) BUMEDINST 6320.66A  
(c) Accreditation Manual for Hospitals  
(d) American Medical Association Directory of Graduate  
Medical Education (GME) Programs  
(e) BUMEDINST 6010.17

1. Purpose. To establish policies and procedures for the supervision of civilian physician trainees in overseas naval hospitals. Graduate medical education (GME) prepares physicians for practice in a medical specialty. GME programs focus on developing clinical skills and professional competencies. Accordingly, GME is an organized educational program relying primarily on learning acquired through the process of providing patient care under supervision that prepares the physician for independent practice.

2. Cancellation. NAVMEDCOMINST 1520.15.

3. Policy. Civilian trainees can provide supervised patient care in naval hospitals when it is beneficial to the naval facility. These trainees are allowed into overseas naval hospitals, as local policy permits, under the scrutiny of the commanding officer with guidance from the executive committee of the medical staff, existing hospital bylaws, and the quality assurance and risk management committee.

4. Background. References (a) through (d) provide additional guidance for the qualifications and competence of privileged staff physicians and trainees, for the conduct of physician training, and for documented supervision of such trainees by privileged physicians for all aspects of patient care. Reference (b) specifically prohibits trainees from being granted unsupervised clinical privileges while in training. Reference (e) addresses medical staff membership for all medical treatment facilities (MTFs). Local policies and procedures must address supervision requirements and limitations for trainees.



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5. General Requirement. The standard of supervision for physician trainees is expected, regardless of the training site.

a. Teaching Hospitals. Civilian trainees from civilian medical and osteopathic schools and accredited civilian GME programs must meet the same professional criteria for acceptance into the hospital as their Navy counterparts. Required documentation is listed in reference (b). Their training and supervision, while providing care to military patients, must be the same as for Navy trainees in the same facility.

b. Nonteaching Hospitals. Supervision of civilian trainees by privileged physicians must be specified. In addition, specify if sufficient qualified Navy physician specialists are assigned to the naval hospital to provide appropriate supervision of these trainees. If sufficient numbers or types of Navy physician specialists are not available, the commanding officer must indicate how to provide appropriate supervision and who provides it.

6. Supervision Requirements. Reference (e) describes minimum supervision requirements for trainees in Navy GME programs. Although not clearly outlined in the supervision requirements, it is understood that in Navy teaching hospitals, several levels of physician trainees will be onboard outside normal working hours, when not all physician specialties have privileged staff onboard. GME-1 trainees must not provide patient care without a GME-2+ resident, fellow, or privileged staff physician onboard to provide immediate consultation and supervision. These same supervision requirements must be met in nonteaching naval hospitals when trainees provide patient care. Since the nonteaching naval hospitals may not have direct control over the number of civilian trainees or their level of training, the following additional supervision requirements must be specified and monitored for compliance:

a. Medical students must only be supervised by GME-2+ residents, fellows, or privileged staff physicians.

b. GME-1 trainees must not provide patient care without a GME-2+ trainee or privileged staff physician available onboard for immediate consultation.

c. The degree of direct or indirect supervision of all levels of trainees by more experienced trainees and privileged staff must be specialty specific.

d. Privileged staff responsibility for each inpatient in the naval hospital must be continuous and documented in the inpatient medical record.

e. Privileged civilian staff responsible for supervising inpatient care must ensure that continuity of care and quality of care are not compromised by their responsibilities outside the naval hospital.

f. When Navy physicians also have responsibility for direct or indirect supervision of nonphysician health care providers in the facility, consider these requirements with their ability to supervise physician trainees.

7. Organization and Responsibilities. Responsibilities for establishing and controlling civilian physician training in teaching and nonteaching naval hospitals:

a. Chief, Bureau of Medicine and Surgery provides guidance for the implementation and administration of civilian physician training in teaching and nonteaching naval hospitals.

b. Commanding officers must ensure that civilian physician trainees are qualified to provide patient care under supervision by meeting the requirements of reference (b). Ensure that privileged staff provided by the civilian institution are qualified to provide patient care and supervise trainees in the naval facility by meeting the requirements of reference (b). Ensure that the supervision requirements of reference (a) and paragraph 6 of this instruction are met.

(1) Each naval hospital that allows physician trainees to provide patient care under the supervision of Navy or civilian staff physicians is considered to be providing GME. When GME is conducted in a facility, a Director of Medical Education (DME), a physician, is appointed by the commanding officer. The DME is chairman of the GME committee, which is composed of appropriate department heads and their counterparts from any civilian training. The DME must maintain a current edition of reference (d) and be familiar with the specified "Essentials of Accredited Residencies."

(2) Policy and procedures must be established to provide for dismissal, with due process, of trainees not performing in a satisfactory manner. Trainees from an affiliated civilian program should be returned to their parent institution for such action as that program deems necessary.

(3) Identify a Navy or civilian department head as the physician with overall responsibility for civilian physician training in each department. As a member of the GME committee, the department head can provide updated information on the performance of all trainees and training staff. Normally this individual would also be designated as the training director or similar title in affiliation with any civilian training program which may be involved.

c. Department heads and training directors must monitor the assignment of civilian trainees and staff and ensure that no patient care is provided by these individuals until the requirements are met. (This physician is also responsible for keeping the GME committee and any affiliated civilian training institution of the trainee abreast of the progress and performance of trainees and staff.) Each trainee and any affiliated civilian staff providing patient care in the naval hospital must follow the requirements below:

(1) Zero tolerance for drug and alcohol use.

(2) Be familiar with specific command and department regulations, the standards of conduct, and the medical staff bylaws.

(3) Participate in command quality assurance and risk management and credentialing programs.

(4) Maintain a training record on each trainee.

d. Civilian physician trainees (either full-time or temporarily assigned to a naval hospital from a civilian training institution) must:

(1) Participate fully in the assigned clinical and educational activities at the naval hospital.

(2) Develop a personal program of staff-study and professional growth under the guidance of the supervising staff.

(3) Participate in the hospital activities which relate to clinical performance.

(4) Provide a critique of the training provided at the naval hospital at least at the end of each rotation.

8. Reporting Requirements. See reference (b) for reporting requirements.

9. Dissemination. The commanding officer of each naval hospital providing GME must ensure that staff physicians and trainees participating in GME in the facility are provided a copy of this instruction.

  
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