POLICY: 200-050385-019

Supervision of Residents

There must be sufficient institutional oversight to assure that residents are appropriately supervised. Residents must be supervised by teaching staff in such a way that the residents assume progressively increasing responsibility according to their level of education, ability, and experience. On-call schedules for teaching staff must be structured to ensure that supervision is readily available to residents on duty. The teaching staff must determine the level of responsibility accorded to each resident.

The attending physician is responsible for all care provided to the patients. The attending physician shall participate in or supervise the care provided by residents and others to assure that all aspects of care meet acceptable standards.

Policy

Each program must have formal policies for the supervision of residents. These policies must provide information concerning the method of scheduling of attending physicians so that they are available to the resident at all times. In most instances program directors are required to prepare written explicit lines of responsibility for the care of patients in all clinical sites that are communicated to all members of the staff. These documents must be included in the program’s Policies and Procedures Binder for monitoring by the Graduate Medical Education Committee during annual reports and for internal reviews.

The program also should be in substantial compliance with the Los Angeles County Department of Health Services Guidelines for the Supervision of Resident Physicians. The program must be in substantial compliance with the specific program requirements of the Accreditation Council for Graduate Medical Education.

At a minimum the following supervision standards must be met and communicated to all faculty and housestaff:

Levels of Supervision (definitions)

To ensure oversight of resident supervision and graded authority and responsibility, the program must use the following classification of supervision:

In Accordance with ACGME Institutional Requirements:

VI.D.3.a) Direct Supervision – the supervising physician is physically present with the resident and patient.

VI.D.3.b) Indirect Supervision:
   VI.D.3.b).(1) with direct supervision immediately available – the supervising physician is physically within the hospital or other site of patient care, and is immediately available to provide Direct Supervision.
VI.D.3.b).(2) with direct supervision available – the supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide Direct Supervision.

VI.D.3.c) Oversight – The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

VI.D.4. 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.

VI.D.4.a) The program director must evaluate each resident’s abilities based on specific criteria. When available, evaluation should be guided by specific national standards-based criteria.

VI.D.4.b) Faculty members functioning as supervising physicians should delegate portions of care to residents, based on the needs of the patient and the skills of the residents.

VI.D.4.c) 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 the skills of the individual resident or fellow.

VI.D.5. Programs must set 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.

VI.D.5.a) 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.

VI.D.5.a),(1) In particular, PGY-1 residents should be supervised either directly or indirectly with direct supervision immediately available. [Each Review Committee will describe the achieved competencies under which PGY-1 resident’s progress to be supervised indirectly, with direct supervision available.]

VI.D.6. 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.

Reference ACGME Common Program Requirements, 07/01/2017

(Harbor-UCLA Medical Center - Supervision of Residents Policy No. 622A)

Purpose:
To establish supervision guidelines for patient care rendered by a resident physician at Harbor-UCLA Medical Center.

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.

"Supervision in the setting of graduate medical education has the goals of assuring the provision of safe and effective care to the individual patient; assuring each resident’s development of the skills, knowledge and attitudes required to enter the unsupervised practice of medicine; and establishing a foundation for continued professional growth." (ACGME Common Program Requirements, July 1, 2017).

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.

- **Specific Privileges**: The authorization to perform cognitive, invasive or operative procedures, deliveries, or other specific activities which have been granted by the medical staff.

- **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 house staff.

- **Supervisory Resident**: A Resident Physician designated and documented to have attained competency 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 Nonsupervisory Resident to perform the specifically designated procedures as determined by each residency training program.

- **Non-supervisory Resident**: A Resident Physician who may not perform invasive or operative procedures, deliveries, or other specific activities without appropriate supervision from an attending supervisory resident.

- **Procedural Competency**: The process for designating that a resident has gained sufficient competency to function as a supervisory resident which shall include performance of a specific minimum of operative procedures, deliveries and other patient care activities directly supervised by attending physicians and approved by the facilities Graduate Medical Education Committee and the Department Chairperson.

- **Supervision/Supervise**: The act of providing oversight by an attending or supervising physician of the quality and safety of patient care provided by a resident physician utilizing one of the following levels of supervision:
  - "Direct Supervision": The supervising physician is physically present with the resident and the patient.
  - "Indirect Supervision with Direct Supervision Immediately Available": The supervising physician is physically within the hospital or other site of patient care, and is immediately available to provide direct supervision.
  - "Indirect Supervision with Direct Supervision Available": The supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide direct supervision.
  - "Oversight": The supervising physician is available to review procedures and encounters and to offer feedback after care is delivered.

- **Disposition**: Discharge of a patient from the hospital or from a unit therein, or from a clinic location.

**Principles:**

- Although a portion of patient care is provided by residents, the ultimate responsibility for patient care and supervision of residents rests with the attending physician. In addition, 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.

- In the clinical learning environment, each patient must have an identifiable, appropriately credentialed and privileged attending physician who is ultimately responsible for that patient’s care.

- An Attending can only supervise those procedures for which the attending has privileges as approved by the Medical Executive Committee.

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

- The supervisory lines of responsibility and policies for each program for care of patients must be communicated to the program’s attendings and residents and must, at a minimum, incorporate the defined levels of supervision.

- 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.

- The Attending staff must determine the level of responsibility accorded to each Resident.

- Supervisory lines of responsibility for patient care shall take into account the safety and well-being of patients and their rights to quality care.

Procedure:

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 presence and availability 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 ACGMEIRRC requirements for ambulatory/non-urgent care. For those ACGME resident training programs that require direct supervision or indirect supervision with immediate availability in the provision of all or part of patient care an attending physician must be physically present in the hospital or other sites of patient care (ambulatory clinic, emergency room, outpatient surgery) during the time such supervision is required. This may require 24/7 in hospital attending physicians as per ACGME program requirements. (See section A.2., A.3., A.4., A.5., and A.6 below).

   g. On-call responsibilities: For those residents in ACGME training programs that do not require direct supervision or indirect supervision with immediate availability during night call assignments and on
weekends an attending physician must be assigned for indirect supervision with availability at all times when the resident is on-call.

2. 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.

3. 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 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 or their designee.

B. Invasive and Operative Procedures and Deliveries

1a. An attending physician or supervisory resident shall see and evaluate each patient prior to any operative procedure or delivery and shall document this evaluation in the medical record.

1b. An attending physician is responsible to ensure 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.

1c. An attending physician is responsible to assure appropriate supervision of Resident Physicians during all operative or invasive procedures.

1d. An attending physician or supervisory resident shall be present with the patient for all operative or invasive procedures or delivery.
   
   • If the attending is present for the operative or invasive procedure or delivery, he/she must document in the medical record that he/she has evaluated the patient and authorizes the procedure.
• If the presence of an attending is not required for the operative or invasive procedure or delivery, the supervisory resident must document in the medical record that he/she has discussed the case with the attending and the attending authorizes the resident to proceed.

2. In all situations requiring direct Attending Physician supervision, an Attending Physician must ensure 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. For each new patient, an attending physician shall supervise the resident's evaluation of the patient prior to disposition, as required by policy established under section A.

2. For follow up visits, an attending physician or supervisory resident shall supervise the resident physician's evaluation prior to disposition; the resident physician shall document that the attending physician concurs with the assessment and management (see section A).

E. Inpatient Admissions

1. An Attending must supervise the appropriate evaluation by the resident for each patient admitted to the inpatient service and document direct supervision in the medical record within 24 hours of admission.

2. An Attending physician must supervise the appropriate evaluation by the resident of each patient who is hospitalized on the inpatient service each 24 hours after admission and ensure there is documentation of this supervision in the resident's daily progress note or the attending shall enter higher note in the medical record.

3. An Attending physician shall discuss and approve the discharge planning with the resident. The resident shall document this discussion in the medical record or the attending shall document.

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 with the attending physician or supervisory resident 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 shall document direct supervision in the medical record within 24 hours of admission.
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 in accordance with section A of this policy.
   b. Shall review and sign or co-sign diagnostic studies prior to dissemination of the final interpretive reports.

2. An Attending Physician or Supervisory Resident Physician shall:
   a. Concurrently 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, or
      • 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.

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 initiated in compliance with the medical staff bylaws.

3. The Attending physician from the consulting service shall supervise and document the performance of consultations, in accordance with section A of this policy. The attending physician or supervisory resident from the consulting service shall document his/her evaluation of the patient in the medical record.

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

J. Monitoring

1. The Credentials Committee and Medical Executive Committee will monitor compliance with sections A3, I2 and I3.

2. Medical Records Review Committees will include the documentation guidelines set forth in sections B though H of this policy in its review of medical records.

Cross Reference: DHS Policy 310.2 on Medical Staff Policy for Supervision of Residents
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