**ACMC Emergency Department Policy for Supervision of Residents**

1. The ultimate responsibility for all patient care decisions and dispositions rests with the EM Attending Faculty member supervising a resident.
2. All EM Attending Faculty members scheduled for supervisory duties of EM residents will be physically present in the Emergency Department, and immediately available to the EM resident they are supervising, for the entirety of the EM Attending Faculty member’s shift.
3. “Sign-Out” or patient hand-offs to the next EM team of physicians may be led by the resident, but is also ultimately the responsibility of the EM Attending Faculty member.
4. Every EM resident case must be supervised by an EM Attending Faculty member.
5. EM Attending Faculty members will at a minimum personally perform a focused history and physical exam and complete an attending note in the patient record for every case for which they supervise an EM resident.
6. EM Attending Faculty members will allow EM residents progressively increasing clinical responsibility for patient care based on the EM resident’s level of training, the individual resident’s level of clinical knowledge, and the risk level of the case being supervised.
7. All advanced critical care procedures such as intubation, cricothyrotomy, tube thoracostomy, defibrillation/cardioversion, and thoracotomy will be directly supervised by an EM Attending Faculty member at the patient’s bedside.
8. Other procedures such as central lines, suturing and incision/drainage of abscesses will be directly supervised by an EM Attending Faculty when these procedures are performed by junior level EM residents until the resident demonstrates competency with the procedure.
9. All procedures requiring procedural sedation will be directly supervised by an EM Attending Faculty member at the patient’s bedside.
10. EM Attending Faculty members will provide clinical teaching and feedback to the EM resident they are supervising while they work together on a shift.

Reviewed June 1, 2021; eol