University of California, Riverside, School of Medicine

Institutional Policy

SUPERVISION OF RESIDENTS

1. Residents and faculty/attending (staff) physicians should inform patients of their respective roles in the care of each patient.

2. The residents must have opportunities to exercise under supervision, graded progressive responsibility for the care of patients. Residents are responsible for knowing the limits of their authority. They should not provide clinical services or independently do procedures for which they are not yet trained.

3. Senior residents may serve in a supervisory role for junior residents.

4. The residents must communicate all significant patient care issues to the senior residents or the staff physician of record.

5. The program must observe the following three levels of supervision:
   Level 1. Direct supervision, in which the supervising physician is physically present with the resident and patient.
   Level 2. Indirect supervision
      Level 2a. Supervising physician is on-site and available to provide direct supervision.
      Level 2b. Supervising physician is available by telephone and available to provide direct supervision.
   Level 3. Oversight. The supervising physician reviews the care with the residents after it is provided.

6. During postgraduate year 1, residents must have supervision at level 1 or 2a.

7. The staff physician’s involvement in the care of the patient must be documented appropriately and accurately in the medical record.

8. The program director has the authority to adjust duty hours to ensure that patients are not placed at risk by residents who are overly fatigued, otherwise impaired or lacking sufficient training.

9. Faculty assignments should be of sufficient duration to assess residents’ knowledge and skills.

This policy was approved by the Graduate Medical Education Committee on March 16, 2011.

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