

## SUPERVISORY LINES OF RESPONSIBILITY

Updated: June 2011

**Supervision.** For the purposes of this document, supervision refers to the authority and responsibility that an attending surgeon exercises over the care delivered to a patient by a resident. Such control is exercised by observation, consultation, direction and demonstration, and includes the imparting of knowledge, skills and attitudes by the attending surgeon to the resident. Supervision may be provided in a variety of ways, including person-to-person contact with the resident in the presence of the patient, person-to-person contact in the absence of the patient, and through consultation via the telephone, video linkages, or other electronic means.

**Teaching Assistant.** Teaching assistant refers to a resident, acting under the appropriate supervision of an attending surgeon, who is providing guidance and/or assistance to a less experienced resident(s) in any clinical activities including the performance of invasive procedures and surgical operations.

**GENERAL PRINCIPLES:** Within the scope of the training program, all residents, without exception, will function under the supervision of attending surgeons. A responsible attending must be immediately available to the resident in person *or* by telephone and must be able to be physically present within a reasonable period of time, if needed. Each surgical service will publish, and make available, “call schedules” indicating the responsible attendings if needed.

The surgery residency program will be structured to encourage and permit residents to assume increasing levels of responsibility commensurate with their individual progress in experience, skill, knowledge, and judgment throughout the course of their training. All faculty must adhere to current accreditation requirements as set forth by the AGGME for all matters pertaining to the training program including the level of supervision provided. The requirements of the American Board of Surgery, the American Board of Medical Specialties, the Residency Review Committee for Surgery, and the ACGME will be incorporated into training programs to ensure that each successful program graduate will be eligible to sit for an American Board of Surgery examination.

The provisions of this document are applicable to all patient care services, including both inpatient and outpatient care settings, and the performance and interpretation of all diagnostic and therapeutic procedures. The attending and resident surgeons are responsible to assure continuity of care provided to patients.

**Residents must, in all circumstances:**

1. notify the appropriate attending physician of any critical changes in a patient’s status;
2. notify the appropriate attending physician of any and all patients going to the operating room;
3. notify the appropriate attending physician of any patient seen during evenings, weekends and holidays.

**ROLES AND RESPONSIBILITIES:** The Department Chair and Program Director are responsible for implementation of and compliance with these requirements. The attending surgeon is responsible for, and must be familiar with, the care provided to the patient as exemplified by the following:

(1) Direct the care of the patient and provide the appropriate level of supervision based on the nature of the patient's condition, the likelihood of major changes in the management plan, the complexity of care, and the experience and judgment of the resident being supervised.

Documentation of this supervision will be via progress note, or countersignature thereof, or reflected within, the resident's progress note at a frequency appropriate to the patient's condition. In all cases where the provision of supervision is reflected within the resident's progress note, the note shall include the name of the attending surgeon with whom the case was discussed and the nature of that discussion.

(2) Meet the patient early in the course of care and document, in a progress note, concurrence with the resident's initial diagnoses and treatment plan.

At a minimum, the progress note must state such concurrence and be properly signed and dated. If a patient is admitted for non-emergent care, a resident, who is authorized to act as a teaching assistant, may evaluate the patient and discuss the patient's circumstances with an appropriate attending surgeon. This discussion should be documented in the patient record.

(3) Participation in bedside rounds does not require that the attending surgeon see every patient in person each day but does require physical presence of the attending in the facility for sufficient time to provide appropriate supervision to residents. A variety of face-to-face interactions such as chart rounds, x-ray review sessions, pre-op reviews, or informal patient discussions fulfill this requirement.

(4) Assure that all technically complex diagnostic and therapeutic procedures which carry a significant risk to the patient are:

- (a) medically indicated;
- (b) explained to the patient;
- (c) appropriately executed and interpreted; and
- (d) evaluated for appropriateness, effectiveness and required follow-up.

Evidence of this assurance should be documented in the patient's record via a progress note(s), or Countersignature thereof, or reflected within, the resident's progress note(s).

(5) Assure that discharge, or transfer, of the patient from an integrated or affiliated hospital or clinic is appropriate based on the specific circumstances of the patient's diagnoses and treatment.

The patient will be provided appropriate information regarding prescribed therapeutic regimens, including specifics on physical activity, medications, diet, functional status, and follow-up plans.

At a minimum, evidence of this assurance will be documented by attending countersignature of the hospital discharge summary or clinic discharge note.

(6) Assure residents are given the opportunity to contribute to discussions in committees where decisions being made may affect their activities. Facilities are encouraged, to the extent practicable, to include resident representation on committees such as Medical Records, Quality Assurance, Utilization Review, Infection Control, Surgical Case Review, and Pharmacy and Therapeutics.

## **GRADUATED LEVELS OF RESPONSIBILITY:**

- (1) Residents, as part of their training program, may be given progressive responsibility for the care of the patient. A resident may act as a teaching assistant to less-experienced residents. Assignment of the level of responsibility must be commensurate with their acquisition of knowledge and development of judgment and skill, and consistent with the requirements of the accrediting body.
- (2) Based on the attending surgeon's assessment of a resident's knowledge, skill, experience, and judgment, residents may be assigned graduated levels of responsibility to:
  - (a) Perform procedures or conduct activities without a supervisor present; and/or
  - (b) Act as a teaching assistant to less-experienced residents.
- (3) The determination of a resident's ability to accept responsibility for performing procedures or activities without a supervisor present and/or act as a teaching assistant will be based on evidence of the resident's clinical experience, judgment, knowledge and technical skill. Such evidence may be obtained from the affiliated university, evaluations by attending surgeons or the program director, direct observation, and/or other clinical practice information.
- (4) Documentation of a resident's assigned level of responsibility will be filed in the resident's record or folder maintained in the office of the director.
- (5) When a senior resident is acting as a teaching assistant, the attending surgeon remains available for the quality of care of the patient, providing supervision and meeting medical record documentation requirements as previously defined.

## **SUPERVISION OF RESIDENTS PERFORMING INVASIVE PROCEDURES OR SURGICAL OPERATIONS:**

- (1) Diagnostic or therapeutic invasive procedures or surgical operations, with significant risk to patients, require a high level of expertise in their performance and interpretation. Such procedures may be performed only by residents who possess the required knowledge, skill, judgment, and under an appropriate level of supervision by the attending surgeon. Attending surgeons will be responsible for authorizing the performance of such invasive procedures or surgical operations. The name of the attending surgeon performing and/or directing the performance of a procedure should appear on the informed consent form.
- (2) During the performance of such procedures or operations, an attending surgeon will provide an appropriate level of supervision. Determination of this level of supervision is generally left to the discretion of the attending surgeon and is a function of the experience and competence of the resident, and of the complexity of the specific case.
- (3) Attending surgeons will provide appropriate supervision for the evaluation of patients, the scheduling of cases, the assignment of priority, pre-procedural preparations, and the procedural and post-procedural care of patients.

**EMERGENCY SITUATIONS:** An “emergency” is defined as a situation where immediate care is necessary to preserve the life of or prevent serious impairment of the health of a patient. In such situations, any resident, assisted by hospital personnel, shall be permitted to do everything possible to save the life of a patient or to save a patient from serious harm. The appropriate attending surgeon will be contacted and apprised of the situation as soon as possible.

**POST-GRADUATE (PG) YEAR:** After graduation from medical school, post-graduate levels designate the practice level for a physician within his/her designated program.

### **PG Year-1**

The following are examples of activities or procedures appropriate for the PGY-1 year. Supervision is to be determined by the senior resident on service or appropriate attending surgeon.

- Take history and perform physical exam
- Start peripheral IV
- Insert central IV lines
- Insert Foley catheter
- Insert nasogastric tube
- Write orders for routine meds
- Write orders for routine diagnostic tests
- Write post-operative orders
- Assist in operative procedures
- Perform simple surgical procedures
- Insert pulmonary artery catheters
- Tap pleural space
- Tap or lavage peritoneal cavity
- Tap CSF
- Tap joint space
- Ventilator management
- Manage initial resuscitation from shock
- Manage initial resuscitation for burns
- Excision of superficial lesions
- Perform biopsies
- Close lacerations

### **May not:**

- Perform technically complex diagnostic and therapeutic procedures of high medical risk.
- Provide treatments without direct supervision of attending surgeon or senior level resident.
- Be designated as teaching assistant.

### **PG Year-2**

- Perform all of PGY-1 activities/procedures.
- May supervise routine activities of PGY-1.
- Attending surgeon or chief resident will determine which cases are suitable to perform or to act as a teaching assistant.

### **PG Year-3**

- Perform all of PGY-1 and -2 activities/procedures.
- May supervise routine activities of PGY-1 and -2.
- Perform all routine diagnostic and therapeutic procedures performed by surgical sub-specialists.
- Attending surgeon or chief resident will determine which cases are suitable to perform or to act as a teaching assistant.

**PG Year-4**

- Perform all of PGY-1, -2 and -3 activities/procedures.
- May be assigned as teaching assistant for routine operative procedures.
- Perform technically complex or high risk procedures with attending supervision, at levels previously defined at attending surgeon's discretion.
- Attending surgeon or chief resident will determine which cases are suitable to perform or to act as teaching assistant.

**PG Year-5**

- Perform all of PGY-1, -2, -3 and -4 activities/procedures.
- Appropriate supervision for technically complex or high risk procedures at attending surgeon discretion. Senior residents have primary responsibility for the management of each service to which they are assigned, under the supervision of the attending staff. He/she is responsible for the supervision of activities of the house staff members assigned to his/her service and for responding to surgical consultations to his/her service.

**EMERGENCIES:**

In the spirit of teamwork, any life-threatening emergencies will be handled through available personnel. If the fellow is available, he/she will participate in the care of that patient.