POLICY ON RESIDENT SUPERVISION

The following GME Committee policy conforms to New York State Health Code as well as to ACGME Common Requirements. A member of the Medical Staff or qualified attending physician faculty must supervise all residents in activities involving patient care. Each patient must have an identifiable faculty member that is ultimately responsible for their care. This information should be available to residents, faculty members, hospital staff and patients. Residents and faculty should inform patients of their respective roles in each patient’s care.

The program must ensure, direct and document adequate supervision at all times. To ensure oversight of resident supervision and graded authority and responsibility, programs must use the following classification of supervision:

**Direct Supervision** – the supervising physician is physically present onsite with the resident and patient.

**Indirect Supervision:** (i) with direct supervision immediately available – the supervising physician is physically within the hospital or other site of patient care, and is immediately available to provide Direct Supervision.

(ii) with direct supervision available – the supervising physician is not physically present within the hospital or other sites of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide Direct Supervision in person within 20-30 minutes at all times.

**Oversight** – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

All residents will consult with the attending physician regarding the assessment and treatment of a patient's illness. Treatment plans will be in accordance with the attending physician's recommendations. When attending physicians are immediately available by telephone and readily available in person when needed, the onsite direct supervision of routine hospital care and procedures in the acute care specialties of Anesthesiology, Family Practice, Medicine, Obstetrics, Pediatrics, Psychiatry and Surgery may be carried out by postgraduate trainees who are in their final year of training, or who have completed at least three years of training in their specialty. For non-acute care specialties, onsite supervision of routine hospital care and procedures may be performed by a resident who is not in the final year of training if the department has specifically credentialed that individual resident to work in that capacity and supervise other residents.

The department must maintain written documentation of such credentialing for
each resident who assumes such responsibility. Attending physician supervision in surgery must be direct personal supervision of all surgical procedures requiring general anesthesia or an operating room procedure. All supervision must be documented in the resident rotation schedules and by attending physician on-call schedules. Each department will have available at all times such schedules and will provide such to all interested parties.

The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident must be assigned by the program director and faculty members.

Faculty members functioning as supervising physicians should delegate portions of care to residents, based on the needs of the patient and the skills of the residents. Senior residents or fellows should serve in a supervisory role of junior residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow.

Each resident must know the limits of their scope of authority, and the circumstances under which he/she is permitted to act with conditional independence. First-year residents should be supervised either directly or indirectly with direct supervision immediately available.

Each Chairman shall maintain and implement appropriate written policies and/or procedures for their respective program’s postgraduate trainees to ensure appropriate delineation of privileges and attending supervision (particularly supervision by attending physicians of care provided to surgical (or other complex procedures) patients by residents).

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