

<p>THE ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI, NEW YORK</p> <p>STANDARD: POLICY</p>	<p>SUBJECT NO.</p>
<p>DEPARTMENT: Internal Medicine Residency</p> <p>SUBJECT: Supervision Policy</p>	

The Department of Medicine at the Mount Sinai Hospital provides training to residents at all levels in a system with several layers of supervision. The supervision and evaluation of our trainees is compliant with all of the regulatory mandates of the State of New York and the ACGME.

The highest level of supervision is provided by attending physicians. All of our attending physicians are licensed and board certified or board eligible in their respective disciplines and hold faculty appointments at the Icahn School of Medicine at Mount Sinai School of Medicine. There is a designated identifiable attending physician assigned to each patient admitted to Mount Sinai Hospital who is directly responsible for the care of that inpatient. S/he is obligated to examine the patient on a daily basis and communicate with the residents and fellow about the treatment plan verbally. Attendings also provide daily written documentation in the medical record regarding the plan of care. These faculty provide direct supervision of our residents during the day. At night, they are always available by pager or telephone 24 hours a day, 7 days a week. There are Hospital Medicine attendings in house 24/7 and Critical Care fellows in house overnight. We also have a 24 hour Rapid Response team that is called for any emergency.

The residents are on a team that consists of an upper-level resident (PGY-2 or 3) and one or more interns. The interns are directly supervised by their upper-level resident. In addition, there is a designated additional PGY-3 “Senior Medical Resident” available 24 hours a day, 7 days a week, to help with decompensating patients or to supervise procedures. Finally, there are fellows on each specialty service who have completed residency training and also provide direct supervision of our residents. Residents are obligated to contact the attending of record for a patient for any significant change in the patient’s condition or an increase in the level of patient care (for example, transfer to set-down unit of ICU).

The exact model of supervision varies slightly by training site:

Mount Sinai Emergency Department: ED attending physicians cover specific shifts and are available 24 hours/day to provide direct supervision.

Mount Sinai Inpatient Floors: Each patient has a designated responsible attending physician that may be a voluntary attending, hospital employed generalist, or hospital employed specialist. The residents are directly supervised by their senior residents and the attending provides indirect supervision with direct supervision available.

MICU one attending physician is responsible for all of the patients in the unit at any given time. Residents are directly supervised by fellows 24 hours a-day, and attending provide indirect supervision at all times and direct supervision during the day and anytime when needed.

CCU: Each patient in the CCU has a designated responsible cardiology attending. Residents are directly supervised by fellows 24 hours a day and attending provide indirect supervision via telephone with direct supervision available.

Elmhurst Hospital Inpatient Floors: Attending are assigned to the floors each month and are responsible for all patients on that floor. The residents are directly supervised by their senior residents and the attending provides indirect supervision with supervision available.

Bronx VA Hospital MICU and CCU: Critical Care and Cardiology Attendings are assigned each month and are responsible for all patients on the units. The residents are supervised by the attending responsible for the unit.

Residents must be supervised for all procedures until they have demonstrated competency in that skill. During orientation, residents receive a list of the procedures they must complete by the end of their training. They must have a supervising physician document that they have completed a procedure competently by signing off for that procedure in a procedure log. Depending on the difficulty of the skill, each resident must complete a minimum of five supervised procedures before s/he is considered competent to perform it on his/her own.

The ultimate responsibility for our residents lies with the Residency Program Director and the Department Chair. They closely monitor all residents' evaluations from peers and supervisors completed in New Innovations to confirm that our trainees are providing the highest standard of patient care. Advisors meet with residents twice a year to review their evaluations. Any resident who is not meeting the program's standards is discussed in the advisory committee meeting and a remediation plan is created. Those residents are closely monitored by the residency program director and must achieve satisfactory performance to successfully progress to the next year.