

HARBOR-UCLA MEDICAL CENTER

SUBJECT: SUPERVISION OF RESIDENTS

POLICY NO. 622A

POLICY:

Harbor-UCLA Medical Center shall ensure supervision of Resident Physicians that promotes patient safety, enhances quality of patient care, and improves postgraduate education consistent with the Accreditation Council for Graduate Medical Education (ACGME) requirements.

ACGME supervision requirements: These requirements include but are not limited to "supervision" (defined as sufficient institutional oversight to assure that Resident Physicians are appropriately supervised).

1. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of residents at all times. Residents must be provided with rapid, reliable systems for communicating with supervising faculty.
2. Teaching staff must provide supervision to Resident Physicians in such a way that they assume progressively increasing responsibility according to their level of education, ability and experience.
3. On-call schedules for faculty must be structured to ensure that supervision is readily available for Resident Physicians on duty.
4. The Attending staff must determine the level of responsibility accorded to each Resident.

DEFINITIONS:

- **Attending Physician:** A member of the organized medical staff with specific privileges to perform invasive or operative procedures, deliveries, or other specific activities over which they supervise.
- **Resident Physician:** The term "resident physician" encompasses all categories of postgraduate trainees including physicians, dentists, and podiatrists-enrolled in a residency-training program. "Resident Physician" includes those referred to as interns, residents, fellows, house-officers, postgraduate physicians. Resident physicians also may be referred to collectively as housestaff.
- **Supervisory Resident:** A Resident Physician who is designated to perform specific patient-care functions (i.e., specific operative procedures, deliveries or defined patient-care activities) without direct supervision by an Attending Physician, and may supervise a Non-supervisory Resident to perform the specifically designated procedures as determined by each program.
- **Non-supervisory Resident:** A Resident Physician who may not perform invasive or operative procedures, deliveries, or other specific activities without appropriate supervision.
- **Disposition:** Discharge of a patient from the hospital or from a unit therein, or from a clinic location.


EFFECTIVE DATE: 3/99

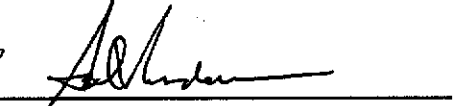
SUPERSEDES: POLICY NO. 322

REVIEWED: 06/01, 02/05, 07/06

REVISED: 06/01, 03/05, 07/06

APPROVED BY:


 Tecla A. Mickoseff
 Chief Executive Officer


 Gail V. Anderson, Jr., M.D., M.B.A.
 Chief Medical Officer


 Peggy Nazarey, R.N., MSN
 Director of Nursing

HARBOR-UCLA MEDICAL CENTER

SUBJECT: SUPERVISION OF RESIDENTS

POLICY NO. 622A

PROCEDURES:**A. Supervisory Lines of Responsibility for Care of Patients**

1. The supervisory lines of responsibility for patient-care must incorporate, at minimum, the following:
 - a. The specific procedures, consultations or services that require direct Attending Physician supervision.
 - b. The specific procedures, consultations or services for which supervision by Supervisory Residents are appropriate.
 - c. An Attending Physician available by phone to Resident Physicians 24-hours per day.
 - d. Supervisory Residents present and available to Resident Physicians 24-hours per day in instances in which the Attending Physician's responsibility has been delegated to a Supervisory Resident.
 - e. An Attending Physician available in-house 24-hours per day for Resident Physicians in training programs as required by the ACGME.
 - f. An Attending Physician or Supervisory Resident available on-site at the facility during hours of operation consistent with respective ACGME/RRC requirements for ambulatory/non-urgent care. (See section A.2., A.3., A.4., A.5., and A.6 below).
2. Each residency/training program shall establish policies on the supervision of Resident Physicians through explicit written descriptions of supervisory lines of responsibility for patient-care. Such guidelines must be communicated to all members of the program's teaching staff and Resident Physicians.
3. Supervisory lines of responsibility for patient care shall take into account the safety and well being of patients and their rights to quality care.
4. Attending Physicians shall remain fully accountable for supervision of all Resident Physicians when a Supervisory Resident is included in the supervisory lines of responsibility for care of patients.
5. Although Resident Physicians provide patient care, the ultimate responsibility for patient care and supervision of Resident Physicians shall rest with the Attending Physician.
6. Each department's policy on supervisory lines of responsibility of Attending Physician's supervision of residents shall define:
 - a. The specific procedures, consultations or services that require direct Attending Physician supervision.
 - b. The specific procedures, consultations or services for which supervision by Supervisory Residents are appropriate.
 - c. The extent of Attending Physician or Supervisory Resident presence required to adequately supervise procedures, consultations or services.
 - d. The responsible Attending Physician by service or function.
 - e. A process and procedure for designating a Supervisory Resident including a specific minimum of operative procedures, deliveries, and other patient care activities supervised by Attending Physicians, developed by the relevant program and approved by the facility Medical Executive Committee.

HARBOR-UCLA MEDICAL CENTER

SUBJECT: SUPERVISION OF RESIDENTS

POLICY NO. 622A

7. No Resident shall be designated as a Supervisory Resident for a given procedure, consultation or service *unless* all of the following conditions are met:
 - a. Documentation that the Resident Physician has demonstrated satisfactory judgment and competence in the application and performance of the procedure(s), consultation or service.
 - b. Demonstration of satisfactory performance of a specific minimum number of operative procedures, deliveries, or other defined patient-care activities under direct supervision, including a specific minimum number under the direct supervision of an Attending Physician.
 - c. Recommendation by the Program Director and/or Service Chief to designate a Resident Physician as a Supervisory Resident for the specific operative procedure(s), deliveries or defined patient-care activities.
 - d. Review and approval by the Department Chairman.

B. Invasive and Operative Procedures and Deliveries

1. An Attending Physician or Supervisory Resident:
 - a. Shall see and evaluate each patient prior to any operative procedure or delivery and shall document this evaluation in the medical record.
 - b. Is responsible to assure the execution of an appropriate informed consent for procedures and deliveries, with consent form and progress notes documenting the consent discussion in the medical record.
 - c. Is responsible to assure appropriate supervision of Resident Physicians during all operative or invasive procedures.
 - d. Shall be present with the patient for all operative or invasive procedures or delivery, and must document in the medical record that he/she evaluated the patient and authorized the procedure.
2. In all situations requiring direct Attending Physician supervision, an Attending Physician must assure an operative or procedure note is written or dictated within 24 hours of the procedure and must sign the Record of Operation ("green sheet")

C. Emergency Department/Urgent Care

1. An Attending Physician is responsible for supervision of the Resident Physician and appropriate evaluation of the patient for each visit.
2. An Attending Physician or Supervisory Resident Physician shall review and sign the patient's record prior to disposition.

D. Ambulatory/Non-urgent Care

1. An Attending Physician is responsible for supervision of the Resident Physician and appropriate evaluation of the patient for each visit.
2. An Attending Physician or Supervisory Resident Physician shall review and sign the patient's record prior to disposition.

HARBOR-UCLA MEDICAL CENTER

SUBJECT: SUPERVISION OF RESIDENTS

POLICY NO. 622A

E. Inpatient Admissions

1. An Attending Physician shall:
 - a. See and evaluate each inpatient within 24 hours of admission and co-sign the Resident Physician's admission note, or record his/her own admission note.
 - b. Evaluate the patient at least every 48 hours and ensure that the Resident Physician includes in the progress note that he/she has discussed the case with the Attending, or the Attending Physician shall record his/her own note or co-sign the Resident Physician note.
 - c. Discuss the discharge planning with the Resident Physician and ensure that the Resident Physician documents the disposition as appropriate.

F. Intensive Care

1. An Attending Physician or Supervisory Resident shall:
 - a. Discuss every new patient with the Resident Physician within 4 hours of admission to the Intensive Care Unit. The Resident Physician shall document this discussion in the medical record.
2. An Attending Physician shall:
 - a. See and evaluate the patient within 24 hours after admission to the Intensive Care Unit, discuss this evaluation with the Resident Physician and document this evaluation in the medical record.
 - b. See and evaluate the patient at least daily thereafter and discuss this evaluation with the Resident. The Attending Physician shall ensure that the Resident Physician includes in the progress note that he/she has discussed the case with the Attending Physician, or the Attending Physician shall record his/her own note.

G. Diagnostic/Therapeutic Studies and Procedures

1. An Attending Physician shall:
 - a. Supervise and document the performance and interpretation of invasive diagnostic/therapeutic procedures.
 - b. Shall review and sign or co-sign the final interpretive reports of diagnostic studies. .
 2. An Attending Physician or Supervisory Resident Physician shall:
 - a. Supervise a Resident Physician for an immediate interpretation prior to the written report of diagnostic studies whenever:
 - Results are necessary for immediate patient-care decisions.
 - Studies are performed on patients in locations such as the Emergency Room or Intensive Care Units, and the clinical service requests immediate interpretation.
 3. The interpretation shall be documented in the medical record when results are necessary for immediate patient-care decisions.
 4. An Attending Physician or Supervisory Resident shall:
 - a. Supervise the Resident Physician when diagnostic instruments (i.e., Ultra sound, Doppler, EKG, among others) are used to evaluate patients and when the output of such instruments is interpreted.
-

HARBOR-UCLA MEDICAL CENTER

SUBJECT: SUPERVISION OF RESIDENTS

POLICY NO. 622A

H. Consultations

1. An Attending Physician from the treating service shall assure that in all instances in which consultations are requested, they are communicated to the consulting service in a timely manner.
2. An Attending Physician from the consulting service shall assure that responses to consultation requests are conducted in a timely manner.
3. The Attending Physician or Supervisory Resident shall:
 - a. Supervise the performance of consultation.
 - b. Document his/her evaluation of the patient in the medical record or co-sign the resident note.

I. Measurements of Performance of Residents in Patient Care

1. The Graduate Medical Education Committee is charged with oversight of all residency programs. This committee performs an internal review of each program on a periodic basis. At that time, the program's policies and guidelines for Resident Physician supervision and the program's compliance with its own policies and guidelines are also reviewed.
2. Each department shall develop a policy and procedure for measurement and documentation of the Resident Physician's performance in patient-care sufficient to support a systematic review of the Resident Physician's competence to perform the operative procedures, deliveries or other defined patient care activities for which the Resident Physician has been designated as a Supervisory Resident.
3. Each department shall include a systematic review of the Resident Physician's activities in patient-care as an integral part of the departmental quality assurance process and the information shall be considered in the decisions on reappointment and promotion of each Resident.

J. Monitoring

1. The Graduate Medical Education Committee and Medical Executive Committee will monitor compliance with this policy.
2. Medical Records Review Committees will include the documentation guidelines set forth in this policy.

Cross-Reference: DHS Policy 310.02 on Supervision of Residents
Change No 109
Effective Date 02/02/97
Revised and Codified: 11/06/00
Issued 12/18/00