



## *POLICY MANUAL*

Effective Date: June 26, 2010  
Last Reviewed: September 2020

Section: Family Medicine Program  
Page 1 of 6

Subject: Supervision of Trainees

---

### **PURPOSE**

- To inform all trainees of Supervision and Precepting policies.

### **POLICY**

The internship/residency is an educational experience and must be designed to offer structured and supervised exposure to promote learning rather than service.

- Supervision should be provided on a graduated basis as the trainee progresses through the training program and based on individual evaluation of knowledge and skill. Ultimately, the supervising physician is responsible for determining the activities the trainee will be allowed to perform within the context of the assigned levels of responsibility and for being available to the trainee. At the same time, the trainee is responsible for seeking consultation when it is clinically indicated.
- Institutions must provide supervision and patient care in accordance with federal guidelines and policies indicated in ***New York State Health code 405.4***
- An opportunity must exist for trainees to be supervised and evaluated throughout their training with availability of teaching staff scheduled within the program. During daytime hours, trainees are responsible to attending physicians for assignment of responsibility, supervision and evaluation.
- This may include a videotaped patient encounter that both faculty and resident will observe.
- Supervision of the medical residents is assured 24 hours/day, 7 days/week.
- The specific levels of supervision are determined by the degree of clinical complexity and the abilities of the Resident Trainee. There should be progressive responsibility that provides for individual growth built into the program.
- Although faculty need not provide “direct” supervision for the total care for each hospitalized patient, they must follow programmatic policy, have documented knowledge of every hospitalized patient, and produce evidence of “indirect” supervision. An attending physician is always immediately available by telephone (indirect supervision), and readily available in person (direct supervision) when needed. Under emergency life threatening situations, Resident Trainee shall be permitted to implement life support services and notify the attending physician as soon as possible.



## *POLICY MANUAL*

Effective Date: June 26, 2010  
Last Reviewed: September 2020

Section: Family Medicine Program  
Page 2 of 6

Subject: Supervision of Trainees

---

### Levels of Supervision

- **Direct Supervision** - The supervising physician is physically present with the resident and patient.
  - **Use of telecommunication technology for supervision:** The program permits use of telecommunication technology for the purposes of supervision. If used, concurrent monitoring of patient care through telecommunication technology by the supervision physician is considered direct supervision.
- **In-Direct Supervision** - the supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the fellow for guidance and is available to provide appropriate direct supervision.
- **Oversight** - The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

### Supervision in Continuity Clinic Sites

During each clinic session in the continuity clinic sites, a ratio of no less than 1:4 Attending: Resident will be used for precepting and supervision of residents.

### **PGY-1 FM Trainee**

PGY-1 residents are primarily responsible for the care of patients under the guidance and supervision of the attending physician and senior residents. They should generally be the point of first contact when questions or concerns arise about the care of their patients. However, when questions or concerns persist, supervising residents and/or the attending physician should be contacted in a timely fashion. PGY-1 residents are initially directly supervised and when merited will progress to being indirectly supervised with direct supervision immediately available by an attending or senior resident when appropriate.

- In the first 6 months, all PGY-1 residents will be directly observed for 100% of their clinic visits
- This process of supervision will occur until the resident is evaluated by the Clinical Competency Committee after 6 months of training and cleared for active precepting with direct supervision immediately available
- On average, the PGY-1 resident will see 4 patients per session.
- All PGY-1 residents will be directly supervised for all procedures.



## *POLICY MANUAL*

**Effective Date:** June 26, 2010  
**Last Reviewed:** September 2020

**Section:** Family Medicine Program  
**Page 3 of 6**

**Subject:** Supervision of Trainees

---

### **PGY-2 FM Trainee**

PGY-2 residents may be directly or indirectly supervised by an attending physician or senior resident but will provide all services under supervision. They may supervise PGY-1 residents and/or medical students; however, the attending physician is ultimately responsible for the care of the patient.

- All PGY-2 residents will participate in "active precepting" for 100% of their clinic visits, with direct supervision immediately available.
- All PGY-2 residents will be directly supervised for all procedures.
- On average, the PGY-2 resident will see 6 patients per session in first 6 months of training
- On average, the PGY-2 resident will see 8 patients per session in second 6 months of training

### **PGY-3 FM Trainee**

PGY-3 residents may be directly or indirectly supervised. They may provide direct patient care, supervisory care or consultative services, with progressive graded responsibilities as merited. They must provide all services ultimately under the supervision of an attending physician. Senior residents should serve in a supervisory role of medical students, junior and intermediate residents in recognition of their progress towards independence, as appropriate to the needs of each patient and the skills of the senior resident; however, the attending physician is ultimately responsible for the care of the patient.

- All PGY-3 residents will participate in "active precepting" for 100% of their clinic visits, with direct supervision available.
- On average, the PGY-3 resident will see 8 patients per session in first 6 months of training
- On average, the PGY-3 resident will see 10 patients per session in second 6 months of training
- All PGY-3 residents will have direct supervision available for procedures.



## *POLICY MANUAL*

Effective Date: June 26, 2010  
Last Reviewed: September 2020

Section: Family Medicine Program  
Page 4 of 6

Subject: Supervision of Trainees

---

### **Supervision for Nursing Home Continuity Clinic**

#### **PGY-2 & PGY-3 FM Trainees**

- Residents are permitted to see patient(s) alone and may call the faculty to discuss the case. Indirect supervision of their progress notes or admission notes occur by an Attending physician.
- All residents must call within 24 hours for routine visits and routine admissions
- All residents must discuss changes in status or urgent issues with the faculty assigned to that particular patient or the on-call faculty if it occurs after hours.

### **Supervision for Home Visits**

All home visits are performed with a multi-disciplinary care team and are supervised by an attending physician on site.

### **Supervision on Obstetrical Rotations**

The Family Medicine and/or OB attending physician provides on-site and in-person supervision for continuity OB patients in active labor through delivery.

### **Supervision on In-patient Rotations**

#### **PGY-1 FM Trainee**

- PGY-1 residents must have on-site/in-person supervision by a senior resident or attending physician for all clinical duties, including ED admissions and ward patients.
- PGY-1 residents are supervised at all times by a senior resident or an attending during admissions.
- PGY-1's are given increased responsibility of care of patients as their knowledge and skill set increases, and faculty make this determination based on feedback and evaluations from the senior residents who have worked with the junior residents
- PGY-1 residents care for the critically ill patients in the ICU under the supervision of the intensivist and/or the Internal Medicine Team.



## *POLICY MANUAL*

Effective Date: June 26, 2010  
Last Reviewed: September 2020

Section: Family Medicine Program  
Page 5 of 6

### **Subject: Supervision of Trainees**

---

#### **All FM Trainees**

- The level of supervision must be commensurate with the resident's level of training and his/her individual level of clinical skills.
- On call schedule for faculty assures that supervision and /or consultation is readily available at all times to residents on assigned clinical duties.
- For inpatient and ED procedures, all residents must be supervised on-site and in-person by an attending physician.

#### **Supervision on Ambulatory Rotations**

- During all three (3) years of residency, all patient visits and progress notes must be reviewed and co-signed by an attending physician at the time of the visit. The residents must have direct supervision with immediate availability from the attending physician.
- All procedures performed by residents in the clinic must be supervised on-site and in-person by an attending physician

#### **All FM Trainee Responsibilities**

FM trainees providing care for patients are responsible for the following:

- All FM trainees must accurately report all pertinent patient data to the attending in a timely fashion
- All FM trainees must log all their procedures in New Innovations
- All FM trainees must notify the supervising faculty immediately if a patient has a significant change in condition (such as ICU transfer), code status, treatment or discharge plan, or in any circumstance requiring a higher level of supervision
- All procedures performed by trainee must be done under supervision of the supervising faculty
- All transfers of patient care are supervised by an attending physician

#### **Attending Physician Responsibilities**

- In the clinical learning environment, each patient must have an identifiable, appropriately credentialed and privileged attending physician who is ultimately responsible for that patient's care.
- The attending physician is responsible for assuring the quality of care provided and for addressing any problems that occur in the care of patients and thus must be available to provide direct supervision when appropriate for optimal care of the patient and/or as indicated by program policy.
- The availability of the attending to the resident is expected to be greater with less experienced residents and with increased acuity of the patient's illness.



## *POLICY MANUAL*

**Effective Date:** June 26, 2010  
**Last Reviewed:** September 2020

**Section:** Family Medicine Program  
**Page 6 of 6**

### **Subject: Supervision of Trainees**

---

- The attending must notify all residents on his or her team of when he or she should be called regarding a patient's status.
- The attending may specifically delegate portions of care to residents based on the needs of the patient and the skills of the residents and in accordance with hospital and/or departmental policies.
- The attending may also delegate partial responsibility for supervision of junior residents to senior residents assigned to the service, but the attending must assure the competence of the senior resident before supervisory responsibility is delegated.
- Over time, the senior resident is expected to assume an increasingly larger role in patient care decision making.
- The attending remains responsible for assuring that appropriate supervision is occurring and is ultimately responsible for the patient's care.
- Residents and attendings should inform patients of their respective roles in each patient's care.
- The attending and supervisory resident are expected to monitor competence of more junior residents through direct observation, formal ward rounds and review of the medical records of patients under their care.
- Faculty supervision assignments should be of sufficient duration to assess the knowledge and skills of each resident and delegate to him/her the appropriate level of patient care authority and responsibility.