SUNY HEALTH SCIENCE CENTER OF BROOKLYN
GME POLICIES AND PROCEDURES

SUBJECT: SUPERVISION OF RESIDENTS AND FELLOWS

Originating Department: Graduate Medical Education
Effective Date: 1/22/19
Original Issue Date: 6/16/10
Revisions: 3/21/12, 9/16/15

I. PURPOSE:

To delineate the standard processes for supervision of residents and fellows engaged in the care of patients commensurate with the trainee's level of training, clinical competence and responsibility

II. POLICY:

A qualified attending physician who is member of the Medical Staff at each participating site must supervise residents and fellows in all patient care activities. Each patient must have an identifiable attending physician who is supervising hospital staff and made known during transition of care handoffs. Residents and faculty must inform patients of their respective roles in each patient's care.

All programs are required to demonstrate that the appropriate level of supervision is in place for all residents and fellows engaging in patient care. Direct Supervision, Indirect Supervision with direct supervision immediately available, Indirect Supervision with direct supervision available, or Oversight must be provided. The program is must develop supervision and escalation policies that are tailored to the specialty and setting.

Each program must ensure, supervision that is appropriate and adequate at all times. The following classification of supervision are used:

This policy conforms to the ACGME Common Program Requirements dated July 1, 2017.

III. DEFINITIONS:

- **Direct Supervision:** the supervising physician is physically present on-site with the resident and the patient.
- **Indirect Supervision**:
    - 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.
    - 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 30 minutes at all times.
- **Oversight:** the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

IV. RESPONSIBILITIES:

The Department Chairs and Training Program Directors are responsible for ensuring that this policy is adhered to. As each participating site will have hospital procedures that are compliant with Joint

Commission requirements, the Chairs and Program Directors must partner with the Site Directors and Chiefs of Service to ensure that all the processes are concordant.

The supervising attending physicians, in compliance with the Medical Staff Bylaws, must assure timely, adequate, professional care for their patients by supervising and providing oversight appropriately so that the residents and fellows provide safe effective care with graduated autonomy.

Residents and fellows must be aware of their limitations and not attempt to provide clinical services or do procedures that are outside the scope of their training. In addition, residents and fellows are responsible for communicating to the attending physician any significant issues as they relate to patient care.

V. PROCEDURES:

A. Each training program sponsored by SUNY Downstate Medical Center shall develop and maintain appropriate supervision policies, compliant with ACGME Program Requirements, including an explicit description of the supervision for each activity or rotation and for each level. Each description shall include:

1. The types of supervision, using the terms in Section III above. If the level of supervision required may change during the rotation, for example **Direct Supervision** until documentation of competency changing to **Indirect Supervision with direct supervision available**, this must be clearly stated.

2. The person(s) providing supervision; if this is defined by position or title, the mechanism for identifying the current responsible individual must be specified.

3. Guidelines for circumstances and events in which trainees must communicate with appropriate attending faculty members, such as:

a) the transfer of a patient to a higher level of care,
b) controversies regarding patient management,
c) concerning changes in a patient's condition,
d) suicidality
e) end-of-life decisions.

4. Supervisory roles of the trainee, if any.

B. For each program the following setting-specific faculty supervision requirements are applicable. Setting-specific and program-specific policies will be developed by each program and communicated to its trainees.

1. Inpatient Services:

a) A patient care team that may include medical students, interns, residents and fellows, under the supervision of an attending physician, shall care for patients admitted to the service. Decisions regarding diagnostic tests and therapeutics, although initiated by housestaff, shall be reviewed with the responsible faculty member during patient care rounds.

b) Patients shall be seen by the responsible attending and their care shall be reviewed at appropriate intervals. The attending physician shall document his/her involvement in the care of the patient in the medical record. Housestaff members are required to promptly notify the patient's faculty physician in the event of any controversy regarding patient care or any serious change in the patient's condition.

c) The supervising attending physicians or their designees (covering physicians) are expected to be available, by telephone or pager, for housestaff consultation 24 hours per day for their term on service, on-call day or for their specific patients.

2. All Adult and Pediatric Emergency Departments:

a) In the Adult and Pediatric Emergency Departments, a faculty member must be on-site 24 hours per day.

3. **Clinics and Consultation Services:**
   a) In clinics and consultation services, a faculty member must review overall patient care rendered by housestaff using an appropriate level of supervision (Section III).
4. **Intensive Care Units:**
   a) In the Adult and Pediatric Intensive Care Units, the supervising attending physicians or their designees (covering physicians) are expected to be available, in person, or by telephone/ pager, for housestaff consultation 24 hours per day for their term on service, on-call day or for their specific patients.
5. **Operating Suites:**
   a) In the operating suites, a surgical attending physician is responsible for the supervision of all operative cases. A surgical faculty member shall be present in the operating room with housestaff during critical parts of the procedure. For less critical parts of the procedure, the supervising surgical attending must be immediately available for direct supervision.

C. Program directors must ensure that residents/fellows are informed of mechanisms by which they can report inadequate supervision in a protected manner that is free from reprisal. Residents may confidentially report lapses in supervision to the Compliance Hotline at each site or directly to the DIO or Associate DIO.

VI. CONTROLS:

The Chairs and Program Directors in collaboration with the Chiefs of Service and Site Directors will review the care rendered by residents and fellows to ensure appropriate communication and escalation is taking place between residents and attending physicians as outlined that the attending physicians are providing appropriate supervision.

The Designated Institutional Official (DIO) will implement and monitor the plan with oversight from the GMEC.

REFERENCES: ACGME Common Requirements , effective July 1, 2017