OLIVE VIEW-UCLA MEDICAL CENTER/HEALTH CENTERS
MEDICAL ADMINISTRATION
POLICY & PROCEDURE

NUMBER: 2133
VERSION: 3

SUBJECT/TITLE: SUPERVISION OF RESIDENTS

POLICY: DHS POLICY ON SUPERVISION OF RESIDENTS ATTACHED

PURPOSE:

1. Introduction
   - 1.1 The policy on supervision of resident physicians is established to promote patient safety, enhance quality of patient care, and improve post-graduate education consistent with the Accreditation Council for Graduate Medical Education (ACGME) requirements. These requirements include, but are not limited to: "Supervision: 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 if readily available to residents on duty. The level of responsibility accorded to each resident must be determined by the teaching staff." (ACGME)
   - 1.2 Scope. This policy applies to any care rendered by a resident in a facility operated by the Los Angeles County Department of Health Services.
   - 1.3 Approval: The Department of Health Services.
   - 1.4 Review: The Department of Health Services Medical Directors' Committee shall review this policy as often as necessary, but no less than every three years.

DEPARTMENTS: MEDICAL ADMINISTRATION

DEFINITIONS:

2. Definitions
   - 2.1 **"Attending"**: 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.
   - 2.2 **"Resident"**: all physicians, dentists, podiatrists, (interns and residents) enrolled in a residency training program.
   - 2.3 **"Supervisory Resident"**: a resident designated to perform specific functions in patient care (i.e. specific operative procedures, deliveries or defined patient care activities) without direct attending supervision and may supervise a non-supervisory resident to perform the specifically designated procedures as determined by

each program.

2.4 **"Non-supervisory resident"**: a resident who may not perform, without appropriate supervision, invasive or operative procedures, deliveries, or other specific activities.

2.5 **"Specific privileges"**: the authorization to perform invasive or operative procedures, deliveries, or other specific activities, which have been granted by the medical staff.

2.6 **"Disposition"** means discharge of a patient from the hospital or from a unit therein, or from a clinic location.

PROCEDURE:

3. General Coverage

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

3.1.1 An attending physician shall be available by phone to resident physicians 24-hours per day.

3.1.2 In those instances where the attending physician's responsibility has been delegated to a supervisory resident, the supervisory residents shall be present and available to resident physicians 24 hours per day.

3.1.3 For resident physicians in training programs where required by the ACGME, an attending physician shall be available in-house 24 hours per day.

3.1.4 For ambulatory/non-urgent care, an attending physician or supervisory resident shall be available on-site at the facility during house of operation as consistent with respective ACGME/RRC requirements (see section 3.2 and 3.3 below).

3.2 Each residency/training program shall establish policies on the supervision of residents through explicit written descriptions of supervisory lines of responsibility for care of patients. Such guidelines must be communicated to all members of the program's teaching staff and residents.

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

3.2.2 When a supervisory resident in included in the supervisory lines of responsibility for care of patients, attending physicians remain fully accountable for supervision of all residents.

3.3 Supervision of Residents: Although patient care is provided by residents, ultimate responsibility for patient care and supervision of residents rests with the attending physician.

3.3.1 Each department's policy on supervisory lines of responsibility of attending physicians' supervision of

residents shall define:

3.3.1.1 the specific procedures, consultations or services that require direct attending physician supervision, and

3.3.1.2 the specific procedures, consultations or services for which supervision by supervisory residents as appropriate.

3.3.1.3 the extent of attending physician or supervisory resident presence required to adequately supervise procedures, consultations or services.

3.3.1.4 the responsible attending physician by service or function.

3.3.1.5 A process and procedure for designating a supervisory resident including 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;

3.4 No resident shall be designated as a supervisory resident for a given procedure, consultation or service unless all the following conditions are met:

3.4.1 documentation that the resident has demonstrated satisfactory judgment and competence in the application and performance of the procedure(s), consultation or service;

3.4.2 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;

3.4.3 recommendation by the program director and/or service chief to designate a resident as a supervisory resident for the specific operative procedures(s), deliveries or defined patient care activities;

3.4.4 review and approval by the department chairman.

4. Invasive and Operative Procedures and Deliveries

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

4.2 An attending physician is responsible to assure the execution of an appropriate informed consent discussion in the medical record.

4.3 An attending physician is responsible to assure appropriate supervision of residents during all operative or invasive procedures.

4.4 An attending physician or supervisory resident shall be present

with the patient for all operative or invasive procedures.

4.4.1 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.

4.4.2 If the attending physician is not present (see section 3.3) 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.

4.5 An attending physician must assure an operative or procedure note is written or dictated within 24 hours of the procedure and shall sign the record of operation ("green sheet") in all situations for which direct attending physician supervision is required.

5. Emergency Department/Urgent Care

5.1 An attending physician is responsible for supervision of the resident and appropriate evaluation of the patient for each emergency department visit.

5.2 An attending physician or supervisory resident physician shall review and sign the patient's record prior to disposition.

6. Ambulatory/non-urgent care

6.1 For each new patient, an attending physician shall supervise the resident's evaluation of the patient and shall co-sign the resident physician's note prior to disposition, as required by policy established under section 3.3.

6.2 For follow-up visits, an attending physician or supervisory resident shall co-sign the resident physician's note prior to disposition or the resident physician shall document that the attending physician concurs with the assessment and management (see section 3.3).

7. Inpatient admissions

7.1 An attending physician shall see and evaluate each inpatient within 24 hours of admission and shall co-sign the resident's admission note or record his/her own admission note.

7.2 An attending physician shall see and evaluate the patient at least every 48 hours and shall ensure that the resident 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.

7.3 An attending physician 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 physician concurrence with the discharge plan prior to the patient's discharge or the attending shall record his/her own note.

8. Intensive Care

8.1 An attending physician or supervisory resident shall discuss every

new patient with the resident physician within 4 hours of admission to the Intensive Care Unit. The resident shall document this discussion with the attending physician.

8.2 An attending physician shall see and evaluate the patient within 24 hours after admission to the Intensive Care Unit, discuss this evaluation with the resident and document this evaluation and discussion in the medical record.

8.3 The attending physician shall see and evaluation the patient at least daily thereafter and discuss this evaluation with the resident. The attending shall ensure that the resident 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.

9. Diagnostic/Therapeutic Studies and Procedures

9.1 An attending physician shall supervise and document the performance and interpretation of invasive diagnostic/therapeutic procedures in accordance with sections 3 and 4 above.

9.2 An attending physician shall review and sign or co-sign the final interpretive reports of diagnostic studies prior to dissemination.

9.3 An attending physician or supervisory resident physician shall concurrently supervise a resident physician for an immediate interpretation prior to the written report of diagnostic studies:

9.3.1 whenever results are necessary for immediate patient care decisions, or

9.3.2 studies are performed on patients in locations such as the Emergency Room or Intensive Care Units, when the clinical service requests immediate interpretation.

9.3.3 The immediate interpretation shall be documented in the medical record prior to the written report.

9.4 Where diagnostic instruments are used in the evaluation of patients (e.g. ultrasound, Doppler, EKG, among others), an attending physician or supervisory resident shall supervise the resident when such instruments are used to evaluate patients and when the output of such instruments is interpreted.

10. Consultations

10.1 The attending physician from the treating service shall assure that in all instances where consultations are requested, they are communicated to the consulting service in a timely manner.

10.2 The attending physician from the consulting service shall assure that responses to consultation requests are initiated in a timely manner.

10.3 The attending physician from the consulting service shall supervise and document the performance of consultations, in accordance with sections 3 and 4 above.

10.4 The attending physician or supervisory resident from the consulting

service shall document his/her evaluation of the patient in the medical record.

11. Measurement of performance of residents in patient care.
    11.1 Each department shall develop a policy and procedure for measurement and documentation of resident performance in patient care sufficient to support a systematic review of the resident's competence to perform the operative procedures, deliveries or other defined patient care activities, for which the resident has been designated as a supervisory resident.
    11.2 Each department shall include a systematic review of the resident'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.
12. Monitoring
    12.1 Credentials Committee and Medical Executive Committee will monitor compliance with sections 3.1, 3.2, 3.3, 3.4, 11.1, and 11.2. Medical Records Review Committees will include documentation guidelines set forth in sections 4.1, 4.2, 4.3, 4.4, 4.5, 5.1, 5.2, 5.3, 6.1, 6.2, 7.1, 7.2, 7.3, 8.1, 8.2, 8.3, 9.1, 9.2, 9.3, 9.4, 10.1, 10.2, 10.3 and 10.4 in its review of records.

References:	
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