

# NEW YORK UNIVERSITY SCHOOL OF MEDICINE SUPERVISION OF RESIDENTS, SUBSPECIALTY RESIDENTS AND FELLOWS

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Web address: [http://www.med.nyu.edu/housestaff/GME\\_Policies/index.html](http://www.med.nyu.edu/housestaff/GME_Policies/index.html)  
Applies to: All trainees, including those in ACGME- and non-ACGME-accredited specialty and subspecialty programs.

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The purpose of this document is to outline principles for supervision for postgraduate trainees at The NYU School of Medicine. Each discipline will be responsible for the development of guidelines for its program, which operationalize the principles stated in this document and outlines specific supervision issues applicable to the training program.

Each program must provide appropriate supervision for all residents that is consistent with proper patient care, the educational needs of residents and the relevant 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 which provides guidance and supervision of the resident, facilitates the resident's professional and personal development, and ensures 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.

Institutional Requirements of the Accreditation Council for Graduate Medical Education (ACGME) state that "residents must be supervised by teaching staff in such a way that the residents assume progressively increasing responsibility according to their level of education, ability and experience." This process is the underlying educational principal 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..

All patient care must be supervised by qualified faculty. Each program director must ensure, direct and document adequate supervision of residents at all times. Residents must be provided with rapid, reliable systems for communicating with supervisory faculty.

Faculty and residents must be educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effects.

Program letters of agreement must identify the faculty who will assume educational and supervisory responsibility for residents and specify the faculty responsibilities for teaching, supervision and formal evaluation of resident performance at the affiliated sites.

The Program Director is responsible for the quality of the overall education and training program in a given discipline and for ensuring that 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. These responsibilities include but are not limited to:

1. Assessing the attending physician's discharge of supervisory responsibilities. At a minimum this must include 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 a new 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 with the opportunity to contribute to discussions in committees where decisions being made may affect their activities.
4. Defining the levels of responsibilities for each year of training by preparing a description of the types of clinical activities residents may perform under supervision, those that may be performed independently, and those for which residents may act in a teaching capacity.

The term "Attending Physician" refers to licensed, independent physicians who have been formally credentialed and privileged at the training site, in accordance with applicable requirements.

### **Supervision Policy**

#### **Assignment and Availability of Attending Physicians**

Within the scope of 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.

#### **Graduated Levels of Responsibility**

- Each training program should be structured to encourage and permit residents to assume increasing levels of responsibility

commensurate with their individual progress in experience, skill, knowledge and judgment.

- As part of the training program, residents should be given progressive responsibility for the care of patients. 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 program director to determine 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 supervisor
- 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 under supervision, those that may perform independently, 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 junior level trainees), and be promoted at the time of the annual review.

### **Supervision of Procedures**

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 residents, 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, moderate sedation and any other procedures for which 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. Such an example is the placing of intravenous lines. 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. Guidelines will be established to specify the criteria for determining the level of expertise required for all residents to perform procedures either independently or under supervision of either the attending or a supervising, teaching senior resident.

## **Emergency Situations**

An "emergency" is defined as a situation where immediate care is necessary to preserve the life of, or to prevent serious impairment to 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 notified of the situation as soon as possible. The resident will document the nature of that discussion in the patient's record.

## **SUMMARY**

Residents, subspecialty residents and fellows treat patients at all of the affiliated hospitals under the supervision of staff attending physicians who are independently licensed and duly credentialed by each institution. All inpatients and outpatients will be assigned an attending physician of record who is responsible for his/her care and for determining and implementing the appropriate level of supervision of the trainee along with the Program Director.

- Patients shall be notified of the name of the attending staff physician responsible for their care and that residents and fellows participating in their care are supervised by such staff physician(s).
- In providing clinical supervision to residents and fellows, supervisors should provide advice and support and should encourage trainees to freely seek their input.
- Residents and fellows are expected to make liberal use of the supervisory resources available to them and are encouraged to seek advice and input from their supervisors.
- The supervising physician's involvement in a patient's case shall be documented in the medical record.
- Additional guidelines regarding supervision of residents and fellows should shall be developed by individual departments or training programs.\*
- The DIO shall present annually, a report to the Council of Chairs at the NYU School of Medicine. This report will also be sent to the governing bodies of all of the major participating institutions and will report on the activities of the graduate medical education and training programs at the NYU School of Medicine.

\*Most or all RRCs require that the program director develop written "lines of supervision" (or similar language) for the program.

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