Los Angeles County Department of Health Services

Policy & Procedure Title:	Supervision of Post-Graduate Medical and Dental Trainees (Residents)		
Category:	300-399 Operation Policy	**Policy No.:**	310.2
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DHS Division/Unit of Origin:	Clinical Risk Management & Patient Safety Program		
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PURPOSE:

This policy is established to promote patient safety, enhance quality of patient care, and to ensure compliance with Institutional, Common and Specialty/Subspecialty specific requirements of the Accreditation Council for Graduate Medical Education (ACGME), the Commission on Dental Accreditation (CODA), and other relevant accrediting bodies.

SCOPE:

This policy applies to any care rendered by a post-graduate medical, podiatric, or dental trainee in a facility operated by the Los Angeles County Department of Health Services.

DEFINITION(S):

"Attending" or "Attending Practitioner": a doctor of medicine, osteopathy, dentistry, or podiatry who is a member of the organized medical staff with specific privileges.

"Specific Privileges": permission to perform specific medical evaluations, invasive or operative procedures, deliveries, or other patient care activities which have been granted by the medical staff.

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

"Non-supervisory resident/fellow": a resident or fellow who may not perform invasive or operative procedures, deliveries, or other activities without appropriate direct supervision.

"Resident": a post-graduate medical, dental, or podiatric trainee enrolled in a residency training program.

"Fellow": a physician, podiatry, or dental trainee enrolled in a fellowship training program.

"Supervisory Resident or Fellow": a resident/fellow designated to perform specific functions in patient care (i.e. specific operative procedures, deliveries or defined patient care activities) without direct attending supervision, and who may supervise a resident/fellow to perform specifically designated procedures, as determined by each training program.

Postgraduate trainees who perform patient care activities for which they hold specific privileges do not require supervision for those functions.

"Direct Supervision:" occurs when the supervising practitioner is present with the trainee and the patient.

"Indirect Supervision with Direct Supervision immediately available:" occurs when the supervising practitioner is physically within the hospital or other site of patient care, and is immediately available to provide direct supervision.

"Indirect Supervision with Direct Supervision available:" occurs when the supervising practitioner is not physically present within the hospital or other site of patient care, but is immediately available by means of telephonic and/or electronic modalities and is available to provide direct supervision.

POLICY:

DHS facilities shall comply with the Accreditation Council for Graduate Medical Education (ACGME) and other relevant accrediting bodies' supervision requirements for resident training.

PROCEDURE:

I. General Coverage

A. The supervisory lines of responsibility for care of patient must incorporate, at minimum, the following:

1. An Attending shall be available to Residents, Supervisory Residents, and Fellows 24 hours per day.
2. In those instances where the Attending Practitioner's responsibility has been delegated to a Supervisory Resident or Fellow, these Supervisory Residents/Fellows shall be available to Residents 24 hours per day.
3. When required by the ACGME or other relevant accrediting bodies, an Attending shall be present in-house to provide supervision to Residents.

4. For ambulatory/non-urgent care, an Attending or Supervisory Resident/Fellow shall be available in compliance with ACGME and other relevant accrediting bodies' requirements.
5. For tele-health ambulatory care, an attending practitioner or supervisory resident shall be available by telephone or electronic virtual communication for all trainees in compliance with ACGME and other relevant accrediting bodies' requirements.

B. Each residency/fellowship training program shall establish policies on the supervision of Residents/Fellows through explicit written descriptions of supervisory lines of responsibility for care of patients, including the responsible Attending by service or function, and, where to find such information. Such policies shall be communicated to all members of the program's teaching staff and residents.

1. Supervisory lines of responsibility for patient care shall consider the safety and well-being of patients and their right to quality care.
2. When a Supervisory Resident or Fellow is included in the supervisory lines of responsibility for care of patients, Attending Practitioners remain fully accountable for supervision of Residents, Supervisory Residents, and Fellows.
3. The following situations require mandatory discussion with the supervisory Attending for hospitalized patients within 30 minutes of the time of the event:
    a. Code Blue, Code White, Code OB, Rapid Response Team (RRT) activation, or Code Stroke activation
    b. Transfer to ICU
    c. Any unexpected critical result
    d. Unanticipated patient death
    e. Unanticipated transfusion of blood products
    f. Attending staff (any) request that the attending be contacted
    g. Patient and/or family requests to speak to the supervising attending
    h. For any urgent questions residents might have about their patient/patient care

C. Supervision of Residents: Although patient care is provided by Residents, ultimate responsibility for patient care and supervision of Residents, Supervisory Residents, and Fellows rests with the Attending.

Each program's policy on supervisory lines of responsibility of Attending supervision of Residents shall define:

1. The specific procedures, consultations or services that require Direct Supervision by an Attending.
2. The specific procedures, consultations or services for which Direct Supervision by Supervisory Residents/Fellows is appropriate.
3. The extent of attending or Supervisory Resident presence required to adequately supervise procedures, consultations or services.
4. The responsible Attending by service or function.

5. As specified by the ACGME, each training program's Clinical Competency Committee (CCC) determines each trainee's achievement of specialty-specific milestones, and thereby makes recommendations to the program director regarding the Residents' competence to perform the operative procedures, deliveries or other defined patient care activities independently, without direct supervision, and for which the Resident may be designated as a Supervisory Resident.
6. Programs not accredited by the ACGME shall develop a process and procedure for designating a Supervisory Resident or Fellow, which may include a specific minimum of operative procedures, deliveries, and other patient care activities directly supervised by Attending Practitioners.

D. Documentation of supervision and completion of the medical record

1. Invasive and Operative Procedures and Deliveries

    a. The Attending is responsible to assure appropriate supervision of Residents, Supervisory Residents, and Fellows before, during, and after all operative or invasive procedures, to include:
        i. Participate in the evaluation of each patient prior to any operative procedure or delivery with documentation of this evaluation in the medical record.
        ii. Ensure appropriate informed consent for procedures and deliveries with consent form and progress note documenting the consent discussion in the medical record.
        iii. Ensure documentation of all operative procedures is correct, complies with expected practices, and includes appropriate co-signatures.
        iv. Shall be present with the patient for key components of operative or invasive procedures that require Direct Supervision by an attending, as determined by the respective training program and codified in the program-specific supervisory policy.
    b. The Supervisory Resident or Fellow shall be present with the patient for operative or invasive procedures that can be safely done under Indirect Supervision with Direct Supervision immediately available, as determined by the respective training program and codified in the program-specific supervisory policy.
    c. If the Attending is not present for the operative or invasive procedure or delivery, the Supervisory Resident or Fellow must document in the medical record that they have discussed the case with the Attending and the attending authorizes the resident to proceed.

2. Emergency Department/Urgent Care

    a. The Attending is responsible for supervision of the Resident and the appropriate evaluation of the patient for each emergency department visit.

b. The Attending shall review, addend/correct, and co-sign the patient's record.

3. Ambulatory/non-urgent care

    a. For each new patient, the Attending shall supervise the Resident's evaluation of the patient and shall review, addend/correct, and co-sign the Resident's note.
    b. For follow up visits, the Attending or Supervisory Resident/Fellow shall review, addend/correct, and co-sign the Resident's note, or the Resident shall document that the attending concurs with the assessment and management.

4. Inpatient admissions

    a. The Attending shall evaluate each inpatient within 24 hours of admission and shall review, addend/correct, and co-sign the Resident's admission History and Physical note or record their own admission History and Physical note.
    b. An Attending Practitioner shall evaluate the patient at least every 48 hours thereafter and shall review, addend/correct, and co-sign the Resident progress note, or the Attending shall record their own progress note.
    c. The Attending 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's concurrence with the discharge plan prior to the patient's discharge or the Attending shall record their own discharge note.

5. Intensive Care

    a. The Attending or Supervisory Resident/Fellow shall discuss every new patient with the Resident within 4 hours of admission to the Intensive Care Unit. The Resident shall document the discussion with the Attending or Supervisory Resident/Fellow in the medical record as outlined in sections A, B, and C above.
    b. An Attending shall evaluate the patient within 24 hours after admission to the Intensive Care Unit, discuss this evaluation with the Resident/Fellow and document this evaluation and discussion in the medical record.
    c. The Attending shall evaluate the patient at least daily thereafter and discuss this evaluation with the Resident. The Attending shall review, addend/correct, and co-sign the Resident's progress note, or the Attending shall record their own progress note.

6. Diagnostic/Therapeutic Studies and Non-invasive Procedures

a. The Attending shall supervise and document the performance and interpretation of invasive diagnostic/therapeutic procedures as outlined above in sections A, B, and C.
b. The Attending shall review, addend/correct, and sign or co-sign the final interpretive reports of diagnostic studies prior to dissemination.
c. The Attending or Supervisory Resident/Fellow shall immediately interpret diagnostic studies performed on patients in locations such as the Emergency Department, Intensive Care Units, or when the clinical service requests immediate interpretation, or concurrently supervise a Resident conducting an immediate interpretation, and documentation of results of those diagnostic studies. . Supervisory Resident/Fellow interpretation shall be documented as "preliminary" results pending final interpretation by the Attending.
d. The Attending Practitioner or Supervisory Resident/Fellow shall supervise the Resident when diagnostic instruments (e.g. ultrasound, Doppler, EKG, among others) are used in the evaluation of patients and when the output of such instruments is interpreted.

7. Consultations

a. The Attending from the treating service shall ensure all requested consultations are communicated to the consulting service in a timely manner.
b. The Attending from the consulting service shall ensure responses to consultation requests are initiated in a timely manner.
c. The Attending or Supervisory Resident/Fellow from the consulting service shall supervise the performance of consultations and documentation in the medical record, shall document their initial evaluation of the patient in the medical record, and review, addend/correct, and co-sign non-supervisory Resident's progress notes or document their own progress notes, as outlined in sections A, B, and C above.

E. Monitoring

1. Graduate Medical Education Committee (GMEC) will monitor each training program's compliance with supervision using ACGME and Institutional survey outcome data.
2. GMEC reports to the Medical Executive Committee.
3. Credentials Committee and Medical Executive Committee will monitor attending practitioner compliance with sections A-D above.
4. Medical Records Review Committees will include the documentation guidelines set forth herein in its review of records.