

<i>Manual</i>	Medical Staff	<i>Effective Date</i>	04/27/2006
<i>Policy #</i>	MS 112	<i>Date Revised</i>	12/31/2008
<i>Responsible Person</i>	Director, Medical Staff Administration	<i>Next Scheduled Review</i>	12/31/2020

PURPOSE

To ensure that the Medical Staff has a defined process for supervision by an Attending member of the Medical Staff when carrying out patient care responsibilities, and to ensure that there is a mechanism for effective communication between the Geffen School of Medicine at UCLA Graduate Medical Education Committee (GMEC) and the Medical Staff.

POLICY

All medical care provided by Resident medical staff members shall be under the supervision of qualified Medical Staff Attending or Teaching Staff according to the Medical Staff Bylaws.

PROCEDURE

- A. Patients Assigned to Attending Physician: All patients in the hospital are the direct responsibility of an attending member of the medical staff. Each patient is assigned a primary attending physician, although other attending physicians may, at times, be delegated responsibility for the care of a patient and provide supervision instead of, or in addition to, the assigned practitioner.

- B. Progressive Resident Responsibility: Attending Medical Staff members supervise participants in professional graduate medical education programs in their patient care responsibilities in a manner commensurate with the Resident’s level of training and experience. The Clinical Service Chief (School of Medicine Department Chair or his or her designee) is responsible for ensuring that the degree of professional responsibility accorded to each resident is progressively increased through the course of training, commensurate with his or her skill, training and experience. The respective Chief of Service makes decisions about individual resident graded responsibility and progressive involvement and independence in specific patient care activities. The attending physician is also responsible for determining in an individual case the degree of resident independent functioning.

Structured evaluation processes for each Service (Academic Department) are developed which may include, but are not limited to, combinations of daily attending evaluations of individual performance, periodic written evaluations of each Resident (e.g., monthly, or following specific rotations), results of internal or external examinations, and program director resident evaluation meetings.

C. Supervision:

1. Supervising attending physicians have the responsibility to enhance the knowledge of the Resident and to ensure the quality of care delivered to each patient by any Resident. This responsibility is exercised by observation, consultation and direction. It includes the imparting of the practitioner's knowledge, skills and attitudes by the practitioner to the Resident and assuring that the care is delivered in an appropriate, timely and effective manner. Fulfillment of such responsibility requires personal involvement with each patient and each Resident who is providing care as part of the training experience. Supervising attending physicians should act professionally and as a role model for trainees.
2. Supervisors will direct the care of the patient and provide the appropriate level of supervision based on the complexity of care, and the experience, judgment and level of training of the Resident being supervised.

D. Documentation

1. The documentation requirements for care provided to patients who have been admitted to a teaching service and who are seen by residents under the supervision of a faculty member will be by progress notes entered into the record by the attending physician at a frequency appropriate to the patient's condition or change in condition, or reflected within the Resident's progress note. Residents' notes in the chart reflecting their ongoing consultation with the attending physician shall also reflect the attending physician's approval of the treatment plan discussed with the Resident.
2. For patients who have undergone a surgical procedure, an attending surgeon must document his or her involvement in the post-operative care of the patient by at least one personally documented note. The immediate post-operative note will not suffice for this purpose.

E. Availability of Attending Physicians: Each Clinical Service (Academic Department) will assure that appropriate attending physicians are available by phone or pager at all times to every resident on that Service who is caring for patients. It is expected that an attending physician will provide on-site direct supervision, when required by clinical and educational circumstances within a reasonable period of time. The attending physician will be available to Residents who calls him or her for assistance. It is the responsibility of each Department to assure that each Resident knows who is the responsible attending physician and how to reach them.

F. Communication Encouraged: In providing clinical supervision to Residents, supervising physicians should provide advice and support and should encourage trainees to freely

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seek their input. Residents are expected to make liberal use of the supervisory resources available to them and are encouraged to seek advice and input from their supervisors.

- G. Establishing Resident Competencies/Privileges: Each Clinical Service (Academic Department) describes the resident staff members' roles, responsibilities, and patient care activities, which are available to the attending staff and other caregivers on the hospital's privileging web site. These should be as specific as possible, but at a minimum, in those applicable Clinical Services (Academic Departments), delineate who may write orders, the circumstances under which they may do so, and what entries, if any, must be countersigned by the Attending Medical Staff member or higher year Resident. (Applicable Attending Staff policies, such as restrictions on antibiotic ordering, are applicable to Residents, but do not need to be specified in the program descriptions.) These descriptions of competencies will identify which bedside or other procedures require direct supervision. The Attending Staff on occasion may identify high-risk procedures where the Clinical Service (Academic Department) must carry out a specific privileging process for Residents, both as individuals and as groups.

- H. Monitoring Compliance: The quality of Resident supervision and adherence to supervision guidelines and policies shall be monitored through annual review of the Resident's evaluation of their faculty and rotations and the applicable GMEC's internal reviews of programs. For any significant concerns regarding Resident supervision, the respective program director shall submit a plan for its remediation to the GMEC for approval and the program director may be required to submit progress reports to the GMEC until the issue is resolved.

- I. To assure communication between the GMEC and the Medical Staff, the Chair of the GMEC will serve as an ex officio member of the Medical Staff Credentials Committee. He/she will regularly report issues concerning the safety and quality of patient care provided by residents and the related educational and supervisory needs of residents. The Credentials Committee will include GMEC issues, including resident safety, quality, and supervision needs in its reports to the MSEC and the Governing Body.

APPROVED:

Medical Staff Executive Committee
Governing Body

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