SUNY DOWNSTATE MEDICAL CENTER
HEALTH SCIENCE CENTER AT BROOKLYN
GRADUATE MEDICAL EDUCATION
POLICIES AND PROCEDURES

Title:
POLICY ON RESIDENT SUPERVISION

Purpose:
Residency and fellowship training is a period of experiential learning from interactions with patients under the guidance and supervision of faculty members with the context of the health care delivery system. Development of competency leading to proficiency requires that residents assume personal responsibility for the care of individual patients. As trainees gain experience and demonstrate growth in their ability to care for patients, they assume roles that permit them to exercise those skills with greater independence. Through this learning process involving graded and progressive responsibility, supervision has the goals of assuring the provision of safe and effective care to the individual patient; assuring resident's development of skills, knowledge, and attitudes required to ultimately enter the unsupervised practice of medicine; and establishing a foundation for continued professional growth. This policy is established to ensure that the Sponsoring Institution, each of its accredited programs, departments, faculty, staff and trainees are aware of and comply with these basic tenets of graduate medical education as well as New York State Health Code regulations, participating site policies and ACGME Institutional and Common Program Requirements related to responsibility for and levels of supervision for residents and fellows engaged in the care of patients.

Policy:
The following GME Committee policy conforms to New York State Health Code as well as to ACGME Institutional and Common Program 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 who is ultimately responsible for his or her care. This information should be available to residents, faculty members, hospital staff and patients and made known during transition of care handoffs. 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 on-site with the resident and the patient.

Indirect Supervision:
(i) with direct supervision <u>immediately</u> 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 <u>not physically present</u> 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 aftercare is delivered.

Programs grant residents graded responsibility and conditional independence based on residents' demonstrated level of competence, skill and experience in the context of patients' condition, complexity and the support and other resources available. Programs are expected to delineate the required level of supervision for residents in specific clinical care settings and sites and for specific levels of training or demonstrated degrees of proficiency. Programs must provide policies that define the circumstances in which a supervising attending or one responsible for an individual patient's care must be contacted. 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 successfully 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, and these schedules must be available to residents, attendings and staff. 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. It is appropriate for this determination to be made by a clinical competency committee or other similarly functioning committee of faculty.

Faculty members functioning as supervising physicians should delegate portions of care to residents, based on the needs of the patient, complexity of the patient's condition 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 as well as when a supervising physician must be contacted. 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).

Revisions approved by GMEC 6/16/10
Reviewed and re-approved by GMEC 3/21/12
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