

OR SUPERVISION POLICY

OPERATING ROOM SUPERVISION

The attending physician has both an ethical and a legal responsibility for the overall care of the individual patient and for the supervision of the resident involved in the care of that patient. Although they require less direction than junior residents, even the most senior residents must be supervised. A chain of command that emphasizes graded authority and increasing responsibility as experience is gained must be established. Judgments on this delegation of responsibility must be made by the attending surgeon, who is ultimately responsible for a patient's care, based on direct observation and knowledge of each resident's skills and ability.

PURPOSE

To ensure that physicians-in-training are appropriately supervised, in accordance with requirements of the Joint Commission for Accreditation of Healthcare Organizations (JCAHO) and the ACGME.

DEFINITIONS / RESPONSIBILITIES (IF APPLICABLE)

Residents are medical school graduates who have not yet attained board eligibility or certification. Fellows have attained board eligibility or certification and are training in advanced skills (e.g. laparoscopic surgery, surgical oncology, spine surgery). Some fellows have gone through the credentialing process of the Medical Staff and have been granted Medical Staff membership and privileges.

POLICY

Supervision of physicians-in-training (residents and fellows) shall be carried out in accordance with GME Policy #002 "Housestaff Supervision", and any applicable requirements of the program's accrediting agency, if accredited.

Level of Supervision:

1. Physicians-in-Training shall be supervised at all times with an appropriate level of supervision given the individual's level of responsibility, as determined by the supervising physician.
2. For those fellows who have medical staff privileges, the scope of activities permitted without the direct supervision of an attending surgeon is defined by the Medical Staff Constitution and Bylaws, as documented in the hospital database. Fellows may not independently perform procedures for which they are receiving fellowship training, and in that situation, supervision is as per 3 below.
3. Fellows without Medical Staff privileges, and all residents, may not perform operative procedures without the supervision of the attending surgeon. The attending Surgeon shall be present in the operating room where the case is taking

place during the critical portion of the procedure. The Attending Surgeon will be in the hospital and immediately available at all times during the procedure. At the request of any member of the operating team, the attending surgeon will return to the operating room immediately.

4. The attending surgeon must be present in the operating room suite before the case begins, except in the case of a “life or limb” emergency where the attending surgeon may instruct a resident to begin the surgery in their absence. If a physician in training performs the “time out” procedure, the responsibility for appropriateness of side and site remains with the attending surgeon.
5. The level of involvement by the attending surgeon (e.g. whether or not the attending surgeon is “scrubbed” in) is left to the discretion of the attending surgeon. This determination is a function of the experience and competence of the resident and the complexity of the specific procedure.
6. Issues regarding the level of supervision of residents in the operating room will be brought to the Director of the Surgery Residency Training Program, the Chair of the Department of Surgery, or the Medical Director of the Operating Rooms.

The definition of the critical portion of the procedure is a medical decision to be decided by the attending surgeon. If review is necessary about the appropriateness of the supervision the matter should be referred to the Department of Surgery Performance Improvement Committee.