Guidelines for Supervising Residents  
Effective from 7/27/09

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 experience is gained. Residents will be given increased responsibility as they progress. 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 and enthusiasm 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 “respondeat 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. 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 resident on call will make the initial diagnostic and therapeutic plan for general surgery services. The resident on call will have the necessary training and experience required for this initial evaluation. This evaluation and plan for care of the patient will be discussed with the responsible Attending at the time the patient is evaluated within the Emergency Department. The resident on call will document the involvement of the Attending in this initial care plan in the medical record. The supervising Attending will decide whether the patient will be evaluated by a more senior member of the resident staff or whether the Attending will personally interview and examine the patient. This decision will be based on his/her knowledge of the experience and performance of the resident on call, in order for the most appropriate care plan to be implemented. 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. In the event the patient requires emergent operative intervention, as with traumatic injuries, after discussion with the responsible Attending, the Senior Surgical Resident (PGY4 or PGY5) may proceed to the Operating Room with the patient and initiate any lifesaving intervention deemed necessary. The supervising Attending will be available to personally supervise or to perform any diagnostic or therapeutic procedure the patient requires for which the Attending feels the resident in attendance is not fully qualified.

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 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. 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 surgeon, the complexity of the case, and the phase of the operation. In the event of a life-threatening emergency in which immediate operative intervention is required, the Senior Surgical Resident (PGY4-PGY5) 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 Surgical Intensive Care Unit:

An Attending will be identified as the responsible surgeon in the overall care of each patient admitted to a general surgical service in the Surgical Intensive Care Unit (SICU). No patient will be admitted to a general surgical service in the SICU without the notification and approval of the responsible Attending. This approval will be documented in the medical record. In the event of an emergency, the patient may be transferred to the SICU 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 patient admitted to a general surgical service in the SICU 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 the need for endotracheal intubation, the need for angiography, or the need to add 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.

d. Supervision of Surgical Residents on Inpatient General Care Units:

An Attending will be identified, as described above, as the surgeon responsible for the overall care of each patient admitted to a general surgical service inpatient general care unit. The responsible Attending or his/her surrogate will personally examine each patient admitted to the inpatient general care unit within 24 hours of admission, and regularly thereafter. 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.

Perioperative management will be reviewed with the resident and personally supervised by the responsible Attending. The medical record will indicate that the Attending has seen the patient, that he/she concurs with the diagnosis, and that the planned operation is indicated and appropriate.

Any major change in the course or the condition of a patient will be discussed in a timely fashion with the responsible Attending, or his/her designated surrogate. Examples of changes include discovery of a postoperative wound infection, the need for a blood transfusion, or the need for a patient transfer to the surgical intensive care unit.
Consultations on the inpatients on other services will likewise have a designated Attending. All consultations will be discussed with the Attending at the time of the resident’s evaluation and treatment. Evidence of this discussion will be documented in the medical record. The Attending or designee will personally examine the patient within a reasonable period of time, generally within 24 hours, depending on the urgency of the consultation. He/she will confirm or revise the consult recommendations and document this evaluation in the medical record.

Procedures performed outside the operating room (i.e. central lines, chest tubes, etc.) must be supervised by a responsible Attending. After discussing the case with the resident, the Attending will determine the level of supervision required and will be available, if needed, to assist or perform the procedure.