**LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES**
**HARBOR-UCLA MEDICAL CENTER**

**SUBJECT:** SUPERVISION OF RESIDENTS **POLICY NO.** 622A

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| **CATEGORY:** Medical Staff | **EFFECTIVE DATE:** 3/99 |
| **POLICY CONTACT:** Designated Institutional Official | **UPDATE/REVISION DATE:** 10/22 |
| **REVIEWED BY COMMITTEE(S):** Graduate Medical Education | |

**PURPOSE:**
To establish supervision guidelines for patient care rendered by a resident physician at Harbor-UCLA Medical Center. This policy is established to promote patient safety, enhance quality of patient care, and to ensure compliance with Institutional, Common, and Specialty/Subspecialty specific requirements of the Accreditation Council for Graduate Medical Education (ACGME), the Commission on Dental Accreditation (CODA), and other relevant accrediting bodies.

**POLICY:**
Harbor-UCLA Medical Center shall ensure supervision of Resident Physicians that promotes patient safety, enhances quality of patient care, and improves postgraduate education in compliance with ACGME and CODA 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, 2011).

**DEFINITIONS:**
- **Attending Physician or Attending Practitioner:** A doctor of medicine, osteopathy, dentistry, or podiatry who is 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, medical evaluation, 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

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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 Non-supervisory 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 or 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": occurs when the supervising physician is physically present with the trainee and the patient.
    - "Indirect Supervision with Direct Supervision Immediately Available": occurs when the supervising practitioner 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": occurs when the supervising practitioner 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 a unit therein, or 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:**

I. General Coverage

A. The supervisory lines of responsibility for care of patients must incorporate, at minimum, the following:

1. An Attending shall be available to Residents, Supervisory Residents, and Fellows 24 hours per day.
2. In those instances where the Attending Practitioner's responsibility has been delegated to a Supervisory Resident or Fellow, these Supervisory Residents/Fellows shall be available to Residents 24 hours per day.
3. When required by the ACGME or other relevant accrediting bodies, an Attending shall be present in-house to provide supervision to Residents.
4. For ambulatory/non-urgent care, an Attending or Supervisory Resident/Fellow shall be available in compliance with ACGME and other relevant accrediting bodies' requirements.
5. For telehealth ambulatory care, an attending practitioner or supervisory resident shall be available by telephone or electronic virtual communication for all trainees in compliance with ACGME and other relevant accrediting bodies' requirements.

B. Each residency/fellowship training program shall establish policies on the supervision of Residents/Fellows through explicit written descriptions of supervisory lines of responsibility for care of patients, including the responsible Attending by service or function, and, where to find such information. Such policies shall be communicated to all members of the program's teaching staff and residents.

1. Supervisory lines of responsibility for patient care shall consider the safety and wellbeing of patients and their right to quality care.
2. When a Supervisory Resident or Fellow is included in the supervisory lines of responsibility for care of patients, Attending Practitioners remain fully accountable for supervision of Residents, Supervisory Residents, and Fellows.
3. At a minimum, the following situations require mandatory discussion with the supervisory Attending for hospitalized patients within 30 minutes of the time of the event:

a. Code Blue, Code White, Code OB, Rapid Response Team (RRT) activation or Code Stroke activation
b. Transfer to ICU
c. Any unexpected critical result
d. Unanticipated patient death
e. Unanticipated transfusion of blood products
f. Attending staff (any) request that the attending be contacted
g. Patient and/or family requests to speak to the supervising attending
h. For any urgent questions residents might have about their patient/patient care

C. Supervision of Residents: Although patient care is provided by Residents, ultimate responsibility for patient care and supervision of Residents, Supervisory Residents, and Fellows rests with the Attending.

Each program's policy on supervisory lines of responsibility of Attending supervision of Residents shall define:

1. The specific procedures, consultations or services that require Direct Supervision by an Attending.
2. The specific procedures, consultations or services for which Direct Supervision by Supervisory Residents/Fellows is appropriate.
3. The extent of attending or Supervisory Resident presence required to adequately supervise procedures, consultations or services.
4. The responsible Attending by service or function.
5. As specified by the ACGME, each training program's Clinical Competency Committee (CCC) determines each trainee's achievement of specialty-specific milestones, and thereby makes recommendations to the program director regarding the Residents' competence to perform the operative procedures, deliveries or other defined patient care activities independently, without direct supervision, and for which the Resident may be designated as a Supervisory Resident.
6. Programs not accredited by the ACGME shall develop a process and procedure for designating a Supervisory Resident or Fellow, which may include a specific minimum of operative procedures, deliveries, and other patient care activities directly supervised by Attending Practitioners.

D. Documentation of Supervision and Completion of the Medical Record

1. Invasive and Operative Procedures and Deliveries
    a. The Attending is responsible to assure appropriate supervision of Residents, Supervisory Residents, and Fellows before, during, and after all operative or invasive procedures, including:
        I. Participate in the evaluation of each patient prior to any operative procedure or delivery with documentation of this evaluation in the medical record.
        II. Ensure appropriate informed consent for procedures and deliveries with consent form and progress note documenting the consent discussion in the medical record.
        III. Ensure documentation of all operative procedures is correct, complies with expected practices, and includes appropriate co-signatures.
        IV. Shall be present with the patient for key components of operative or invasive procedures that require Direct Supervision by an attending, as determined by

the respective training program and codified in the program-specific supervisory policy.

b. The Supervisory Resident or Fellow shall be present with the patient for operative or invasive procedures that can be safely done under Indirect Supervision with Direct Supervision immediately available, as determined by the respective training program and codified in the program-specific supervisory policy.
c. If the Attending is not present for the operative or invasive procedure or delivery, the Supervisory Resident or Fellow must document in the medical record that they have discussed the case with the Attending and the attending authorizes the resident to proceed.

2. Emergency Department/Urgent Care
   a. The Attending is responsible for supervision of the Resident and the appropriate evaluation of the patient for each emergency department visit.
   b. The Attending shall review, addend/correct, and co-sign the patient's record.

3. Ambulatory/non-urgent care
   a. For each new patient, the Attending shall supervise the Resident's evaluation of the patient and shall review, addend/correct, and co-sign the Resident's note.
   b. For follow-up visits, the Attending or Supervisory Resident/Fellow shall review, addend/correct, and co-sign the Resident's note, or the Resident shall document that the attending concurs with the assessment and management.

4. Inpatient Admissions
   a. The Attending shall evaluate each inpatient within 24 hours of admission and shall review, addend/correct, and co-sign the Resident's admission History and Physical note or record their own admission History and Physical note.
   b. An Attending Practitioner shall evaluate the patient at least every 48 hours thereafter and shall review, addend/correct, and co-sign the Resident progress note, or the Attending shall record their own progress note.
   c. The Attending shall discuss the discharge planning with the Resident. The Resident shall document in the medical record the discussion of the discharge plan and the Attending's concurrence with the discharge plan prior to the patient's discharge or the Attending shall record their own discharge note.

5. Intensive Care
   a. The Attending or Supervisory Resident/Fellow shall discuss every new patient with the Resident within 4 hours of admission to the Intensive Care Unit. The Resident shall document the discussion with the Attending or Supervisory Resident/Fellow in the medical record as outlined in sections A, B, and C above.
   b. An Attending shall evaluate the patient within 24 hours after admission to the Intensive Care Unit, discuss this evaluation with the Resident/Fellow and document this evaluation and discussion in the medical record.
   c. The Attending shall evaluate the patient at least daily thereafter and discuss this evaluation with the Resident. The Attending shall review, addend/correct, and co-sign the Resident's progress note, or the Attending shall record their own progress note.

6. Diagnostic/Therapeutic Studies and Non-invasive Procedures
    a. The Attending shall supervise and document the performance and interpretation of invasive diagnostic/therapeutic procedures as outlined above in sections A, B, and C.
    b. The Attending shall review, addend/correct, and sign or co-sign the final interpretive reports of diagnostic studies prior to dissemination.
    c. The Attending or Supervisory Resident/Fellow shall immediately interpret diagnostic studies performed on patients in locations such as the Emergency Department, Intensive Care Units, or when the clinical service requests immediate interpretation, or concurrently supervise a Resident conducting an immediate interpretation and documentation of results of those diagnostic studies. Supervisory Resident/Fellow interpretation shall be documented as “preliminary” results pending final interpretation by the Attending.
    d. The Attending Practitioner or Supervisory Resident/Fellow shall supervise the Resident when diagnostic instruments (e.g. ultrasound, Doppler, EKG, among others) are used in the evaluation of patients and when the output of such instruments is interpreted.

7. Consultations
    a. The Attending from the treating service shall ensure all requested consultations are communicated to the consulting service in a timely manner.
    b. The Attending from the consulting service shall ensure responses to consultation requests are initiated in a timely manner.
    c. The Attending or Supervisory Resident/Fellow from the consulting service shall supervise the performance of consultations and documentation in the medical record, shall document their initial evaluation of the patient in the medical record, and review, addend/correct, and co-sign non-supervisory Resident’s progress notes or document their own progress notes, as outlined in sections A, B, and C above.

E. 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.

F. Monitoring
1. Graduate Medical Education Committee (GMEC) will monitor each training program’s compliance with supervision using ACGME and Institutional survey outcome data.
2. GMEC reports to the Medical Executive Committee.
3. Credentials Committee and Medical Executive Committee will monitor attending practitioner

compliance with sections A-D above.

4. Medical Records Review Committees will include the documentation guidelines set forth herein in its review of records.

Cross-Reference: DHS Policy 310.2 on Medical Staff Policy for Supervision of Residents
Change No 109
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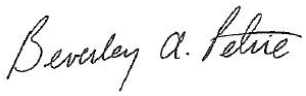
Reviewed and approved by:
Medical Executive Committee 10/2022



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