Policies and Procedures

Section: **School of Medicine (Phoenix)**		*NO.*				
Chapter: **Surgical Critical Care**	*Issued:*	*REV. A* 1/27/2020	*REV. B* *111/2/2020*	*REV. C*		
Policy: **Resident Supervision**		*Page 1 of 5*				

PURPOSE
In compliance with the ACGME Institutional and Common Program Requirements, it is the goal of Creighton University to outline the departmental policy on Fellow Supervision for Creighton University School of Medicine (Phoenix) Surgical Critical Care Residency Program.

SCOPE
This policy applies to all Surgical Critical Care fellows under the sponsorship of Creighton University School of Medicine (Phoenix) Program.

POLICY
Each Surgical Critical Care Fellow is supervised by a Critical Care faculty member at all times and in all clinical activities. The GMEC-approved institutional policy on resident/fellow supervision is listed below. The following policy is the CU/ Department of Surgery supplement for fellow supervision.

DEFINITIONS

- **Direct Supervision**: Patient care is conducted with the supervising faculty being physically present with the fellow and the patient
- **Indirect Supervision**: Patient care is conducted with the supervising faculty being immediately available within the hospital to provide direction and control
- **Oversight**: Patient care is conducted by the fellow with the supervising faculty available to provide review of procedures /encounters with feedback provided after care is delivered.

Surgical Critical Care fellow supervision is the responsibility of the Program Director (PD) who reports directly to the Chairman of the Department of Surgery. Supervising faculty are assigned by the PD for specific fellow supervisory duties.

All patients receiving care at this, and affiliated institutions, are assigned a supervising faculty member. This supervising faculty member is responsible for the clinical, ethical, and legal care of the patient, and for proper and appropriate supervision in the care of the patient. Proper and appropriate level of fellow supervision is based on the nature of the patient's condition, the likelihood of major changes in the management plan, the level and complexity of care, and the experience and judgment demonstrated by the fellow being supervised. These judgments will be based on the supervising faculty member's direct observation and knowledge of each fellow's skill and ability.

As part of Surgical Critical Care Fellowship training, fellows are given progressive responsibility for the care of critically-ill patients and to act in a teaching and supervisory capacity to less experienced residents and students. It is the decision of the supervising faculty, with approval of the PD and the Clinical Competency Committee (CCC), as to which activities the fellow will be allowed to perform within the context of assigned levels of responsibility. As fellows progress temporally, intellectually, technically, and professionally through the program, they will be given increased responsibilities in all

areas of patient care, again commensurate with their individual levels of experience and expertise. The overriding consideration must be the safe and effective care of the patient.

Ultimately, all patients admitted for care are the responsibility of the supervising faculty member. The fellow acts under the direction and supervision of the supervising faculty member. Consequently, the supervising faculty member is responsible for all actions of the fellow, whether or not the supervising faculty member is physically present when decisions are made or actions/procedures are undertaken.

Judgments on delegation of responsibility to a fellow must be made by the supervising faculty member who is, as stated, ultimately responsible for a patient's care. These judgments are based on the supervising faculty member's direct observation and knowledge of each fellow's skill and ability. Therefore, it is up to the supervising faculty member to determine the intensity of supervision of fellow activity within the scope of the fellowship program. It is presumed that over the year of clinical training, the fellow will demonstrate the ability to increasingly be able to function as an independent critical care physician.

Proper supervision must not conflict with progressively more independent decision-making on the part of the fellow; thus, the degree of supervision may vary with the clinical circumstances and the training level of the fellow. However, to exercise their responsibilities properly, members of the teaching staff always must be immediately available for consultation and support.

The supervising faculty member responsible for patient care and fellow supervision will be available in the hospital during normal daytime hours (0800 to 1700). If he/she must be absent, he/she will assign a representative who will be present and available, and this representative will be identified to the fellow being supervised. At nighttime (1700 to 0800), the supervising faculty on call and in-house will be responsible for fellow supervision on all patients and for all critical care fellows within the institution.

The supervising faculty will evaluate each fellow, under his or her supervision, according to the program's RRC guidelines.

Attending supervision for inpatient care will be documented in the patient's medical chart per encounter by the attending. Documentation of supervision will be by progress, operative, consultation, admission or other note by the Attending/Teaching physician in the medical record. In the outpatient setting, supervision will be documented on a regular basis by either the supervising faculty or the fellow. The supervising faculty will also review, amend, and sign the fellows' documentation in the patient's medical chart.

SPECIFIC POLICIES

Inpatient Care: Fellows caring for surgical inpatients will receive direct supervision depending upon the specific circumstances and needs of the patient and fellow. The supervising faculty must be notified

immediately for any significant change in patient status as outlined in the goals and expectations for each rotation.

Operating Room Care: Fellows performing surgical procedures will receive direct supervision for the essential and critical portion(s) of the procedure, as determined by the supervising faculty. For other non-critical portions of the procedure, the fellow may receive either direct, indirect supervision with direct supervision immediately available or oversight supervision.

Procedures: Fellows performing surgical procedures outside of the operating room setting will receive direct or indirect supervision as dictated by the details of the procedure being performed and the experience and expertise of the fellow performing the procedure. Additionally, the fellow must have approval from the supervising faculty, the PD and the CCC for those procedures.

Admissions: Any fellow admitting a patient to a surgical service will receive direct, indirect or oversight supervision, depending upon the complexity of the patient and the ability of the fellow. The level of supervision will be determined by the supervising faculty. The supervising faculty will see the patient and review the management plan within 8 hours. Fellows caring for patients who require emergency surgery will receive direct supervision.

Trauma Care: Fellows caring for trauma patients will receive direct supervision for Level 1 traumas and either direct, indirect or oversight supervision for Level 2 traumas and trauma consults.

Surgical Consultation: Fellows providing surgical consultation will receive either direct or indirect supervision depending upon the complexity of the patient and the ability of the fellow providing the consultation.

Emergency Care: In an emergency, defined as a situation where immediate care is necessary to preserve life or prevent serious impairment of health, fellows are permitted to perform everything possible and necessary to save a patient from serious harm pending arrival of more qualified staff. The supervising faculty, which is available 24 hours a day in house, must be notified as soon as possible. If the supervising faculty cannot be reached the fellow will then contact the back-up call faculty as listed in the hospital paging system.

Fellows may assess patients for the need for restraints or seclusion and write restraint or seclusion orders, as supervised by the supervising faculty. The supervising faculty member, however, is ultimately responsible for the restraint or seclusion order and the proper use of patient restraints or seclusion.

A. NOTIFICATION AND INVOLVEMENT OF FACULTY

Trauma Service: Care of all patients on the Trauma Service is to be under the supervision of a supervising faculty member within the Division of Burns, Trauma, and Surgical Critical Care. In general,

supervising faculty are present on rounds to supervise and direct discussions regarding plan of care and to provide educational input. If an individual supervising faculty member responsible for the patient's care is not present when the plan of care is established during rounds, then the fellow should contact them as early as possible upon the completion of morning rounds to discuss. The responsible supervising faculty are to be notified when any of the following occur:

- All consultations and admissions. If any patient being evaluated is unstable and the supervising faculty is not present, then they should be notified immediately
- Any time the established plan of care cannot be completed
- Any significant decline in any patient's clinical status (unless decline is anticipated and previously included within an established plan of care)
- The death of any patient (planned or unplanned)
- Any time invasive procedures must be performed on a patient
- When patients proceed to the operating room (OR). No patient may proceed to the OR without the supervising faculty notification or availability

If the responsible supervising faculty cannot be reached (as directed by the guidelines above) or cannot be immediately available as needed for the clinical setting, then the on-call attending should be notified. A faculty member is present in-house 24 hours per day, 7 days per week for the direct supervision of patient care. In the event that circumstances dictate care must be rendered to unstable patients without the presence of supervising faculty, then the most senior fellow should proceed, utilizing good clinical judgment, to ensure the patient's safety and best interests.

Surgical Intensive Care Unit Service: All patients seen in consultation by the Surgical Critical Care Service (see consultation policy) are to be staffed by the Surgical Critical Care Faculty on-call for the ICU. Supervising Surgical Critical Care Faculty are on–call and available 24 hours a day, 7 days a week in house. Supervising faculty round daily with the Critical Care team and are available for all patient care issues. The on-call Critical Care Faculty should be notified when any of the following occur:

- New consultations and any admission to the Surgical ICU that is unstable. If any patient being evaluated is hemodynamically unstable and the faculty is not present, then the faculty should be notified immediately
- Any time the established plan of care cannot be completed
- Any significant decline in any consult patient's clinical status (unless decline is anticipated and previously included within an established plan of care)
- The death of any consult patient (planned or unplanned)
- Any time invasive procedures must be performed on a consult patient

Occasionally, fellows from the Surgical ICU service may be asked to assist in the management of a patient without formal consultation of the Surgical ICU service. This may be appropriate under the conditions that the patient is hemodynamically stable. Involvement of the Surgical ICU service fellows in

invasive procedures mandate notification of the Surgical Critical Care supervising faculty prior to initiating such procedures.

In the event that circumstances dictate that care must be rendered to unstable patients without the presence of supervising Faculty, then the fellow should proceed, utilizing good clinical judgment, to ensure the patient's safety and best interests while simultaneously have the in-house faculty notified.

B. FELLOW SUPERVISORY GUIDELINES

As outlined above (see NOTIFICATION AND INVOLVEMENT OF SUPERVISING FACULTY), fellows should always notify the in–house supervising faculty member responsible for patient care and fellow supervision. Faculty are available in the hospital 24 hours a day, every day. If the supervising faculty must be absent, they will assign a representative who will be present and available, and this representative will be identified to the fellow being supervised.

REFERENCES

ACGME:
https://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/442_SurgicalCriticalCare_2020.pdf?ver=2020-06-22-090711-273

Creighton University GME Policy link:
https://medschool.creighton.edu/sites/medschool.creighton.edu/files/gme-resident-supervision.pdf

AMENDMENTS OR TERMINATION OF THIS POLICY

Creighton University reserves the right to modify, amend or terminate this policy at any time.