



Stony Brook Medicine Graduate Medical Education

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Graduate Medical Education	Next Review Date: 07/20/2026
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Responsible Department/Division/Committee:

Graduate Medical Education Committee

Policy:

Stony Brook Medicine (SBM) has established an institutional policy regarding supervision and accountability for all Graduate Medical Education (GME) training programs it sponsors.

This outlines guidelines for supervision and accountability for postgraduate trainees at all SBM programs.

Each discipline will be responsible for the development of a policy for its program, which includes the principles stated in this document and will define, widely communicate, and monitor a structured chain of responsibility and accountability as it relates to the supervision of all patient care specific to their specialty.

Each program must provide appropriate supervision and accountability for all residents that is consistent with proper patient care, the educational needs of residents and the applicable program requirements. The policy must also include mechanisms by which residents can report inadequate supervision and accountability in a protected manner that is free from reprisal. If the resident is not satisfied with the resolution he or she can contact the GME office or DIO. There is an option to do this anonymously via the "ask the DIO" link on the GME website.

Definitions:

None

Procedures:

This policy conforms to the New York State Health Code 405.4 as well as to the Accreditation Council for Graduate Medical Education (ACGME) Common Requirements.

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 trainees acquire the knowledge and judgment that accrue with experience, their level of supervision will be delineated based on their level of competence.

In the clinical learning environment, each patient must have an identifiable, appropriately-credentialed and privileged attending physician or licensed independent practitioner who is ultimately responsible for that patient's care. This information should be available to residents, faculty members, other members of the health care team, and patients. Residents and faculty members should inform patients of their respective roles in each patient's care.

The program must demonstrate that the appropriate level of supervision is in place for all residents who care for patients.

Levels of Supervision

To promote appropriate resident supervision while providing for graded authority and responsibility, the program must use the following classification of supervision:

- a) **Direct Supervision** – the supervising physician is physically present with the resident and patient. Each program must define when physical presence of a supervising physician is required.
- b) **Indirect Supervision:** - 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.

c) **Oversight** – The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

Use of telecommunication technology for supervision: The GMEC permits use of telecommunication technology for the purposes of supervision where permitted by federal and state rules. If used, concurrent monitoring of patient care through telecommunication technology by the supervision physician is considered direct supervision. Individual programs must verify with their respective ACGME Review Committees regarding the permissibility of using telecommunication technology for this purpose before employing it under circumstances outside of a pandemic emergency or other ACGME-authorized condition

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. The program director must evaluate each resident's abilities based on specific criteria, guided by the Milestones and the level of competence independent of the PGY status. Faculty members functioning as supervising physicians must delegate portions of care to residents, based on 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 skills of the individual resident or fellow.

Each training program must create a departmental policy reflecting specific supervision of diagnostic or therapeutic procedures applicable to their specialty.

This policy must include:

- Definition of when physical presence of a supervising physician is required.
- Guidelines for circumstances and events in which residents must communicate with appropriate supervising faculty members, such as

the transfer of a patient to an intensive care unit, or end-of-life decisions.

- Each resident must know the limits of his/her scope of authority, and the circumstances under which he/she is permitted to act with conditional independence. In particular, PGY-1 residents must initially be supervised directly.

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 policies and procedures that will govern resident education during the assignment.

Residents should be given progressive responsibility for the care of the patient. The determination of a resident's ability to provide care to patients with direct, indirect, or oversight supervision will be based on documented evaluation of the resident's clinical skills as determined by the program's clinical competency committee and the program director. Ultimately, it is the decision of the program director as to which activities the resident will be allowed to perform within the context of the assigned levels of responsibility.

The training 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 utilizing New Innovations. 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.

Evaluation

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.

Each resident will be evaluated according to the 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 the 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. Evaluations must be completed within two (2) weeks after the end of the resident's rotation. Residents will be provided with a documented semiannual evaluation of performance with feedback. Evaluations will be discussed with the resident.

If a resident's performance or conduct is judged to be detrimental to the care of the patient at any time, action must be taken immediately to ensure the safety of the patient.

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.

All written evaluations of residents and attending physicians will be kept on file by the residency program director in New Innovations and for the required time frame according to the guidelines established by University Counsel.

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 apprised of the situation as soon as possible. The resident will document the nature of that discussion in the patient's medical record.

Dental Programs

Attending dentists/physicians:

- Are present in the Clinical Area to provide consultation, active teaching, and supervision appropriate to the circumstances. Supervision of patient care may be conducted by multiple attending dentists/physicians. The Clinical Area is any area that is within the dental clinic, hospital or other clinical facility where services are provided.
- Provide direct supervision to residents when implants and surgical procedures being performed are deemed complex and above the competence of the resident; this supervision may be conducted by a general dentist.
- Personally review and approve the patient's treatment plan.
- If a procedure is being performed, personally examines the resident's treatment of the patient during key steps of the procedure.
- Before dismissal of the patient, personally consults with the resident regarding the patient's condition after the treatment is completed.
- Verifies and approves the treatment note as written by the resident, by electronically signing and dating the entry.

Forms: (Ctrl-Click form name to view)

None

Policy Cross Reference: (Ctrl-Click policy name to view)

None

Relevant Standards/Codes/Rules/Regulations/Statutes:

None

References and Resources:

None