Creighton UNIVERSITY
School of Medicine
Office of Graduate Medical Education

Policy	
TITLE: SOM - GME OMA Policy - Supervision (Orthopaedic Surgery)	
ISSUING DEPARTMENT: Graduate Medical Education - Omaha	**ORIGINALLY ISSUED:** 07/01/2026
DOCUMENT CATEGORY: Orthopaedic Surgery Residency	**LAST REVIEWED:** 07/01/2025

PURPOSE
Supervision in the setting of graduate medical education provides safe and effective care to patients; ensures each House Staff Physician (HSP)'s development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; establishes a foundation for continued professional growth.

SCOPE
This policy applies to all Creighton University School of Medicine-Omaha (CUSOM-OMA) Orthopaedic Surgery Residency Program HSPs.

DEFINITION
Direct supervision: Unless specified by a specific Review Committee, direct supervision means the supervising faculty is physically present during key portions of the patient interaction. Physically present is defined as the teaching physician is either located in the same room as the patient and/or performs a face-to-face service or it can be met through interactive video real-time communications technology that is synchronous when permitted by the appropriate Review Committee. Audio-only technology does not meet this requirement.
Indirect supervision: The supervising physician is not providing physical or concurrent visual supervision but is immediately available to the HSP for guidance and is available to provide appropriate direct supervision.
Oversight supervision: The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.
Regulatory requirements: Those dictated by a Graduate Medical Education (GME) accrediting body, the sponsoring institution, or a governmental or other oversight body such as, but not limited to, Medicare or Joint Commission.
Supervising faculty: An appropriately credentialed and qualified physician or licensed independent practitioner (as allowed by each accrediting body) appointed to the program faculty to provide HSP education and supervision and who has responsibility for the patient's care. Credentialing must be for independent performance. Faculty members who are under proctoring or other restrictions from the medical staff cannot perform as supervising faculty.

POLICY

Physical Presence of a supervising physician is required in these circumstances:

The program has clearly defined protocols outlining specific situations in which HSPs are required to notify their supervising faculty member(s). HSPs are first introduced to these communication guidelines during orientation and are required to review them annually thereafter. The guidelines are also readily accessible at any time through the residency management system.

Although the attending physician is ultimately responsible for the care of the patient, every

physician shares in the responsibility and accountability for their efforts in the provision of care. Except for urgent and emergent surgical procedures, the attending must be the one performing informed consent for the surgical procedure. The attending physician must be present during the critical part of every procedure and patient interaction. Post-Graduate Year (PGY)-1 HSPs are to be supervised directly until they have been deemed to be satisfactory by the attending physician.

At a minimum, HSPs must promptly inform their supervising faculty in the following situations:

- An unexpected patient death
- Sudden and unanticipated deterioration in a patient's condition
- Cardiac arrest
- Suspected or confirmed pulmonary embolism
- Diagnosis or suspicion of compartment syndrome
- Spinal cord injury
- The need for an unplanned or emergency invasive procedure
- Any complication arising during or after a procedure
- A change in a patient's code status, or if the code status is unclear or being questioned
- Transfers to or from the Intensive Care Unit (ICU) or other critical care areas
- Any unexpected and significant clinical decline
- Any instance in which the HSP is uncertain about the appropriate clinical management or course of action

HSPs are expected to contact the supervising faculty member as soon as possible following any of the above events. However, notifying the faculty should never interfere with or delay urgent patient care. Ensuring timely, appropriate treatment remains the HSP's immediate priority.

The program process for determining the privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care is:

> Supervision in the setting of graduate medical education provides safe and effective care to patients: ensures each HSP's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishes a foundation for continued professional growth.
>
> Supervision may be exercised through a variety of methods. For many aspects of patient care, the supervising physician may be a more advanced HSP. Other portions of care provided by the HSP can be adequately supervised by the appropriate availability of the supervising faculty member or senior HSP physician, either on site or by means of telecommunication technology. Some activities require the physical presence of the supervising faculty member. In

some circumstances, supervision may include post-hoc review of HSP-delivered care with feedback.

The Creighton School of Medicine GME Orthopaedic Surgery Residency Program must demonstrate that the appropriate level of supervision in place for all HSPs is based on each HSP's level of training and ability, as well as patient complexity and acuity. Supervision may be exercised through a variety of methods, as appropriate to the situation.

Indirect Supervision: the supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the HSP for guidance and is available to provide appropriate direct supervision.

Oversight: the supervising physician is available to provide a review of procedures/encounters with feedback provided after care is delivered. The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each HSP must be assigned by the program director and faculty members.

Provisions for Direct Supervision to PGY -1 HSPs
The Orthopedic Surgery program is responsible for having clear policies for supervision. Direct supervision requires the supervising individual to be physically present with the HSP during the key portions of the patient interaction. Supervising individuals must have been credentialed by the program to do a particular procedure or to manage a particular clinical scenario and may be more senior HSPs (PGY-2 HSPs and above who have met the competency requirements for the particular task at-hand), fellows, and attending orthopedic surgeons. Appropriately credentialed and privileged non-orthopedic attending physicians, as well as licensed independent practitioners (this may include non-physician faculty members working in conjunction with the orthopedic surgery department) with whom the program has a clearly defined relationship outlined in the supervision policy, may directly supervise PGY-1 HSPs. The clinical care supervised by a non-physician must be within the scope of practice of that nonphysician
professional.

List the program process that HSP abilities based on specific criteria, guided by the Milestones are evaluated:

The Program Director must evaluate each HSP's abilities based on specific criteria, guided by the Milestones. Faculty members functioning as supervising physicians must delegate portions of care to HSPs based on the needs of the patient and the skills of each HSP. Senior HSPs or fellows should serve in a supervisory role to junior HSPs in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual HSP.

The Creighton School of Medicine GME Orthopaedic Surgery Residency Program has set guidelines for circumstances and events in which HSPs must communicate with the supervising faculty member(s).

Faculty members functioning as supervising physicians must delegate portions of care to HSPs based on the needs of the patient and the skills of each HSP. The program determines what level of autonomy is granted to each HSP and documents this information as follows:

Each HSP must know the limits of their scope of authority, and the circumstances under which the HSP is permitted to act with conditional independence. Faculty supervision assignments must be of sufficient duration to assess the knowledge and skills of each HSP and to delegate to the HSP the appropriate level of patient care authority and responsibility

Senior HSPs or fellows should serve in a supervisory role to junior HSPs in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual HSP or fellow. The following lists procedures/tasks that senior HSP can serve in a supervisory role to junior HSP and how it is documented by the program:

Senior HSPs may function in the supervisory role for junior HSPs for procedures in the clinic setting including, but not limited to, procedures including placement of a traction pin, cast application, joint aspirations/injections. In the operating room, these tasks include the surgical approach for the procedure, wound closure, placement of orthopaedic instrumentation/hardware including plates, screws, and intramedullary devices. Senior HSP supervisory roles will be documented in the program specific Levels of Supervision document.

The following circumstances and events require HSP to communicate with the supervising faculty member:

The HSP must inform every patient under his/her care of their training status and the name of the supervising physician that is their supervisor. (Ex., “Hello, I am Dr. Jones, and I am a second-year orthopaedic HSP. Dr. Sanchez is my supervising physician and is supervising all the care that I provide for you.”)

The HSP must immediately notify his/her supervising physician if, for any reason, he/she is unable to carry out his/her clinical responsibilities. This includes fatigue, stress, and lack of experience. The supervising physician should also be actively watching for signs of these conditions in the HSPs.

The program utilizes the following process and documentation method to inform each HSP of their limits of their scope of authority, and the circumstances under which the HSP is permitted to act with conditional

independence:

Patient Care Responsibilities by PGY Level
Physically present, is defined in the 2024 ACGME Common Program Requirements as "the teaching physician is in the same room (or partitioned or curtained area, if the room is subdivided to accommodate multiple patients) as the patient and/or performs a face-to-face service."

Each HSP progresses and can advance at their own pace and has varying needs in terms of supervision. The Program Director in conjunction with the Clinical Competency Committee (CCC) is responsible for determining the level of supervision and conditional independence provided to each HSP, in accordance with faculty feedback on the HSP's knowledge, ability, and skills. All HSPs are directly supervised during their first year of training.

PGY-1
All PGY-1 HSPs are supervised and assessed by the supervising physician for all cases and procedures, regardless of rotation. Initially, all first-year HSPs are directly supervised, until the Clinical Competency Committee (CCC) determines whether the HSP is ready for indirect supervision and has earned incremental autonomy for specific tasks and procedures. As HSPs obtain additional knowledge and experience, supervision levels are modified appropriately corresponding to the intricacy of the patients' co-morbidities and care required.

Examples of patient management competencies for which indirect supervision is allowed:

a. evaluation and management patients admitted to the hospital, including initial history and physical examination, and formulation and implementation of indicated diagnostic tests and a treatment plan
b. pre-operative evaluation and management, including history and physical examination, and formulation and implementation of indicated diagnostic tests and a treatment plan
c. evaluation and management of post-operative patients, including monitoring patients and ordering medications, tests, and other indicated treatments transfer of patients between hospital units or hospitals, discharge of patients from the hospital, interpretation of laboratory results, interpretation of radiographs, and consultation of appropriate inpatient services

Examples of procedural competencies for which indirect supervision is allowed:

1. performance of basic venous access procedures, including establishing intravenous access
2. placement and removal of nasogastric tubes and Foley catheters
3. arterial puncture for blood gases
4. removal of surgical drains
5. application of dressings and prefabricated splints

6. placement of splints for non-displaced fractures
7. removal of non-absorbable sutures or skin staples

Patient management competencies for which the physical presence of an attending physician (direct supervision) is required until competency is demonstrated:

1. initial evaluation and management of patients in urgent or emergent situations, including urgent consultations, trauma, and emergency department consultations; and evaluation and management of post-operative complications, including anuria, cardiac arrhythmias, change in neurologic status, change in respiratory rate, compartment syndromes, hypertension, hypotension, hypoxemia, and oliguria
2. evaluation and management of critically ill patients, either immediately postoperatively or in the intensive care unit, including the conduct of monitoring, and orders for medications, testing, and other treatments
3. management of patients in cardiac or respiratory arrest
4. management of patients with major fractures that are displaced
5. evaluation and management of patients with infections of the spine, pelvis, or extremities
6. Procedural competencies for which the physical presence of an attending physician (direct supervision) is required until competency is demonstrated:
7. repair of surgical incisions of the skin and soft tissues
8. repair of lacerations of the skin and soft tissues
9. excision of lesions of the skin and subcutaneous tissues
10. repair of nail bed lacerations or distal digit amputation injuries that do not require
11. management in an operating room setting
12. incision and drainage of paronychia, felons, or other abscesses of the hand and forearm that do not require management in an operating room setting
13. endotracheal intubation
14. bedside wound debridement
15. Insertion of skeletal traction pins
16. Arthrocentesis
17. closed reduction of fractures and dislocations
18. placement of casts
19. placement of splints for displaced fractures
20. administration of local anesthetic
21. measurement of compartment pressure

PGY-2 and PGY- 3

During the PGY-2 and PGY-3 training years, the HSP is expected to have acquired substantial competency in providing appropriate orthopedic and medical patient care and the amount of autonomy granted by

supervisory physicians.

PGY-4 and PGY-5
During the PGY-4 and PGY-5 training years, the HSP is expected to operate at near faculty level when providing orthopedic and medical patient care outside of the operating room.

Guidelines for the Required Physician Presence of a Supervising Physician
Each HSP progresses at their own pace and has differing needs in terms of supervision. The Program Director and Clinical Competency Committee is responsible for determining the level of supervision provided to each HSP, in accordance with faculty feedback on the HSP's knowledge, ability, and skills. All HSPs have direct supervision during their first year of training. HSPs are directly supervised in the following areas until they have demonstrated competence to carry out duties in accordance with their progressive responsibilities:

Direct patient care experiences and clinical care duties:

1. Gathering accurate patient information, including collecting detailed patient history and performing a physical examination
2. Monitoring and ordering medications, testing, and other treatments, and initiating a therapeutic plan when appropriate.
3. Evaluating and managing a patient admitted to the hospital.
4. Interpreting common laboratory results.
5. Transferring patients between hospitals or hospital units.
6. Discharging patients from the hospital.

Procedures:

1. HSPs are allowed to perform procedures only under the supervision level in which the program has previously been approved.
2. All procedures performed by first year HSPs are under the direct supervision of the faculty attending. Specific criteria are used for each individual procedure to ensure competence.

Escalation of Care: Any urgent patient situation should be discussed immediately with the supervising physician. This includes:

1. An unexpected patient death
2. Unexpected worsening in a patient's medical condition
3. Cardiac Arrest
4. An unplanned, emergent invasive procedure
5. A procedure complication
6. Changes in a patient's code status or circumstances where a patient's code status is in question
7. ICU and Critical Care transfers (both to and from unit)

8. Unexpected, significant deterioration in a patient's clinical status
9. Any clinical concern where the HSP feels unsure of an appropriate clinical plan

Timeliness of Supervising Physician Notification:
It is expected that the HSP will notify the supervising physician as soon as possible after an incident has occurred. Notification of the supervising physician should not delay the provision of appropriate and urgent care to the patient.

REFERENCES

ACGME Institutional Requirement 4.10.a. Supervision
ACGME Common Program Requirement: 6.5-6.11 Supervision

AMENDMENTS OR TERMINATION OF THIS POLICY

The GME policy supersedes all program level policies regarding this area/topic. In the event of any discrepancies between program policies and the GME policy, the GME policy shall govern.

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