V. Policy and Procedure on Resident Supervision

The General Surgery Residency Program expects that a resident in the program is properly supervised based on his or her level of training in such a way that the resident assumes progressively increasing responsibility according to their level of education, ability and experience. This is assured in the following manner:

1. The Department of Surgery Educational Program Manual specifies exactly the objectives for each rotation at each level and, along with that, the supervisory line of responsibility for each resident and the line of command. This delineates the expectations held for the resident and also what supervision and backup they can expect.

2. There is a very strict policy within the department and the institution for the teaching physician participation while fulfilling their on-call duties. Teaching physicians are expected to be present within 15 minutes from the time of activation on trauma calls. No major decision regarding patient care should be made by the chief residents until after consultation with and agreement from the teaching physician on call.

3. The residents will be strictly monitored and supervised during any operative procedures. A resident should never start a procedure without the attending’s approval, which will be based on the patient’s clinical condition and procedure to be performed, the residents level of training, and capability as judged by the attending surgeon. The attending surgeon will be in attendance during the critical portion of any procedure.

4. The attending surgeons are expected to very closely supervise the care of any severely ill patient and no major decision regarding patient care should be made by the residents until after consultation with and agreement from the teaching physician.

5. Chief residents, while quite senior, are still considered residents in training and must be supervised by a faculty member. A fellow may not supervise a chief resident.

6. The attendings must pay close attention to signs of fatigue in individual residents and understand its potential negative effect.

7. Documentation of Supervision of Residents: In general, the medical record must clearly demonstrate the involvement of the supervising faculty in each type of resident-patient encounter are described as follows:
a. Progress note or other entry in the medical record by the supervising faculty member. (Attending Progress Note)
b. Addendum to the resident progress note by the supervising faculty member. (Attending Addendum)
c. Co-signature of the progress note or other medical record entry by the supervising faculty member. NOTE: The supervising faculty member’s signature signifies that he/she has reviewed the resident note, and absent an addendum to the contrary, concurs with the content of the resident note or entry. (Co-signature)
d. Resident progress note of other medical record entry documenting the name of the supervising faculty member with whom the case was discussed, and a statement of the supervising faculty member’s oversight responsibility with respect to the assessment or diagnosis and/or the plan for evaluation and/or treatment. (Resident Documentation)