

<i>Manual</i>	Professional Staff	<i>Effective Date</i>	10/31/2006
<i>Policy #</i>	PS 009	<i>Date Revised</i>	10/31/2009
<i>Responsible Person</i>	Director, Professional Staff Services	<i>Next Scheduled Review</i>	10/31/2021

PURPOSE

To ensure that the Professional Staff has a defined process for supervision by an Attending member of the Professional 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 Professional Staff.

POLICY

All medical care provided by Residents shall be under the supervision of qualified Professional Staff Attending or Teaching Staff according to the Professional Staff Bylaws.

PROCEDURE

- A. Patients Assigned to Attending Physician: All patients in the hospital are the direct responsibility of an attending member of the professional 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 Professional 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 Division Chief 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 Division Chief 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 Division (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 professional staff 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 procedure, an attending professional staff member must document his or her involvement in the post-procedure care of the patient by at least one personally documented note. The immediate post-procedure note will not suffice for this purpose.
- E. Availability of Attending Physicians: Each Clinical Division (Academic Department) will assure that appropriate attending physicians are available by phone or pager at all times to every resident on that Division 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 professional staff member will be available to Residents who calls him or her for assistance. It is the responsibility of each Division to assure that each Resident knows who is the responsible attending professional staff member and how to reach them.
- F. Communication Encouraged: In providing clinical supervision to Residents, supervising professional staff members should provide advice and support and should encourage trainees to freely 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 Division (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 Divisions (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 Professional Staff member or higher year Resident. 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 Division (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.

APPROVED:

Professional Staff Executive Committee
Governing Body

October 20, 2009/reviewed w/no revisions 10/23/2018
October 31, 2009/approved w/no revisions 10/31/2018