

FAMILY MEDICINE RESIDENCY PROGRAM  
NEW YORK PRESBYTERIAN HOSPITAL

FAMILY HEALTH CENTER SUPERVISION

The Residency Program is committed to a fertile learning environment that insures the quality of care to our patients. In graduate medical education for family medicine, the clear standards for supervision (precepting in the Family Health Center) are the key to maintaining both learning and quality of care. The following are the standards for supervision IF THE FACULTY HAS MANDATED NO OTHER SPECIFIC PLAN FOR A PARTICULAR RESIDENT.

**R-1**

1. Residents must present every patient to the preceptor and document that discussion before the patient has been discharged from the Health Center.
2. For the first six months of residency, the preceptor must personally see the patient and verify the key portions of the history and physical examination, as well as reviewing and countersigning the note.
3. All R-1s will be evaluated during their six-month biannual review to determine whether they can move to this level of supervision (indirect supervision with direct supervision immediately available).
4. All R-1s are expected to pre-precept (review their scheduled patients with the preceptor) at the start of each session for the entire R-1 year.

**R-2, R-3**

1. R2s: They must precept each patient through focused / abbreviated presentations of their findings and plans. The history and physical examination verification by the preceptor will be done only on cases identified by the resident or the preceptor as problematic.
2. R3s: AFTER EVERY THREE PATIENTS SEEN, THE RESIDENT WILL REVIEW THEIR ASSESSMENTS AND PLANS WITH THE PRECEPTOR. The resident can and should however precept any “problematic” case with a preceptor prior to the patient’s discharge from the health center.
3. The preceptor must review all notes for quality of care and education and countersign the note.
4. Exceptions: all graduate medical trainees (even if they are licensed R2’s or R3’s) must present to the preceptor all prenatal patients and HIV positive patients before they are discharged from the FHC.

### **All Other Clinical Notes for R1, R2, and R3s:**

All other electronic medical record notes entered during non-clinic sessions regarding patient care must be sent for electronic co-signature to the appropriate preceptor.

Examples – results notes and proposed treatment, no-show notes, phone calls regarding the patient such as VNS, pharmacy, etc.

Exception: After the first six months of R1 year, residents do not need to send notes on normal results to the preceptor. These should still be documented in the chart.

**NOTE: If at any time the faculty assesses that a resident's performance is unsatisfactory, the resident will follow an alternate supervisory plan as set forth by the faculty.**

### **R-1, R-2-, R-3: Procedures**

**Definition:** All graduate medical trainees caring for patients at Family Health Center. Any activity more invasive than phlebotomy.

1. Residents must present the patient to the preceptor to review indications and contraindications of the procedure. The attending must express their competence to supervise this procedure and their agreement of the indication.
2. Consent must be documented in the patient record using the standard form and procedure
3. The preceptor must be in the examination room during the actual procedure (not set up or clean up)
4. The preceptor must document his/her presence during the whole procedure and findings in the chart.
5. The preceptor will complete the appropriate Medhub procedure form for the procedure just supervised
6. Time out will be completed prior to all procedures as per NYPH policy.

\*Also Refer to NYPH Institutional Policies and Procedures by Residents and Delineation of Privilege forms for Family Medicine residents.

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