Richmond University Medical Center

An Affiliate of SUNY Downstate Health Sciences University College of Medicine

Institutional Resident Supervision Policy

The RUMC Residency Training Programs recognize and support the importance of and progressive responsibility toward Autonomy in graduate medical education. This policy outlines the requirements to be followed when supervising residents and includes the recent changes in Medical Practice to include Telemedicine and Tele-Supervision. The goal is to achieve safe and effective patient care as well as demonstrate the resident's progressive development of the skills, knowledge, and attitudes needed to enter the unsupervised practice of medicine.

DEFINITIONS

Supervising Physician: A faculty physician, community physician, a senior resident, or a licensed independent practitioner approved by the Residency Review Committees.

Senior Resident: Resident in final years of graduate medical education, PGY 3, PGY 4, and PGY 5

Intermediate level resident: PGY 2

First year resident: PGY 1

SUPERVISION

The ACGME specifies the following four levels of Supervision:

Direct Supervision: the supervising physician is physically present with the resident during the key portions of the patient interaction VI.A.2.b).(1).(a); and is prepared to take over the provision of patient care if/as needed.

· **Indirect Supervision with Direct Supervision immediately available**: The supervising physician is present in the hospital and is immediately available to provide Direct Supervision. The supervisor may not be engaged in any activities that would hinder or delay his/her response to the need for Direct Supervision.

Note: As specified by the RRC, A qualified supervisor is required in-house 24/7.

· **Indirect Supervision with Direct Supervision available**: (Note: Does NOT apply to PGY 1 level residents) The supervising physician is not required to be present in the hospital or site of patient care or maybe in-house but engaged in other patient care activities but is immediately available through telephone or other electronic modalities and can be summoned to provide Direct Supervision.

· **Oversight**: The supervising physician is available to provide a review of procedures/encounters with feedback provided aftercare is delivered.

All PGY1 residents are supervised either directly or indirectly, with direct supervision immediately available.

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TELEMEDICINE AND TELE-SUPERVISION

1. To meet an urgent need to provide medical care via telemedicine (as was encountered during the COVID 19 pandemic), residents are permitted to engage in telemedicine, as long as the resident and their supervising faculty follow reasonable supervision requirements as if the care was provided in person. Supervision by an attending can take place through telemedicine, either by a synchronous interaction (telephone, video) or by staffing the patient with a supervising physician at a later time, with the intent to mimic in-person workflows. These workflows comply with the October 2023 ACGME Common Program Requirements for Tele-Supervision that further stipulate:
   Direct Supervision
   VI.A.2.b).(1).(b) the supervising physician and/or patient is not physically present with the resident and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology. (Core) [Specific RC may choose not to permit this requirement. The Review Committee may further specify]
   Indirect Supervision
   VI.A.2.b).(2): the supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the resident for guidance and is available to provide appropriate direct supervision.
   AND
   VI.A.2.b).(3) Oversight – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

2. Residents should receive the same training on the proper use of telemedicine as any of their supervising attending physicians before proceeding with the help of this technology.

3. Residents must comply with applicable laws, rules, and regulations at all times. Residents should not act independently through telemedicine if the resident had not acted independently in person for a similar encounter. Every department needs to ensure that payer billing requirements for supervising physicians be met prior to submission of telemedicine bills, including but not limited to supervising physician confirmation of key parts of the history, review of systems, and physical examination findings.

VI.A.2.c) The program must define when physical presence of a supervising physician is required. (Core)

SPECIALTY SPECIFIC CLINICAL CARE AREAS

For Obstetrical/Gynecological clinical services, adequate Supervision **requires the 24-hour presence of a Faculty Attending in the hospital**.

In the Operating rooms and/or Labor and Delivery areas, the Faculty Attending must be **immediately available** to the resident.
VI.A.2.b).(1).(b).(i) Telecommunication technology for direct supervision must not be used for the management of labor and delivery or with invasive procedures.

In Medical patient care units, Attending Faculty must be **within easy walking distance.**

In an ambulatory (clinic) location, the Faculty Attending must be **on-site**. The Communication between the Supervisor and Trainee should be Bi-directional, open, and used as frequently as needed.

PROCEDURES

The principles which apply to the Supervision of residents include:
· Faculty schedules are structured and in place, which assigns qualified faculty physicians, residents, or other appropriate licensed independent practitioners to supervise at all times and in all settings where residents are providing care. The type of Supervision to be provided is delineated in the rotation's goals and objectives.

· The minimum amount/type of Supervision required in each situation is determined by the definition of the type of Supervision specified but is also tailored specifically to the demonstrated skills, knowledge, and ability of the individual resident. In all cases, the faculty member functioning as a supervising physician should delegate portions of the patient's care to the resident based on the needs of the patient and the skills of the resident.

· Residents in the final years of education (PGY 3, 4, and 5) may serve in a supervisory role of intermediate level residents (PGY 2) in accordance with and in recognition of their progress toward independence. **VI.A.2.d).(3)**
VI.A.2.d) 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.

· **All PGY1 residents are supervised either directly or indirectly with direct supervision immediately available.**

· In every level of Supervision, the supervising faculty member must review progress notes, sign procedural and operative notes and discharge summaries.

· Faculty members must be present to provide Supervision in ambulatory settings and be actively involved in the provision of care as assigned.