NORTHWESTERN UNIVERSITY FEINBERG SCHOOL OF MEDICINE
DEPARTMENT OF SURGERY
POLICIES & PROCEDURES

Guidelines for Supervising Residents

Updated October 2022

PURPOSE

To clearly define the level of patient care responsibility for residents

PERSONS INVOLVED

Residents, Program Director, Team Education Coordinators and all faculty members

PROCEDURES

1) **General Philosophy on Resident Education and Supervision:**

Faculty Attending Surgeons [hereafter called "Attending(s)"] must supervise the care and delivery by surgical residents at all levels of training in the Department of Surgery. This surgical residency program maintains an established chain of command that emphasizes graded authority and increasing responsibility as experienced is gained. Residents will be given increased responsibility as they demonstrate competency. The level of responsibility granted will be based upon performance, as documented in periodic formal evaluations. Also, it will reflect the complexity and acuity of each individual patient as determined by the responsible Attending.

Attendings will exercise diligence in fulfilling supervisory responsibilities. Discretion will be exercised judiciously as to whether a resident under an Attending's tutelage will be permitted to perform a particular task. The role of the supervising Attending is to evaluate patients with the resident, contemporaneous with the development of the patient's plan of care, and to be present or available when the resident implements the indicated clinical treatment. Treatment decisions are collaborative and the participation of the Attending is not simply a retroactive endorsement.

2) Legal Implications of Clinical Supervision of Residents:

Residents are held to the same standards of medical care as established specialists. Patients should be informed as to the training status of those rendering care. This should involve visual identification in the form of nametags, verbal identification, and written documentation in the medical record. Residents providing care under the supervision of an Attending legally function under the "principles of agency." This embodies the concept that a principal is civilly liable for injuries to persons occasioned by the tortuous negligence of an agent within the scope of the agency. This doctrine is known as "responeat superior," or as translated from Latin "Let the master answer." The Attending, by virtue of his/her position, has the ability to control and to direct the resident's performance. Whether or not the Attending actually exercises that control in any particular case is immaterial legally. It should be emphasized that in the overwhelming majority of cases in which residents perform assigned functions appropriately in a non-negligent manner under adequate Attending supervision, there exists no danger of legal liability.

3) Specific Guidelines for Supervision of Surgical Residents:

a) Supervision of Surgical Residents in the Emergency Department:

Regardless of what consultation of general surgery services is requested by the Emergency Department, an Attending is identified as the responsible surgeon in charge of those consultation services. Identification of the responsible Attending may result from posted on-call schedule, specific Attending consultation request, or as a consequence of a preexisting physician-patient relationship with a specific Attending. The consulting resident will evaluate and propose an initial diagnostic and therapeutic plan. This evaluation and plan will be discussed with the responsible Attending at the time the patient is evaluated within the Emergency Department. The consulting resident will document the involvement of the Attending in this initial care plan in the medical record. The identity and involvement of the supervising Attending will be made clear to the patient both verbally and through written documentation within the medical record. No patient for whom general surgical consultation is requested should leave the Emergency Department, whether that patient is discharged home or is admitted to the hospital, without an Attending's notification and identification as the physician responsible for continuity of care. The only exceptions are patient elopements and patients leaving the Emergency Department against medical advice (AMA). Either circumstance should be documented within the medical record.

In the event that the patient is admitted to an inpatient service in the hospital, the responsible Attending, as determined above, or the designated surrogate, should the Attending be unavailable, will personally interview and examine the patient within 24 hours. Documentation will be made in the medical record of either confirmation or revision of the resident's original admission note and plan for care.

i) PGY-1 residents

(1) Must be directly supervised at all times for major patient care decisions. They are encouraged to independently assess any stable patient but must review their findings and decision making with the senior resident on call prior to acting. PGY-1 residents must be directly supervised for all invasive procedures such as chest tube placement, incision and drainage of abscesses, or central line placement.

ii) PGY-2 or PGY-3 residents

(1) Must be at least indirectly supervised at all times for major patient care decisions. They are encouraged to independently assess any stable patient but must review their findings and decision making with the senior resident on call prior to acting. For any unstable patient a brief initial assessment is appropriate however contacting either the senior resident on call or the supervising Attending should be an early priority. PGY-2 or PGY-3 residents may perform simple bedside procedures such as central line insertion, chest tube insertion, laceration closure, or incision and drainage with indirect supervision only if they completed verification of proficiency in their intern year. Verification of proficiency includes evaluation of technical skill and knowledge in the simulation setting with a passing score for each procedure as well as having performed each of the covered procedures at least three times on a patient under direct supervision with satisfactory performance and outcomes. Any resident who has not completed verification for one or more procedures at the end of the intern year will be listed on the notification board in the SICU along with which procedures require direct supervision.

iii) PGY-4 or PGY-5 residents

(1) May make independent straightforward care decisions such as opening a superficially infected wound, obtaining baseline labs or imaging for a stable patient, or replacing a feeding tube. Prior to admitting or discharging a patient, the responsible attending must be contacted and care plan

reviewed. In the event of a life-threatening emergency such as trauma in which immediate intervention is required, the senior resident (PGY-4 or PGY-5) may initiate invasive bedside procedures such as chest tube placement, emergency control of bleeding, or emergency department thoracotomy with the Attending's permission prior to the physical arrival of the Attending at the bedside. The senior resident may, in an emergent situation, proceed to the operating room with the patient and initiate whatever lifesaving measures are required, after having notified the responsible Attending. Senior residents may also supervise patient evaluations and simple bedside procedures performed by more junior residents.

b) Supervision of Surgical Residents in the Operating Room:

An operation may be considered in a framework of six phases: induction of anesthesia, the initial incision, confirmation of the original diagnosis, technical execution of planned procedure, closing the wound, reversal of anesthesia. The degree of supervision required varies with the phase of the operation and with the experience and skill of the resident involved. The degree to which personal technical assistance in the Operating Room is required during a given procedure will be at the discretion of the responsible Attending. This decision will be based upon the Attending's personal knowledge or experience, past performance and skill of the resident, the complexity of the case, and the phase of the operation. The responsible Attending will be immediately available (within minutes of the OR suite) during all phases of the operation and will be physically present during the critical phases of the operation.

i) PGY-1 residents

(1) Non critical portions of the operation such as skin opening and closure of incisions, port placement, or wound debridement require direct supervision by either the Attending or a designate. The designate must be at least a PGY-3 level resident for straightforward components such as fascial closure and port placement. More complex portions of the operation must be directly supervised by at least a PGY-4 or PGY-5 resident or an attending.

ii) PGY-2 or PGY-3 residents

(1) Non critical portions of the operation including opening and closure, port placement, and wound debridement may be performed with indirect supervision if the Attending is comfortable with the resident's level of proficiency in the setting of individual case complexity. Direct supervision by the Attending or a more senior resident or fellow is required for more complex portions of the procedure.

iii) PGY-4 or PGY-5 residents

(1) Non critical portions of the operation including opening and closure, obtaining operative exposure, port placement, and wound debridement may be performed with indirect supervision if the Attending is comfortable with the resident's level of proficiency in the setting of individual case complexity. PGY-4 or PGY-5 residents may supervise junior residents performing non-critical portions of the procedure. In the event of a life-threatening emergency such as bleeding in which immediate operative intervention is required, the senior resident (PGY-4 or PGY-5) may proceed to the operating room with the patient and initiate whatever lifesaving measures are required, after having notified the responsible Attending.

c) Supervision of Surgical Residents in the Inpatient Care Setting:

An Attending will be identified as the responsible surgeon in the overall care of each patient admitted to the SICU or surgical floor units. No patient will be admitted without the notification and approval of the responsible Attending. This approval will be documented in the medical record. In the event of an

emergency, a patient may be transferred to the ICU and appropriate care initiated while the Attending is notified at the earliest possible time. The responsible Attending or his/her designated surrogate will personally examine each surgical patient admitted within a reasonable period of time after admission, generally within 24 hours. This individual will also document the medical record either by confirmation or revision of the resident's evaluation and management plan. Any major change in the condition of a patient requiring substantive change in management shall be discussed with the responsible Attending. Examples of such a change in condition include transfer to a higher level of care, endotracheal intubation, blood transfusion, or addition of vasopressor medication for hemodynamic instability. The resident providing care will document the involvement of the Attending in the medical record. The responsible Attending or his/her designated surrogate will be available and ready to assist in the performance of, or to personally perform, any dangerous or complex medical procedures for which he/she feels the resident is not fully qualified.

i) **PGY-1 residents**

(1) Must be directly supervised at all times for major patient care decisions. When on call, they are permitted to independently make simple patient care decisions such as renewal of medications, replacement of electrolytes, and straightforward medication dosage adjustments. They are encouraged to independently assess any stable patient with new issues but must review their findings and decision making with the senior resident on call prior to acting. PGY-1 residents must be directly supervised for all invasive procedures such as chest tube placement, central line placement, or arterial line placement.

ii) PGY-2 and PGY-3 residents

(1) These residents may independently treat straightforward conditions such as hemodynamically stable atrial fibrillation, evaluation of fever, and decreased urine output. They may independently perform simple bedside procedures such as chest tube or central line and may supervise PGY-1 residents in those procedures. Any major issues identified including patient instability, need for transfer to higher level of care, or unexpected change of status of a patient must be communicated to the responsible Attending during the day or the on-call Attending at night or on weekends.

iii) PGY-4 and PGY-5 residents

(1) These residents are considered senior residents and are responsible for the day-to-day leadership of the service with the indirect supervision of the Attendings. Every morning the senior resident on the service must communicate a status update to every Attending on their patients. They may do this in-person, via phone, via email, or may designate a more junior resident to communicate when there are no major issues. Senior residents should perform initial evaluation of any status change on the service and may supervise more junior residents in doing so. Senior residents are expected to develop independent management plans for each patient on the service. Prior to implementing any plan involving removal of tubes or devices, blood transfusion in a non-urgent situation, discharge, or transfer to a lower level of care, the plan should be cleared with the responsible Attending.

d) Supervision of Surgical Residents in the Outpatient Care Setting:

An Attending will be identified, as described above, as the surgeon responsible for the overall care of each patient seen in the outpatient setting. The responsible Attending or his/her surrogate will personally examine each patient seen in the clinic. He/she will confirm or revise diagnoses and management of care plans, review the clinical course and overall progress of the patient, and determine the course of management to be followed. The Attending will document his/her involvement, approval, and management plan changes in the medical record.

i) PGY-1, PGY-2, and PGY-3 residents

(1) All patients seen by a resident in clinic must be reviewed by the Attending. These residents may perform simple bedside procedures with indirect supervision only if approved by the attending, including suture removal, dressing changes, and chest tube removal. More complex procedures including feeding tube removal, ultrasound guided biopsy, and paracentesis require direct supervision by the Attending or a senior resident at least PGY-4.

ii) PGY-4 and PGY-5 residents

(1) All patients seen by a resident in clinic must be reviewed by the Attending. These residents may perform simple and complex bedside procedures with indirect supervision only if approved by the attending including feeding tube removal, ultrasound guided biopsy, and paracentesis.