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PURPOSE

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

SCOPE

This policy applies to all surgery residents under the sponsorship of Creighton University School of Medicine (Phoenix).

POLICY

It is the policy of the Department of Surgery at Creighton University that each general surgery resident is supervised by a faculty member, at all-times and in all clinical activities. The program recognizes and supports the importance of graded and progressive responsibility in graduate medical education. This policy outlines the requirements to be followed when supervising residents. The goal is to promote assurance of safe patient care, and the resident's maximum development of the skills, knowledge and attitudes needed to enter the unsupervised practice of medicine. The program will ensure that qualified attending/teaching faculty surgeons provide appropriate supervision of residents in patient care activities. The following tenets apply:

- The supervising faculty on the rotation 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 senior residents require less direction than junior residents, even the most senior resident must be supervised. The program has established lines of responsibility that emphasize graded authority and increasing responsibility as experience is gained.
- The supervising faculty who is ultimately responsible for the patient's care should make judgments on this delegation of responsibility; such judgments shall be based on the supervising faculty direct observation and knowledge of each resident's skills and ability, and the rotation objectives for the resident's level of training.
- A fellow may not supervise chief residents.
- Allied health professionals and advanced practice clinicians may not supervise residents.

LEVELS OF SUPERVISION

- Direct Supervision means that the supervising physician is physically present with the house staff physician and patient.
- Indirect Supervision means the supervising physician is immediately available in the facility and is available to provide direct supervision.
- Oversight Supervision means that the supervising physician is available to evaluate patient care and provide feedback after that care is delivered. Each program must ensure that house staff receive adequate supervision at all times

In the event of any discrepancies between program policies and the GME policy, the GME policy shall govern.

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RESPONSIBILITY

All patients receiving care at this and all integrated and affiliated institutions are assigned to a member of the supervising faculty. This supervising faculty is responsible for the clinical, ethical, and legal care of the patient, and for proper and appropriate resident supervision in the care of the patient. The amount/type of supervision required in each situation is determined by the attending surgeon and tailored to the demonstrated skills, knowledge, and ability of the individual resident. These judgments will be based on the su pervising faculty's direct observation and knowledge of each resident's skill and ability. Competency is continuously evaluated by faculty by direct observation and documented in the rotational and semi-annual evaluations.

As part of surgical training, residents are given progressive responsibility for the care of 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 Program Director, as to which activities the resident will be allowed to perform within the context of assigned levels of responsibility. As residents 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 in the safe and effective care of the patient.

Although various OR procedures lie along different parts of the spectrum from indirect to direct supervision depending upon PGY level, all OR cases require at least some level of direct supervision at least for the critical portion of the case.

In an emergency where immediate care is necessary to preserve life, residents are permitted to perform everything possible and necessary to save the patient, pending arrival of attending. The attending must be notified ASAP.

There is a process for documentation of a required number of directly supervised bedside procedures that is reviewed by the CCC before a resident can be granted permission for indirect supervision of those procedures. The goal is that all PGY4 and PGY5 residents attain the indirect level of supervision prior to helping to manage major trauma and acute care surgery services.

SUPERVISION BY PGY LEVEL

PGY1: Residents at the Intern (PGY1) level receive Direct Supervision in evaluation and management of patients in the hospital, in the clinic, and in consultation, bedside procedures, and operative procedures until competency is demonstrated, after which they receive Indirect Supervision.

PGY2 and PGY3: As residents progress into the second (PGY2) and third (PGY3) levels, they are continually assessed by more senior surgical residents and supervising faculty to determine level of progressive autonomous responsibility and conditional independence.

PGY2 residents receive Direct and Indirect Supervision in most situations throughout the PGY2 years. The same is true for PGY3 residents, although residents who demonstrate competency and proficiency may occasionally receive Oversight Supervision. PGY3 residents occasionally serve as the senior resident and may be responsible for direct supervision of junior residents and medical students.

PGY4: Residents are considered the senior resident on many services and supervise junior residents and medical students. They are expected to exercise increasing degrees of independent responsibility for surgical decision-making and perform more advanced surgical procedures, while the attending surgeons monitor their progress. PGY4 residents are allowed and encouraged to practice surgical judgment to the degree that is consistent with quality patient care.

PGY5: Residents are considered the chief resident on the service. They supervise all other learners on that service under the indirect supervision of the faculty. They are expected to formulate perioperative treatment plans and perform the advanced surgical cases. They will help teach junior residents the more basic cases under guidance of the attending surgeons commensurate with their demonstrated abilities. Although they are always under some degree of supervision and oversight, they should be exercising surgical judgement consistent with quality patient care.

BACKUP SUPPORT SYSTEM

Backup support systems are provided when patient care responsibilities are unusually difficult or prolonged or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care. Backup coverage is present in the hospital and readily available, in the event that an assigned resident is unable to fulfill the assignment or when additional coverage is needed. Additional support is immediately available by physician assistants and / or nurse practitioners. The chief resident (or Senior Resident) on the service is available to present to the hospital if needed. In-house attending coverage is available for circumstances warranting the presence of additional physician support.

1. Residents are encouraged to call for back-up support when they need help in managing a clinical problem or the amount of work is impossible to complete in an appropriate period of time. This may be the senior resident, chief resident, fellow or faculty.
2. Residents should notify the senior or chief resident who will notify the faculty. If the chief resident requires support, they will directly notify the faculty.

CIRCUMSTANCES REQUIRING SUPERVISING FACULTY NOTIFICATION

The resident will contact the supervising faculty for the following clinical situations:

- Death
- New admission or discharge against medical advice
- Increase in level of care (e.g. transfer to ICU)
- Respiratory failure requiring intubation or use of non-invasive pressure ventilation
- Diagnosis of shock (e.g. vasopressor need or sustained hypotension)

- Unexpected cardiac dysrhythmia (e.g. new onset atrial fibrillation, ventricular tachycardia, ventricular fibrillation)
- Life or limb threatening event (loss of pulse, cardiac arrest)
- Wound dehiscence or evisceration
- Diagnosis of sepsis, or severe sepsis
- Medication/treatment error requiring intervention
- Uncertainty regarding the plan of care
- Any situation exceeding the resident's comfort level
- If a nurse or other physician requests attending notification
- Any significant change in patient status not meeting any of the above criteria including chest tube output greater than 250 cc/hr or unplanned loss of a drain
- If the supervising faculty is not immediately available, then the resident will contact the Program Director or Associate Program Director and/or Divisional or Department Leadership as needed.

REFERENCES
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.

In the event of any discrepancies between program policies and the GME policy, the GME policy shall govern.