

**STONY BROOK UNIVERSITY HOSPITAL
GRADUATE MEDICAL EDUCATION
POLICIES AND PROCEDURES**

POLICY: SUPERVISION OF RESIDENTS

PURPOSE

To establish an institutional policy regarding supervision for all graduate medical education training programs within the institution.

To outline guidelines for supervision for postgraduate trainees at Stony Brook University Hospital (SBUH)

Each discipline will be responsible for the development of a policy for its program, which includes the principles stated in this document and outlines specific supervision issues distinctive to their training program. All supervision situations will be specialty specific.

Each program must provide appropriate supervision for all residents that is consistent with proper patient care, the educational needs of residents and the applicable program requirements.

Postgraduate medical education is the process by which clinical and didactic experiences are provided to residents to enable them to acquire those skills, knowledge and attitudes which are important in the care of patients. The purpose of Graduate Medical Education (GME) is to provide an organized and integrated educational program providing guidance and supervision of the resident, facilitate the resident's professional and personal development, and ensure safe and appropriate care for patients. GME programs focus on the development of clinical skills, attitudes, professional competencies and an acquisition of detailed factual knowledge in a clinical specialty.

POLICY

In a health care system where patient care and the training of health care professionals occur together there must be clear delineation of responsibilities to ensure that qualified practitioners provide patient care, whether they are trainees or full-time staff. It is recognized that as resident trainees acquire the knowledge and judgment that accrue with experience, they will be allowed the privilege of increased authority for patient care.

The intent of this policy is to ensure that patients will be cared for by clinicians who are qualified to deliver that care and that this care will be documented appropriately and accurately in the patient record. This is fundamental, both for the provision of excellent patient care and for the provision of excellent education and training for future health care professionals.

The quality of patient care, patient safety, and the success of the educational experience are inexorably linked and mutually enhancing. Incumbent on the clinician educator is the appropriate supervision of the residents as they acquire the skills to practice independently.

This policy focuses on resident supervision from the educational prospective.

As per the Institutional Requirements of the Accreditation Council for Graduate Medical Education (ACGME), programs must ensure that resident supervision is consistent with the provision of safe and effective patient care, the educational needs of the residents, and the progressive responsibility appropriate to the residents' level of education, competence and experience. This process is the underlying educational principle for all graduate medical education, regardless of specialty or discipline. Clinician educators involved in this process must understand the implications of this principle and its impact on the patient and the resident.

The program must ensure that qualified faculty provide appropriate supervision of residents in patient care activities.

Faculty and residents must be educated to recognize the signs of fatigue and sleep deprivation and adopt and apply policies to prevent and counteract the potential negative effects on patient care and learning.

When residents are assigned to participating sites, program letters of agreement must identify the faculty who will assume educational and supervisory responsibilities for residents, specify the faculty responsibilities for teaching, supervision and formal evaluation of resident performance, specify the duration and content of the educational experience, and state the polices and procedures that will govern resident education during the assignment.

New York State Health code 405.4

The medical staff monitors and supervises postgraduate trainees assigned patient care responsibilities as part of an approved medical training program including:

Providing written documentation of privileges granted to such individuals to appropriate medical and other hospital patient care staff;

Continuously monitoring patient care services provided by such individuals to assure provision of quality patient care services within the scope of privileges granted;

For acute care specialties of anesthesiology, family practice, medicine, obstetrics, pediatrics, psychiatry and surgery, supervision shall be provided by physicians who are board certified or admissible in those respective specialties or who have completed a minimum of 4 postgraduate years of training in such specialty. There shall be sufficient number of these physicians present in person in the hospital 24 hours per day, 7 days per week to supervise the postgraduate trainees in their specific specialties to meet reasonable and expected demand. In hospitals that can document that the attending physicians are immediately available by telephone and readily available in person when needed, the on-site (supervising physicians) may be in their final year of postgraduate training) supervision of routine hospital

care and procedures may be carried out in accordance with paragraph (2) of this subdivision by postgraduate trainees who are in their final year of postgraduate training or who have completed at least 3 years of postgraduate training.

Supervision by attending physicians of the care provided to surgery patients by postgraduates in training must include, as a minimum, personal supervision of all surgical procedures requiring general anesthesia or an operating room procedure, preoperative examination and assessment by the attending physician, and postoperative examination and assessment no less frequently than daily by the attending physician.

Responsibilities

The Associate Dean for GME is responsible for establishing local policy to fulfill the requirement of this policy and the applicable accrediting and certifying body requirements.

The program director is responsible for the quality of the overall affiliated education and training program in a given discipline and for ensuring the program is in compliance with the policies of the respective accrediting and/or certifying bodies. The program director defines the levels of responsibilities for each year of training by preparing a description of the types of clinical activities residents may perform and those for which residents may act in a teaching capacity. The program director is responsible for:

1. Assessing the attending physician's discharge of supervisory responsibilities. At a minimum this includes written evaluations by the residents and interviews with residents, other practitioners and other members of the health care team.
2. Arranging for all residents entering their first rotation to participate in an orientation to policies, procedures and the role of residents within the affiliated training program.
3. Ensuring that residents are provided the opportunity to contribute to discussions in committees where decisions being made may affect their education.

The attending physician refers to licensed, independent physicians who have been formally credentialed and privileged at the training site, in accordance with applicable requirements. The attending physician may provide care and supervision only for those clinical activities for which he/she is privileged. The attending physician is responsible for and must be personally involved in the care provided to individual patients in inpatient and outpatient settings and must continue to maintain this personal involvement when residents are involved in the care of these patients.

Residents refer to individuals who are engaged in a postgraduate training program in medicine. The term "resident" includes interns, residents and fellows. (See policy on Resident Responsibilities)

Supervision – The attending physician has the responsibility to enhance the knowledge of the resident and to ensure the quality of care delivered to each patient by any resident. This responsibility is exercised by observation, consultation and direction. It includes the imparting of the practitioner's knowledge, skills and attitudes by the practitioner to the resident and assuring that the care is delivered in an appropriate, timely and effective manner. Attending

physicians are responsible for the care provided to each patient, and they must be familiar with each patient for whom they are responsible. Fulfillment of such responsibility requires personal involvement with each patient and each resident who is providing care as part of the training experience. Each patient will be assigned an attending physician whose name will be clearly identified in the patient's record. It is recognized that other attending physicians may, at times be delegated responsibility for the care of a patient and provide supervision instead of or in addition to the assigned practitioner.

- (1) The attending physician will 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. Medical, surgical or mental health services must be rendered under the supervision of the attending physician or be personally furnished by the attending physician. Documentation of this supervision will be by progress notes entered into the patient record by the attending physician or reflected within the resident's progress note at a frequency appropriate to the patient's condition. The medical record should reflect the degree of involvement of the attending physician, either by staff physician progress note, or the resident's description of attending involvement. The resident note shall include the name of the attending physician with whom the case was discussed as well as a summary of that discussion. The attending may choose to countersign and add an addendum to the resident note detailing his/her involvement and supervision.
- (2) For patients admitted to an inpatient team, the attending physician or covering attending physician must meet the patient early in the course of care (within 24 hours of admission including weekends and holidays). This supervision must be personally documented in a progress note no later than the day after admission. The attending physician's progress note will include findings and concurrence with the resident's initial diagnosis and treatment plan as well as any modifications or additions. The progress note must be properly signed (including physician identification number), dated, timed and reflect ongoing supervision of the residents. Attending physicians are expected to be personally involved in the ongoing care of the patients assigned to them in a manner consistent with the clinical needs of the patient and the graduated level of responsibility of the trainee.
- (3) The attending physician will ensure that discharge or transfer of the patient from an inpatient team or clinic is appropriate, based on the specific circumstances of the patient's diagnoses and therapeutic regimen. This may include physical activity, medications, diet, functional status, and follow-up plans. At a minimum, evidence of this assurance will be documented by the attending physician's countersignature of the discharge summary or clinic discharge note.
- (4) For outpatients, all new patients to the clinic for which the attending physician is responsible should be supervised by the attending physician. This supervision must be documented in the patient chart via a progress note by the attending physician or the resident's note and include the name of the attending physician and the nature of the discussion. New patients should be supervised as dictated by graduated level of responsibility outlined for each discipline. Unless otherwise specified in the graduated levels of responsibility, new patients should be seen and evaluated by the attending physician at the time of the patient visit. Return patients should be seen by or discussed with the attending physician at such a frequency as to ensure that the course of treatment is effective, appropriate and appropriately documented by the

- attending or resident to reflect the degree of attending involvement and include the date, time and signature and physician identification number.
- (5) The attending physician is responsible for official consultations of each specialty team. When trainees are involved in consultation services, the attending physician will be responsible for supervision of these residents. The supervision of residents performing consultation will be determined by the graduated levels of responsibility for the resident. Unless otherwise stated in the graduated levels of responsibility, the attending physician must meet with each patient who received consultation by a resident and perform this personal evaluation in a timely manner based on the patient's condition. The patients seen in consultation by residents must be discussed and/or reviewed with the attending physician supervising the consultation within the guidelines established in the medical staff rules and regulations. The attending physician must document this official consultation supervision by writing a personal progress note or by writing an addendum with his/her concurrence with the resident's consultation note by the close of the next working day.
 - (6) Emergency department consultations by residents may be supervised by a specialty attending physician or the emergency dept. attending physician. All emergency dept. consultations by residents should involve the attending physician supervising the resident's discipline-specific specialty consultation activities for which the consultation was requested. After discussion of the case with the discipline-specific attending physician, the resident may receive direct supervision in the emergency dept. from the emergency dept. attending physician. In such cases where the emergency dept. attending physician is the principal provider of care for the patient's emergency visit, the specialty-specific attending physician's supervision of the consultation should be documented in the medical record by co-signature of the consultation note or be reflected in the resident physician consultation note.
 - (7) Assure all Do Not Resuscitate (DNR) orders are appropriate and assure the supportive documentation for DNR orders are in the patient's medical record. All DNR orders must be signed or countersigned by the attending physician.
 - (8) Assignment and availability of attending physicians
 - a. Within the scope of the training program, all residents, without exception, will function under the supervision of attending physicians. A responsible attending physician must be immediately available to the resident in person or by telephone and able to be present within a reasonable period of time (generally considered to be within 30 minutes of contact), if needed. Each discipline will publish, and make available "call schedules" through the SBUH switchboard indicating the responsible attending physician(s) to be contacted for each service.
 - b. It is expected that an appropriately privileged attending will be available for supervision during clinic hours. Patients followed in more than one clinic will have an identifiable attending physician for each clinic. Attending physicians are responsible for ensuring the coordination of care that is provided to patients.
 - (9) Graduate Levels of Responsibility
 - a. Each training program will be structured to encourage and permit residents to assume increasing levels of responsibility commensurate with their individual progress in experience, skill, knowledge and judgment.
 - b. As part of their training program, residents should be given progressive responsibility for the care of the patient. The determination of a resident's ability to provide care to patients without a supervisor present or to act in a teaching capacity will be based on documented evaluation of the resident's clinical

experience, judgment, knowledge, and technical skill. Ultimately, it is the decision of the attending physician as to which activities the resident will be allowed to perform within the context of the assigned levels of responsibility. The overriding consideration must be the safe and effective care of the patient that is the personal responsibility of the attending physician.

- c. The residency program director will define the levels of responsibilities for each year of training by preparing a description of the types of clinical activities residents may perform and those for which residents may act in a teaching capacity. The documentation of the assignment of graduated levels of responsibility will be made available to other staff as appropriate. These guidelines will include the knowledge, attitudes and skills which will be evaluated and must be present for a resident to advance in the training program, assume increased responsibilities (such as the supervision of lower level trainees), and be promoted at the time of the annual review.

(10) Supervision of Procedures

- a. Diagnostic or therapeutic procedures require a high level of expertise in their performance and interpretation. Although gaining experience in performing such procedures is an integral part of the education of the resident, such procedures may be performed only by residents with the required knowledge, skill, and judgment and under an appropriate level of supervision by attending physicians. Examples include but are not limited to operative procedures performed in the operating suite, angiograms, endoscopy, bronchoscopy, and any other procedures where there is the need for informed consent. Excluded from the requirements of this section are procedures that, although invasive by nature, are considered elements of routine and standard patient care. Examples are the placing of intravenous and arterial lines, thoracentesis, paracentesis, lumbar puncture, routine radiologic studies, wound debridement, and drainage of superficial abscesses. Attending physicians will be responsible for authorizing the performance of such procedures and such procedures should only be performed with the explicit approval of the attending physician.
- b. Attending physicians will provide appropriate supervision for the patient's evaluation, management decisions and procedures. For elective or scheduled procedures, the attending physician will evaluate the patient and write a pre-procedural note describing the finding, diagnosis, plan for treatment, and/or choice of specific procedure to be performed.
- c. During the performance of such procedures, an attending physician will provide an appropriate level of supervision. Determination of this level of supervision is generally left to the discretion of the attending physician within the context of the previously described levels of responsibility assigned to the individual resident involved. This determination is a function of the experience and competence of the resident and the complexity of the specific case.

(11) Emergency Situation

An "emergency" is defined as a situation where immediate care is necessary to preserve the life of, or to prevent serious impairment of the health of a patient. In such situations, any resident, assisted by other clinical personnel as available, shall be permitted to do everything possible to save the life of a patient or to save a patient from serious harm. The appropriate attending physician will be contacted and apprized of the situation as soon as possible.

The resident will document the nature of that discussion in the patient's medical record.

EVALUATION OF RESIDENTS AND SUPERVISORS

- (1) Each resident will be evaluated according to accrediting and certifying body requirements on the basis of clinical judgment, knowledge, technical skills, humanistic qualities, professional attitudes, behavior and overall ability to manage the care of a patient. The evaluation will also include assessment of the general competencies, patient care, medical knowledge, practice-based learning and improvement, interpersonal skills and communication, professionalism and systems-based practice. Formative evaluations will occur as indicated by the accrediting or certifying body during and at the end of the resident's rotation. Residents will be provided with documented semiannual evaluation of performance with feedback. Evaluations will be discussed with the resident.
- (2) If a resident's performance or conduct is judged to be detrimental to the care of a patient(s) at any time, action will be taken immediately to ensure the safety of the patient(s).
- (3) At least annually, each resident will be given the opportunity to complete a confidential written evaluation of attending physicians and of the quality of the resident's training. Such evaluations will include the adequacy of clinical supervision by the attending physician. The evaluations will be reviewed by the program director.
- (4) All written evaluations of residents and attending physicians will be kept on file by the residency program director in an appropriate location and for the required time frame according to the guidelines established by the respective ACGME Residency Review Committee or other accrediting and certifying agencies.

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