Section: **School of Medicine**		*NO.*				
Chapter: **Department of Surgery Residency Program**	*Issued:* ***10/29/2019***	*REV. A*	*REV. B*	*REV. C*		
Policy: Resident Supervision		***Page 1 of 15***				

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 **Department of Surgery Residents**

POLICY

Chain of command for Surgery residents at CHI CUMC

PGY I

The intern on-call provides coverage for the two General Surgery services (Red and Orange). The intern also covers the Trauma Surgery service (Blue) and Plastic Surgery patients on the floors and is responsible for all admissions and consults to these services for the floor and the Emergency Department. **All patient care issues must be discussed with the in-house Senior Resident.** Issues relating to Plastic Surgery will be discussed with the Attending on-call for this services as well as informing the Senior Resident. The in-house Attending Trauma Surgeon is always available to discuss any issues pertaining to Trauma, Surgical Critical Care and/or Surgical patients.

PGY II

The PGY II Resident is on-call for the Trauma Intensive Care Unit (TICU) and covers all consults and admissions to this unit for all surgical services. This resident also helps provide coverage for the two General Surgery services (Red, and Orange), the Trauma Surgery service (Blue) and Plastic Surgery. The resident should discuss the management of these patients with the senior in-house Resident. Issues relating to Plastic Surgery patients will be discussed with the attending on-call for this service, as well as informing the Senior Resident if on call or trauma related. The PGY II should contact the Senior Resident prior to insertion of chest tubes, central and arterial lines. They should also involve the PGY I Residents in these procedures for teaching purposes. The in-house Attending Trauma Surgeon is always available to discuss any issues pertaining to Trauma, Surgical Critical Care and/or Surgical patients.

1) Offsite rotations during the PGY II year include:

    a) Pediatric Surgery in Kansas City at Children's Mercy Hospital

    b) Transplant Surgery at UNMC.

During these rotations supervision will be provided by the respective Attending staff.

PGY III

While at CHI-Bergan CUMC, the on-call Senior Resident (PGY III or PGY IV) is responsible for all Emergency Department consults, floor consults and for all trauma patients and oversees the PGY I and PGY II Residents and their responsibilities as well. The in-house attending Trauma Surgeon is always available to discuss any issues pertaining to Trauma, Surgical Critical Care and/or Surgical patients.

The senior in house resident should see all consults in person after being evaluated by the junior house officer.

2) The PGY III resident rotates on the Red, Orange and Colorectal services.
3) These residents also rotate on the Head and Neck Surgery service at Methodist Health System where they perform the duties of a Senior Resident under the direct supervision of the surgical attending staff.

PGY IV

While at CUMC, the on-call Senior Resident (PGY III or PGY IV) is responsible for all Emergency Department consults, floor consults and for all trauma patients and oversees the PGY I and PGY II Residents and their responsibilities as well . The in-house attending Trauma Surgeon is always available to discuss any issues pertaining to Trauma, Surgical Critical Care and/or Surgical patients. The senior in house resident should see all consults in person after being evaluated by the junior house officer.

The PGY IV Resident may act as a Senior Resident on their surgical services and has the supervisory and teaching responsibilities for the Junior Residents on his/her service. In addition, the PGY IV Resident manages patients in the clinic and on the inpatient services with greater independence, always under the supervision of the Attending Surgeons. The PGY IV Resident's role as an administrator is developed during this rotation

These Residents rotate on:

1) Vascular Surgery at Methodist Health System where they perform the duties of a Senior Resident under the direct supervision of the surgical attending staff

2) The Private General Surgery services (MSS and Drabek) at CUMC where they perform the duties of a Senior Resident always under the direct supervision of the surgical attending staff on those services.

3) The Burn/Wound Care and General Surgery service at St. Elizabeth's Medical Center in Lincoln, Nebraska, where they perform the duties of a Senior Resident always under the direct supervision of the surgical attending staff.

In addition, they will rotate on the Trauma Service (Blue) where they will function as the Chief Resident for this service, always under the supervision of the in-house Attending Trauma Surgeon.

The PGY IV resident is the team leader for the initial assessment and resuscitation of all trauma patients or other critical general surgical emergencies. The Trauma Surgery Attending is always available in-house call. The Trauma Surgery Attending is completely in charge of the care of the trauma patient, and always supervises the initial assessment, resuscitation, operative and post-operative care inclusive of all critical care as well as supervising all procedures. It is the Chief Resident responsibility to communicate to the surgical attending the nature of these emergent situations as expeditiously as possible.

PGY V

The Chief Residents are the team managers on the two General Surgical services at CUMC and also manage a General Surgical or Surgical Oncology – Thoracic services at the VA Medical Center. They are responsible for the overall day to day care of all patients on their service and act as liaison between the responsible surgeon, the Junior House Staff, the medical students and the individual patient. The Chief Resident designates Junior Residents on their service to evaluate new patients and consults, and in conjunction with them, formulates differential diagnosis and appropriate investigational and therapeutic plans and then communicates the same to the Attending Surgeon. The final plans made in conjunction with the Attending Surgeon are then implemented through appropriate division and allocation of responsibility by the Chief Resident. The Chief Resident supervises morning rounds and reviews with the Junior Residents the current status of each patient and the necessary diagnostic and therapeutic plans

for each patient for that day. They are responsible for informing the attending surgeon of any significant changes in the clinical course of the patients. They are also responsible for assigning surgical residents and medical students to the operating rooms based on the complexity and educational value of the case. They supervise perioperative management of surgical patients including hemodynamic monitoring and total parenteral nutrition as well as the performance of bedside procedures. They are responsible for managing all trauma patients when on-call.

When on in-house call, the PGY V Resident will also be the team leader for the initial assessment and resuscitation of all trauma patients or other critical general surgical emergencies. The Trauma Surgery Attending is always available and in-house call. The Trauma Surgery Attending is completely in charge of the care of the trauma patient, and supervises the initial assessment, resuscitation, operative and post-operative care inclusive of all critical care as well as supervising all procedures. It is the chief resident responsibility to communicate to the surgical attending the nature of these emergent situations as expeditiously as possible.

The in-house Attending Trauma Surgeon is always available to discuss any issues pertaining to Trauma and/or Surgical patients. The chief residents will always be on back-up call when no in house and will be available to be in the hospitals within 20 minutes.

Attending staff

Ultimately, the attending staff has final responsibility for all patient care. It is the responsibility of the most senior in-house resident on-call to contact the Attending Surgeon for all new

consults and any significant developments and trends in the condition of the patients. This includes the performance of procedures such as arterial and central lines, chest tube insertions and any major investigational procedures.

The Attending Surgeons are always responsible for all patients. In the event that a patient's Primary Attending Surgeon cannot be reached for specific care issues, the issue should be brought immediately to the notice of the Attending General Surgeon on-call and the Attending Trauma Surgeon on in-house call. The list of on-call attending general surgeons and Trauma Surgeons, including pager numbers, office phone numbers, cell phone numbers, and home phone numbers, is published as part of the on-call schedule.

In life threatening circumstances when a procedure may be indicated, the most Senior Resident may perform critical procedures such as placement of thoracostomy tube for tension pneumothorax while ancillary staff is contacting the Attending Surgeon. The in-house Attending Trauma Surgeon will also be immediately contacted and will be required to respond and supervise all procedures.

Code 99 reporting policy

The Junior and Senior Surgical Residents assigned to the Trauma Service (Blue surgery) are expected to respond to all Code 99 pages during regular duty hours. The Junior and Senior Surgical Residents assigned to in-house call are expected to respond to all Code 99 pages after

duty hours. If the code is on a surgical patient, the Surgery Resident must immediately take charge of the code. They should communicate the status of the patient to the Surgical Attending as soon as possible, and also immediately notify the in-house attending Trauma Surgeon who will also respond and supervise the code and all procedures.

Trauma Activation Reporting Policy

The entire trauma team, including Junior and Senior Residents as well as the in-house Attending Trauma Surgeon, will respond immediately upon activation of a trauma alert. All members of the Trauma Team will report to the Trauma Resuscitation Area of the Trauma Center. Complete responsibility and strict supervision of residents is the sole responsibility of the Attending Trauma Surgeon on-call inclusive of supervision of all procedures.

Chest Tube, Arterial and Central Line Placement Policy

Residents may be required to place chest tubes, arterial or central lines in patients; however, all of these procedures should be discussed with the Attending Surgeon prior to the performance of such procedures; the only exception would be life-threatening and/or extreme emergencies. Chest tube placement, arterial and central line placement by the PGY I,

PGY II, will be supervised by at least a PGY III Resident. Residents must be credentialed as proficient in these procedures prior to independent performance of said procedures. For all procedures performed in surgical patients the Attending Surgeon must be notified; for all

procedures performed in trauma patients the Attending Trauma Surgeon must be notified and the Attending Trauma Surgeon must be present to provide strict guidance and supervision.

Supervision Expectations

I) **<u>Non Operative procedures:</u>**

A) **Indirect supervision is allowed for:**

1) <u>Patient Management Competencies</u>

(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,

(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

2) Procedural Competencies

(a) Performance of basic venous access procedures, including establishing intravenous access

(b) Placement and removal of nasogastric (NG) tubes and Foley catheters

(c) Arterial puncture to obtain arterial blood gases.

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 dysrythmias, hypoxemia, change in respiratory frequency, any change in neurologic status, and the evaluation of any possible compartment syndromes.

(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) Performance of advanced vascular access procedures, including central venous catheterization, Hemo dialysis catheters, and arterial cannulation

(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) Tube thoracostomy

(f) Endotracheal intubation

(g) Bedside debridement

II) **Operative Procedures:**

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. 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 surgeon, the complexity of the case, and the phase of the operation.

C) For all trauma patients requiring a surgical intervention the Attending Trauma Surgeon is required to be physically present and scrubbed in the OR during the entire case.

D) In the event of a life-threatening emergency in which immediate operative intervention is required, the Senior/Chief Surgical Resident (PGY IV-PGY V) may proceed to the Operating Room (OR) with the patient and initiate whatever lifesaving measures are required, after having notified the responsible Attending Surgeon and immediately notifying the in-house Attending Trauma Surgeon to rapidly respond to the OR.

To ensure that the above policy is followed, adequate resident coverage is provided as follows:

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) Patient related issues are handled by the respective services. Non-critical issues are addressed by the Junior Residents. They should seek the advice of the Senior Resident on the service for issues they are unclear about or have minimal experience with, as well as all critical matters. If a Senior Resident is not available they should contact the Attending Surgeon responsible for the patient, other Attending's 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.

2) 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.

3) The in-house Attending Trauma Surgeon is always available to discuss any issues pertaining to Trauma and/or Surgical patients.

Rounds

1) All rounds must be completed by 6:00pm daily by the Attending Surgeon.

2) Residents that are not scheduled for in-house call will not be expected to make rounds after 6:00pm.

3) If the Attending Surgeon does make rounds after 6:00pm, they will need to make rounds by themselves or with the in-house Resident.

REFERENCES

https://www.acgme.org/

AMENDMENTS OR TERMINATION OF THIS POLICY

Creighton 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.