

SUNY DOWNSTATE MEDICAL CENTER  
GME POLICIES AND PROCEDURES



**SUNY  
DOWNSTATE**  
Health Sciences University

Office of Graduate Medical Education

University Hospital of Brooklyn

College of Medicine

School of Graduate Studies

College of Nursing

School of Health Related Professions

School of Public Health

**SUBJECT: SUPERVISION OF RESIDENTS AND FELLOWS**

Originating Department: Graduate Medical Education Committee

Date Approved by GMEC: 12/18/2019

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*In accordance with section IV.I.1. of the ACGME Institutional Requirements, the Sponsoring Institution must maintain an institutional policy regarding supervision of residents/fellows. In accordance with section IV.I.2. of the ACGME Institutional Requirements, the Sponsoring Institution must ensure that each of its ACGME-accredited programs establishes a written program-specific supervision policy consistent with the institutional policy and the respective ACGME Common and specialty-/subspecialty-specific Program Requirements.*

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**I. PURPOSE:**

To delineate 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. SCOPE:**

This Policy applies to all of the graduate medical education programs sponsored by SUNY Downstate Medical Center ("**SUNY Downstate**") to define, widely communicate and monitor a structured chain of responsibility and accountability as it related to the supervision of all patient care in order to provide safe and effective care to patients as well as to ensure that each resident/fellow develops the skills, knowledge and attitudes required to enter the unsupervised practice of medicine and establishes a foundation for continued professional growth.

**III. DEFINITIONS:**

- **conditional independence** refers to graded, progressive responsibility for patient care with defined oversight.
- **Direct Supervision:** the supervising physician is physically present on-site with the resident and the patient.
- **House Staff:** refers to all interns, residents or fellows enrolled in post-graduate medical training or research program or activity at SUNY Downstate or as a visiting rotator to SUNY Downstate.

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- **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 site of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide Direct Supervision.
- **Levels of Supervision:** Direct Supervision, Indirect Supervision with Direct Supervision immediately available, Indirect Supervision with Direct Supervision available, or Oversight.
- **Milestones:** refers to a description of performance levels residents and fellows are expected to demonstrate for skills, knowledge, behaviors and attitudes in the following domains: patient care and procedural skills; medical knowledge; practice-based learning and improvement; interpersonal and communication skills; professionalism; and systems-based practice.
- **Oversight:** the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.
- **Program Director:** refers to the individual designated with authority and accountability for the operation of a residency/fellowship program.

#### **IV. POLICY:**

A qualified attending physician who is an appropriately-credentialed and privileged attending physician (or licensed independent practitioner as specified by the applicable Review Committee) on the Medical Staff at each participating site must supervise residents and fellows in all patient care activities. Each patient must have an identifiable and appropriately-credentialed and privileged attending physician (or licensed independent practitioner as specified by the applicable Review Committee) who is responsible and accountable for the patient's care and such information must be available to residents/fellow, faculty members, other members of the health care team and patients. Residents/fellows and faculty members must inform each patient of their respective roles in that patient's care when providing direct patient care.

Each SUNY Downstate graduate medical education program (each, a "GME Program") is required to demonstrate that the appropriate level of supervision is in place for all residents and fellows engaging in patient care based on each resident's or fellow's level of training and ability, as well as patient complexity and acuity. To promote oversight of resident/fellow supervision while providing for graded authority and responsibility, each GME Program must use the following classification of supervision as appropriate to the situation: Direct Supervision, Indirect Supervision with Direct Supervision immediately available, Indirect Supervision with Direct Supervision available, or Oversight. Each GME Program must develop supervision and escalation policies that are tailored to the specialty and setting.

#### **V. RESPONSIBILITIES:**

The privilege of progressive authority and responsibility, conditional independence and a supervisory role in patient care delegated to each resident/fellow must be assigned by the Program Director and faculty members, including the Department Chair. The Program Director must evaluate each resident's/fellow's abilities based on specific criteria, guided by the Milestones.

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Faculty members functioning as supervising physicians must delegate portions of care to residents/fellows based on the needs of the patient and the skills of each resident/fellow. All 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.

Senior residents should serve in a supervisory role to 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. Fellows should serve in a supervisory role to junior fellows and residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow. 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.

Department Chairs and 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.

## **VI. PROCEDURES:**

- A. Each GME Program shall develop and maintain appropriate supervision policies, compliant with ACGME requirements, including an explicit description of the supervision for each activity or rotation and for each resident/fellow level. Faculty supervision assignments must be sufficient duration to assess the knowledge and skills of each resident/fellow and to delegate to the resident/fellow the appropriate level of patient care authority and responsibility. Post graduate year ("PGY")-1 residents must be supervised either by Direct Supervision or Indirect Supervision with Direct Supervision immediately available; provided, that PGY-1 residents may progress to be supervised by Indirect Supervision with Direct Supervision available subject to the conditions and achieved competencies as may be described by individual Review Committee specialty program requirements.

Each description of the supervision for each activity or rotation and for each resident/fellow level shall include the following:

1. The Level of Supervision. 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 the 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, and
  - e) end-of-life decisions.
4. Supervisory roles of the trainees, if any.

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- B.** Setting-specific and GME Program-specific policies will be developed by each GME Program and communicated to its residents and fellows. GME Program-specific policies must set guidelines for circumstances and events in which residents/fellows must communicate with the supervising faculty member(s) and appropriate processes so that each resident/fellow knows the limits of their scope of authority, and the circumstances under which the resident/fellow is permitted to act with conditional independence.

For each GME Program the following setting-specific faculty supervision requirements are applicable.

**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 House Staff, shall be reviewed with the responsible faculty member during patient care rounds.
- b) Patients shall be seen by the responsible attending physician 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. House Staff 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 House Staff 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 House Staff using an appropriate Level of Supervision.

**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 House Staff 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 House Staff 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/fellows may confidentially report lapses in supervision to the Compliance Hotline at each site or directly to the Designated Institutional Official ("DIO") or the Associate DIO.

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**VII. CONTROLS:**

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

The DIO will implement and monitor this Policy with oversight from the Graduate Medical Education Committee (“GMEC”).

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**Approved by GMEC and DIO, Effective 12/18/ 2019**



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**Chairman GMEC**



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**DIO**

***This Policy supersedes all prior, similar and/or related versions and revisions.***