

**UCLA RONALD REAGAN MEDICAL CENTER / OLIVE VIEW UCLA MEDICAL CENTER  
EMERGENCY MEDICINE RESIDENCY  
RESIDENT SUPERVISION POLICY**

Emergency Medicine Residents shall be under the supervision of qualified Medical Staff attending physicians whenever they are providing care as part of their residency responsibilities. Supervision must at all times be in compliance with the medical staff bylaws of the institution at which the resident is providing care. At each site supervision must meet the standards delineated in this policy.

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 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 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. This is the expected level of supervision for Emergency Department rotations.

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. This is the expected level of supervision for many off-service (non-Emergency Department) rotations.

Oversight: The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered. This level of supervision rarely applies to Emergency Medicine residents and is only permissible with prior approval of the Residency Director.

Residents must be supervised according to level of training (following the specific recommendations of their RRC for Emergency Medicine), 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. 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.

The Emergency Medicine Residency Programs provides the following guidelines for circumstances and events in which residents must communicate with appropriate supervising physicians:

1. Residents must present all Emergency Department patients to the supervising attending physician prior to disposition of the patient.
2. Residents must present all critically ill or injured Emergency Department patients to the supervising attending physician during or immediately following their initial evaluation and stabilization.
3. Residents must discuss DNR and other end of life decisions with the supervising attending physician before initiating discussion of these issues with patients or their families.
4. Emergency Medicine residents rotating on off-service (non Emergency Department rotations) must communicate with appropriate supervising physicians in accordance with the Supervision Policy in place for that rotation and their level of training.

#### 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 Emergency Medicine Program Director shall submit a remediation plan to the GMEC for approval.

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