

Policies and Procedures

<i>Section:</i> School of Medicine		<i>NO.</i>				
<i>Chapter:</i> Department of Podiatry Residency Program	<i>Issued:</i> 10/29/2019	<i>REV. A</i>	<i>REV. B</i>	<i>REV. C</i>		
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PURPOSE

The GMEC must monitor programs' supervision of residents and ensure that supervision is consistent with:

- a. Provision of safe and effective patient care;
- b. Educational needs of residents;
- c. Progressive responsibility appropriate to residents' level of education, competence, and experience; and,
- d. Other applicable Common and specialty/subspecialty-specific Program requirement

SCOPE

This policy applies to all Creighton University **Podiatric Medicine and Surgery with Reconstructive Rearfoot/Ankle Program (CU PMSR/RRA)**

POLICY

Supervision Expectations

I) Non Operative procedures:

A) Indirect supervision is allowed for:

1) Patient Management Competencies

- (a) Evaluation and management of a patient admitted to the hospital, including:
 - (i) Initial history and physical exam
 - (ii) Formulation of a plan of care
 - (iii) Specification of necessary tests
- (b) Evaluation and management of post-operative patients including:
 - (i) The conduct of monitoring
 - (ii) Orders for medications,

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- (iii) Testing,
 - (iv) and other treatments
 - (c) Transfer of patients between hospital units or hospitals
 - (d) Discharge of patients from the hospital
 - (e) Interpretation of laboratory results and medical imaging
- 2) Procedural Competencies
- (a) Outpatient / clinic based procedures including palliative care, dressing changes, suture and staple removal

B) Direct supervision is required until competency is demonstrated for the following:

- 1) Patient Management Competencies
- (a) Initial evaluation and management of patients in the urgent or emergent situation, including urgent consultations, trauma (successful ATLS course completion is required), and Emergency Department consultations.
 - (b) Evaluation and management of post-operative complications including: hypotension, hypertension, oliguria, anuria, cardiac dysrhythmias, hypoxemia, change in respiratory frequency, any change in neurologic status, and the evaluation of any possible compartment syndromes.

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- (c) Evaluation and management of critically-ill patients, either immediately postoperatively or in the Trauma and/or Surgical Intensive Care Unit, including:
 - (i) The conduct of monitoring,
 - (ii) Orders for medications,
 - (iii) Testing
 - (iv) Other treatments
 - (v) management of patients in cardiopulmonary arrest
(successful ACLS course completion required)

2) Procedural Competencies

- (a) All PGY 1 residents; PGY 2 residents from July – October or until competency has been established (for all procedures)
- (b) Repair of surgical incisions of the skin and soft tissues
- (c) Repair of skin and soft tissue lacerations
- (d) Excision of lesions of the skin and subcutaneous tissues
- (e) Bedside debridement

II) **Operative Procedures:**

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- A) An operation may be considered in a framework of seven phases:
- 1) Time-Out
 - 2) Induction of anesthesia,
 - 3) Initial incision,
 - 4) Confirmation of the original diagnosis,
 - 5) Technical execution of planned procedure,
 - 6) Closure of wound,
 - 7) Reversal of anesthesia.
- B) The degree of supervision required varies with the phase and complexity of the operation and with the experience and skill of the Resident involved. The responsible attending will be immediately available in the OR suite during all phases of the operation and will be physically present and scrubbed during the critical phases of the operation. The extent of technical assistance provided to specific residents is defined in the *Guidelines for Supervising Residents in the Operating Room* as formulated by the American Council of Graduate Medical Education (ACGME) program requirements of Graduate Medical Education in General Surgery; as the Council on Podiatric Medicine (CPME) does not have an equivalent, Podiatry will follow the Guidelines as listed above. The extent of technical assistance provided to a specific resident during a given procedure will be at the discretion of the responsible Attending Surgeon. This decision will be based upon the Attending Surgeon's personal knowledge or experience, past performance and skill of the resident, the complexity of the case, and the phase of the operation.

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To ensure that the above policy is followed, adequate resident coverage and supervision is provided as follows especially for the times if a Podiatry Attending is not available including weekend call coverage:

EVERY NIGHT the Trauma call team consists of:

- Attending Trauma Surgeon – in house call
- Chief Resident (PGY IV or V) - in house call
- Senior Resident (PGY III or IV) - in house call
- Junior Resident (PGY II) assigned to Trauma and/or Surgical Intensive Care Unit – in house call
- Intern (PGY I) assigned to admits, consults, and floor – in house call

Chain of Command

- 1) Podiatry patient related issues are handled by the Podiatry service. Non-critical issues are addressed by the Junior Residents. They should seek the advice of a Senior Resident for issues they are unclear about or have minimal experience with, as well as all urgent matters. If a Senior Resident is not available, they should contact the on-call Podiatry Attending responsible for the patient, other Attendings on the service, or the on-call Attending Surgeon, or in-house Attending Trauma Surgeon, in that order. The Senior Resident on the service should assist the Junior Resident with inpatient care issues and should inform the Attending Surgeon of patient status in a time frame consistent with the situation.

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- 2) The Senior Residents on the service should assist the Junior Resident with inpatient care issues and should inform the Attending Surgeon of patient status in a time frame consistent with the situation.
- 3) The in-house Attending Trauma Surgeon is always available to discuss any issues pertaining to Trauma and/or Surgical patients.

REFERENCES

<https://www.acgme.org/>

AMENDMENTS OR TERMINATION OF THIS POLICY

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

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.