



SUPERVISION OF RESIDENTS

MS 106

<i>Manual</i>	Medical Staff	<i>Effective Date</i>	01/31/2005
<i>Policy #</i>	MS 106	<i>Date Revised</i>	03/28/2017
<i>Responsible Person</i>	Director, Medical Staff Administration	<i>Next Scheduled Review</i>	03/28/2023

POLICY

All medical care provided by Residents shall be under the supervision of approved medical staff participating in a GMEC-approved training program. Each training program must provide appropriate supervision for all Residents that is consistent with proper care, the educational needs of the Residents and the applicable program requirements. The clinical supervision of postgraduate medical trainees providing clinical care at Santa Monica-UCLA Medical Center & Orthopaedic Hospital is provided through programs that have been approved by the Graduate Medical Education Committee (GMEC).

PROCEDURE

- A. Patients Assigned to the Attending Physician: All patients in the hospital are the direct responsibility of an attending member of the medical staff. Each patient is assigned an attending physician whose name will be clearly identified in the patient’s record. Patients shall be notified of the name of the attending physician and Residents responsible for their care. It is recognized that 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 Supervising Attending Physician.

- B. Progressive Resident Responsibility: Attending Medical Staff 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 Program Director 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 Program Director 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 Residency Program shall be based on the ACGME Six Competencies; and may include combinations of daily attending evaluations of individual case presentations, regular written evaluations of each Resident (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.
2. Supervising Attending Physicians 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.
3. Site supervisor for the program will be responsible for addressing any issues of resident disruptive or unprofessional behavior in consultation with the residency program director.

D. Documentation: The following documentation applies only to approved Supervising Attending Physicians and Residents while providing clinical care through GMEC-approved training programs. All other medical staff (including faculty physicians not supervising Residents), shall follow the documentation rules set forth in the Rules and Regulations of the Medical Staff. In addition, each GMEC-approved training program may adopt more rigorous documentation requirements, as it deems appropriate.

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 condition¹, or reflected within the Resident's daily progress note. Residents must also make notes in the chart reflecting their ongoing consultation with the attending physician regarding each patient. Such progress notes shall include the attending physician's name and shall reflect the attending physician's approval of the treatment plan discussed with the Resident.
2. For admitted patients, an attending physician must interview and examine the patient early in the course of care (within 24 hours of admission including weekends and holidays). This supervision must be personally documented in a progress note no later than the day after admission.
3. 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

¹ Changes in a patient's condition or a change to a higher level of care will require the attending physician to personally re-evaluate the patient in a timely manner proportionate to the situation, but not more than 24 hours after the request.

least one personally documented note. The immediate post-operative note will not suffice for this purpose.

For patients undergoing specific bedside procedures, the attending physician will be responsible for authorizing the performance of such procedure by the Resident and the Resident will document the attending physician's approval in the patient's chart. Such procedures should only be performed with the explicit approval of the attending physician to ensure that the Resident has the requisite training, education and experience to perform the procedure.

- E. For patients needing consultations (including emergency consultations), an attending physician must interview and examine the patient within 24 hours of request.
- F. Availability of Attending Physicians: Each Department will assure that appropriate attending physicians are available by phone or pager at all times to every resident who is caring for a patient in a licensed area. It is expected that an attending physician will come in to provide direct supervision, when required by clinical and educational circumstances within a reasonable period of time. The attending physician will be available to every Resident or health care professional who calls him or her for assistance.
- G. Emergency Situations: An "emergency" is defined as a situation where immediate care is necessary to preserve the life of, or to prevent serious impairment to the health of a patient. In such situations, any Residents, assisted by other clinical personnel as available, shall be permitted to do everything possible to save the life of a patient or to save a patient from serious harm. The appropriate attending physician will be contacted and notified of the situation as soon as possible.
- H. Communication Encouraged: In providing clinical supervision to Residents and fellows, supervising physicians 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.
- I. Establishing Resident Competencies/Privileges: Each residency program describes the Resident 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 departments, shall delineate who may write orders, the circumstances under which they may do so, and what entries, if any, must be countersigned by the attending 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 Physician on occasion may identify high-risk procedures where the Department must carry out a specific privileging process for

Residents both as individuals and as groups, which shall be clearly numbered with identification numbers documented.

- J. Monitoring Compliance: Adherence to Resident supervision guidelines and polices and the quality of Resident supervision shall be reviewed annually. The Program Director will provide the GMEC with residents' evaluations of their Santa Monica faculty on request and the GMEC may conduct its own internal program reviews. If significant Resident supervision concerns arise, the respective Program Director shall submit a plan for its remediation to the GMEC. The Program Director may also be required to submit progress reports to the GMEC until the issue is deemed resolved.

APPROVED

Medical Staff Executive Committee 3/28/2014, reviewed with no revisions 3/28/2020

Governing Body 3/28/2014, reviewed with no revisions 3/28/2020