



**SUNY Downstate Health Sciences University**  
**Pediatrics Residency Program**  
**Supervision of Pediatric Residents, Progressive Responsibility and Escalation Policy**

Faculty members function as supervising physicians to Pediatric Program residents and delegate portions of care to residents based on the needs of patients and trainee skill level and experience. Each patient must have an identifiable and appropriately-credentialed and privileged attending physician who is responsible and accountable for the patient's care. This information must be available to residents, faculty members, other members of the health care team, and patients.

In accordance with section VI.A.2.b).(1) of the ACGME Program Requirements for Graduate Medical Education in Pediatrics (the "Program Requirements"), to promote appropriate resident supervision while providing for graded authority and responsibility, the respective level of supervision for the following tasks associated with the delivery of patient care in Pediatrics is guided as follows:

**VI.A.2.c) Levels of Supervision**

To promote appropriate resident supervision while providing for graded authority and responsibility, the program must use the following classification of supervision: (Core)

**VI.A.2.c).(1) Direct Supervision:**

**VI.A.2.c).(1).(a)** the supervising physician is physically present with the resident during the key portions of the patient interaction. (Core)

**VI.A.2.c).(1).(a).(i)** PGY-1 residents must initially be supervised directly, only as described in VI.A.2.c).(1).(a). (Core)

**VI.A.2.c).(2) Indirect Supervision:** the supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the resident for guidance and is available to provide appropriate direct supervision. (Core)

**VI.A.2.c).(3) Oversight** – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered. (Core)

In accordance with Section VI.A.2.e) of the Program Requirements, included in this Policy are specific guidelines for all participating sites that detail when residents should communicate with supervising faculty attendings. Also included are site-specific guidelines that relate to the supervising faculty attendings' delegation of care to residents and the progressive authority awarded to residents based on their education levels and clinical maturation. Residents may confidentially report lapses in supervision to the SUNY Downstate Health Sciences University Compliance Hotline, to the compliance hotline at the applicable site, or directly to the Designated Institutional Official or the Associate DIO.

Residents and faculty members should also read, and be familiar with, the SUNY Downstate Health Sciences University's Graduate Medical Education Policy on Supervision of Residents and Fellows; available at: <https://www.downstate.edu/gme/policies-and-procedures.html>. Supervision shall, at all times, be carried out



in accordance with institutional policies.

All patients on the pediatric services, either inpatient or outpatient, are assigned an attending pediatrician who is responsible for that patient. The attending pediatrician is responsible for the overall care of the patient and for the supervision of the residents involved in the care of that patient. This is also true for consultations.

Proper supervision considers the status of the patient, the severity of the illness, the care of the patient as well as the training of the resident. The degree of supervision will vary with the clinical circumstances and the training level of the resident. These judgments will be based on the attending pediatrician's direct observation and knowledge of each resident's skill and ability. Junior residents are supervised by senior residents to the extent of the senior resident's own responsibility level. Patient care responsibilities assigned to residents will commensurate with their level of training, and the judgment of the program director and faculty.

Residents are instructed on how to contact attending pediatricians during orientation to the program and at the beginning of each rotation. All attending pediatricians are available by pager or cell phone. The contact numbers (pagers, cell phones, home numbers, service) are on a contact list and will be provided to the residents at the beginning of each rotation. Residents can also contact the chief residents as well as contacting the page operator at each hospital.

If a resident at any PGY level has difficulty identifying or contacting the responsible attending the resident should contact the chief resident, chief of service, the program director and/or the chair of Pediatrics immediately.

It is the obligation of the program director to ensure that faculty or attending physicians at each site in which the resident is assigned properly supervises residents. This responsibility is delegated to site directors for day-to-day assurance of appropriate resident supervision and the appropriate availability of supervising faculty. Should a resident believe that they are not being adequately supervised, they should contact the program director or the chair directly and inform them of the situation. They can also contact the GME office at SUNY if they feel that they want to remain anonymous.

#### **GENERAL PRINCIPLES:**

Within the scope of the training program, all residents, without exception, will function under the supervision of attending pediatricians. A responsible attending must be immediately available to the resident in person or by telephone and must be able to be physically present within a reasonable period of time, if needed. Each division service will publish, and make available, "call schedules" indicating the responsible pediatric attending.

The pediatric residency program is structured to encourage and permit residents to assume increasing levels of responsibility commensurate with their individual progress in experience, skill, knowledge, and judgment throughout the course of their training. The requirements of the American Board of Pediatrics, the American Board of Medical Specialties, the ACGME, and the Residency Review Committee for Pediatrics incorporated into



this training program to ensure that each successful program graduate will be eligible to sit for an American Board of Pediatrics examination.

The provisions of this document are applicable to all patient care services, including both inpatient and outpatient care settings, and the performance and interpretation of all diagnostic and therapeutic procedures. The attending and resident pediatricians are responsible to assure continuity of care provided to patients.

### **Definitions:**

#### **DEFINITION OF ROLES:**

##### **Junior Resident**

PGY-1 (PL-1) physician, but in settings in which the resident has no prior experience (e.g. PICU), may be a PGY-2 (PL-2). The junior resident is responsible for completing all histories and physicals on assigned patients, admission databases, daily progress notes, physician orders, following up on laboratory and imaging studies and communicating with patients and families.

##### **Senior Resident**

A physician who has met all requirements as junior resident and who has satisfactorily completed a PGY-1 (PL-1) and/or PGY-2 (PL-2) year in the same specialty. The senior resident has direct supervisory responsibility for junior residents and medical students and must provide oversight and assure completion of junior residents' responsibilities. The senior resident is responsible for coordination of the healthcare team and patient care services on the resident's designated unit. The supervisory resident must be privileged in specific procedures in order to supervise and sign-off on junior residents' successful performance of procedures. The senior resident is responsible for conducting morning work/sign-in rounds, afternoon sign-out rounds, coordinating attending rounds, and assuring effective exchange of patient information between care providers at all times. A designated senior supervising resident is a PGY-3 (PL-3) who has been assigned to provide supervision of activities or other PGY-2 (PL-2) or PGY-3 (PL-3) residents in the absence of a chief resident or attending.

##### **Chief Resident**

A physician at the PGY-3 (PL3) (rarely) or PGY-4 (PL4) (typically) level who has administrative and supervisory responsibility for all residents assigned to specific institutions and services. The chief resident provides consultative support, urgent/emergent assistance and support in coordination of staff member activities, staff allocation, and liaison with hospital and departmental administrative, nursing and support personnel. The chief resident is responsible for assuring adequacy of physician staffing and competent assessment of patient condition and progress.

##### **Fellow**

A physician who has completed pediatric residency training and is engaged in further training within a specific subspecialty discipline. Fellows provide consultation and expert guidance in management of patients with subspecialty specific issues under the supervision of subspecialty attending faculty.



### **Attending Physician**

A licensed, board certified/board eligible independent practitioner and qualified member of the medical staff responsible for supervising residents and directing the overall assessment/evaluation and management/treatment of patients. The attending is also responsible for assuring the quality of the resident's educational experience and learning. Attending physicians are privileged to supervise and sign-off on resident performance of procedures. Attending physicians may supervise resident activity directly on-site or under general supervision indirectly through immediate availability with on-site supervision provided by a resident who has completed 3 years of training or is in his/her final year of training (the senior supervising in-hospital resident).

### **Director of Service**

A licensed attending physician who has responsibility for supervising a specific service including hospital care units (inpatient, PICU, NICU), ambulatory areas (OPD, ED), or subspecialty services. Directors of Service possess authority over attending physicians within their areas of responsibility or subspecialty disciplines.

### **Chief of Service**

A licensed physician who has authority over all physicians and clinical activity within an institution or specific section of an institution.

### **Chairman**

The administrative head of the academic Department of Pediatrics. The Chair may also hold title as Chief of Staff and have responsibility for all medical staff in the Department within an institution.

### **ROLES AND RESPONSIBILITIES:**

The Department Chair, the Service Director and the Program Director are responsible for implementation of and compliance with these requirements.

**The attending pediatrician is responsible for**, and must be familiar with, the care provided to the patient as exemplified by the following:

Direct the care of the patient and provide the appropriate level of supervision based on the nature of the patient's condition, the likelihood of major changes in the management plan, the complexity of care, and the experience and judgment of the resident being supervised.

Documentation of this supervision will be via progress note, or countersignature thereof, or reflected within, the resident's progress notes at a frequency appropriate to the patient's condition. In all cases where the provision of supervision is reflected within the resident's progress note, the note shall include that the case was discussed with the attending.



#### **GRADUATED LEVELS OF RESPONSIBILITY:**

(1) **Residents**, as part of their training program, are to be given progressive responsibility for the care of the patient. A resident may act as a teaching assistant to less-experienced residents. Assignment of the level of responsibility must be commensurate with their acquisition of knowledge and development of judgment and skill, and consistent with the requirements of the accrediting body.

(2) Based on the attending pediatrician's assessment of a resident's knowledge, skill, experience, and judgment, residents may be assigned graduated levels of responsibility to:

(a) Perform procedures or conduct activities without a supervisor present; and/or (b) Act as a teaching assistant to less-experienced residents.

(3) The determination of a resident's ability to accept responsibility for performing procedures or activities without a supervisor present and/or act as a teaching assistant will be based on evidence of the resident's clinical experience, judgment, knowledge, and technical skill. This information is always entered and available on New Innovations.

#### **Mandatory resident communication with faculty.**

Residents must communicate with supervising faculty attendings as soon as feasible in the event of any of the following:

- Patient death
- If any unexpected serious adverse event is encountered at any time
- If requested to do so by another attending in any primary or specialty program (in each instance so requested)
- If specifically requested to do so by a patient or family (in each instance so requested)
- If the resident is uncomfortable with carrying out any aspect of patient care for any reason

In accordance with this Policy, the SUNY Downstate Institutional Policy and ACGME requirements, supervision shall be based on the needs of the patient and the skill of the individual resident.

#### **ESCALATION POLICY**

##### **Escalation of Care**

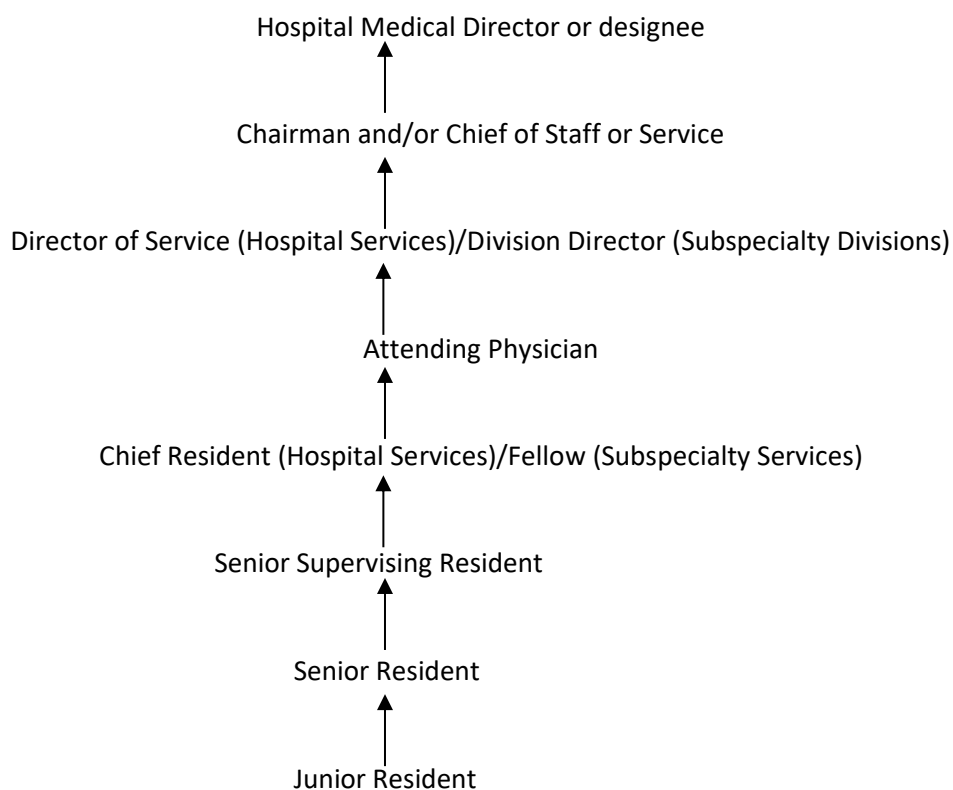
The training program encourages independent decision-making by residents and considers this to be the primary means and hallmark of progress through residency training. However, our governing principles are that 1) the safety and best interests of our patients are foremost, 2) the attending physician 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.



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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 3, 2023

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