



DOWNSTATE
HEALTH SCIENCES UNIVERSITY

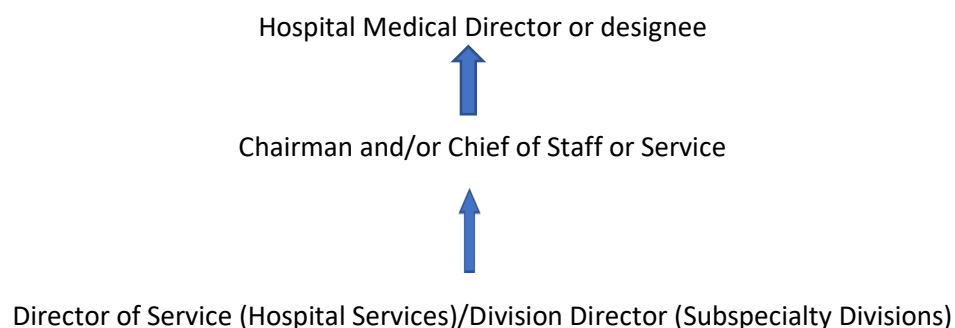
ESCALATION POLICY

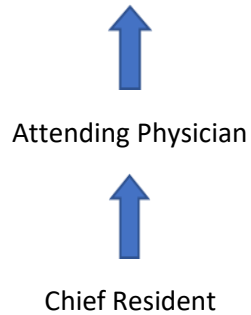
Escalation of Care

The training program encourages independent decision-making by residents and considers this to be the primary means and hallmark of progress through residency training. However, our governing principles are that 1) the safety and best interests of our patients are foremost, 2) the attending physician bears ultimate responsibility for any intervention, recommendation, or communication from the resident, and 3) residents should not feel pressured or coerced into making clinical decisions that they do not feel comfortable or qualified to make. For these reasons, residents should freely solicit the input or direct assistance of their attending in any clinical situation and at any time, and may defer involvement entirely in certain situations when there are reasonable grounds to do so.

In compliance with NYS Health Code, the attending physician must be in the hospital, or he/she must be immediately available by telephone and readily available in person (within 30 minutes) if needed at all times if a senior supervising resident (as defined) carries out on-site supervision. All residents must consult with the attending physician regarding assessment and treatment of a patient's illness, and treatment plans must be in accordance with the attending physician's recommendations. All supervision is documented in resident rotation schedules and by attending on-call schedules and is available for any and all interested parties. The Department maintains policies and procedures for ensuring appropriate delineation of privileges and attending supervision for postgraduate trainees and procedure performance.

In order to assure that residents always have necessary support and supervision, the following describes the hierarchy and lines of authority for patient care matters:





Whenever the supervising physician at the next level is not sufficiently responsive, the resident is expected to seek guidance and supervision from the next most senior physician following the hierarchy as far up as necessary. The office/home telephone and pager contact information for all physicians is available in published and posted schedules as well as through the page operators. Chief residents also maintain contact information for key attending physicians.

The supervising faculty must pay close attention to signs of fatigue in individual residents and understand its potential negative effect. All residents and faculty must assure that residents abide by the ACGME and NYS work hour rules. Residents who violate the work rules for clinical or other reasons MUST notify the program director in by email as soon as feasible.

This supersedes all Pediatric Residency Program Supervision Policies dated prior to this policy.

Policy updated on March 16, 2023

Christina Guillén, MD, FAAP, Program Director