

INSTITUTIONAL RESIDENT AND FELLOW SUPERVISION POLICY

Resident medical staff shall be under the supervision of qualified medical staff attending physicians according to the Ronald Reagan UCLA Medical Staff Bylaws. “Residents” are defined as either Residents or Fellows enrolled in ACGME or ABMS programs

A. Patients Assigned to Attending Physician

All patients 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.

The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident must be assigned by the program director and faculty members.

B. Progressive Resident Responsibility

Attending physicians supervise patient care responsibilities of Residents. In some cases, the supervising physician may be a more advanced Resident or Fellow. The Chief of Service (School of Medicine Department Chair) together with the Program Director are responsible for ensuring that the degree of professional responsibility and independence accorded to each Resident are progressively increased through the course of training, commensurate with his/her skill, training and experience. The respective Chief of Service together with the Program Director makes decisions about the individual Resident’s graded responsibility, progressive involvement and independence in specific patient care activities. Supervision may be exercised through a variety of methods. Some activities require the physical presence of the supervising attending.

The system of supervision is monitored by structured evaluation processes for each Clinical Service (Academic Department) which may include combinations of daily attending evaluations of individual performance, regular written evaluations of each Resident (monthly, or following specific rotations), results of internal or external examinations, and evaluation meetings with the Program Director.

C. Level of Supervision and Availability of Attending Physicians

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.

Supervising physicians have the responsibility to enhance the knowledge of the Resident and to ensure the quality of care delivered by any Resident. This responsibility is exercised by observation, consultation and direction. It includes the imparting of the practitioner’s knowledge, skills and attitudes 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.. Supervising Attending physicians should act professionally and as a role model for trainees. To ensure oversight of Resident supervision and graded authority and responsibility, the following classifications of supervision are used:

Direct Supervision: The supervising physician is physically present with the Resident and patient.

Indirect Supervision: The supervising physician is not physically present with the Resident and patient, but is either (1) immediately available within the hospital, and available to be present in a reasonable amount of time; or (2) available by phone and/or pager.

Oversight: The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

Residents must be supervised according to level of training (following the specific recommendations of their RRC), and based upon the needs of the patient and skills of the resident.

D. Communication:

Supervising attending 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. Programs must set guidelines for circumstances and events in which Residents must communicate with appropriate supervising physicians. The clinical environment should maximize effective communication including the opportunity to work as a member of inter-professional teams that are appropriate for the delivery of care in the specialty. Each Resident must know the limits of his/her scope of authority and the circumstances under which he/she is permitted to act with conditional independence.

E. Monitoring of 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 supervisors and rotations, and by the Graduate Medical Education Committee (GMEC) internal reviews of programs. For any significant concerns regarding Resident supervision, the respective program director shall submit a remediation plan to the GMEC for approval, and the program director may be required to submit progress notes to the GMEC until the issue is resolved.

F. To assure communication between the GMEC and the Medical Staff, the Chair of the GMEC shall serve as a member of the Medical Staff Credentials committee and shall report regularly upon 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 Medical Staff Executive Committee and governing body.