**BACKGROUND**

- Per ACGME, PGY-1 residents may be promoted to indirect supervision with direct supervision available after meeting certain milestones.
- There are no universally accepted methods for evaluating resident competency in these areas.
- Observations are collected during a resident's rotations and on-call experiences.
- In an attempt to standardize this process, additional data were collected from standardized patient (SP) encounters.

**METHODS**

- The readiness of PGY-1 residents for indirect supervision is evaluated in the standardized patient (SP) lab after completing at least 6 supervised on-call experiences and 2 weeks of inpatient psychiatry.
- Each resident interviews standardized actors portraying patients in a psychiatric emergency setting.

**Residents complete the following tasks:**

1) Gather patient history
2) Conduct an emergent psychiatric assessment
3) Present patient findings, assessment and plan to the assigned faculty member
4) Hand off (sign out) a second patient to a peer

**Supervising faculty tasks:**

1) Observe SP encounters via tele-video
2) Evaluate the accuracy of case presentations, including the description of mental status
3) Evaluate the adequacy of patient handoffs

**SP Encounter**

- 6 supervised on-call experiences and 2 weeks of inpatient psychiatry
- 30 minutes to gather patient history and conduct an emergent psychiatric assessment
- Present findings to a faculty member who observed the case
- Hand off a second case to a peer under faculty observation

**Presentation and Handoff**

- Residents competent in the required milestones are promoted to indirect supervision.

**ACGME Milestones Required for Promotion to Indirect Supervision**

1) The ability and willingness to ask for help when indicated
2) Gathering an appropriate history
3) The ability to perform an emergent psychiatric assessment
4) Presenting patient findings and data accurately to a supervisor who has not seen the patient

**DISCUSSION & CONCLUSION**

The SP session provided a structured tool to assess:

- Resident competency in the four outlined milestones
- Resident competency handing off patients to colleagues

The SP session served as a supplement to observations made on the wards and while on call in assessing each resident’s readiness for indirect supervision with direct supervision available.

**FUTURE CONSIDERATIONS**

- This novel assessment method needs to be further validated and codified in terms of its efficacy and utility. This includes ongoing data collection examining resident and faculty feedback and long-term outcomes.
- Residency programs nationwide use a vast array of methods for promoting residents to the level of indirect supervision. The team plans to survey programs nationwide to better understand how our novel approach compares with others used nationally.

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**DISCLOSURE**

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