PURPOSE:
These guidelines are established to ensure patient safety, enhance the quality of patient care, and improve the training experience of residents. Consistent with the philosophy of progressively increasing individual responsibility, these guidelines are intended to provide the trainee the opportunity for graded levels of responsibility.

SCOPE:
These minimal guidelines apply to all residents enrolled in the Head and Neck Surgery program, and attending surgeons of all integrated and affiliated institutions who are involved with the residency program.

POLICY:

General Guidelines

Each patient must have an identifiable and appropriately credentialed and privileged attending physician (or licensed independent practitioner as specified by the Resident Review committee) who is responsible and accountable for the patient's care.

- This information must be available to residents, faculty members, other members of the health care team, and patients
- Residents and faculty members must inform each patient of their respective roles in that patient's care when providing direct patient care

Supervision of the residents may be exercised through a variety of methods, as appropriate to the situation, such as:

Direct Supervision – supervising physician is physically present with the resident and patient

Indirect supervision – The supervising physician is not physically present with the Resident and patient, but is either (1) immediately available within the hospital, and available to be present in a reasonable amount of time; or (2) available by phone and/or pager.

Oversight – supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

There must be an appropriate level of supervision in place for all residents based on each resident's level of training and ability, as well as patient complexity and acuity

1. The level supervision and communication between the attending surgeon and any resident should be more than sufficient to ensure that the clinical care delivered meets the established community standard of care.
2. The resident can identify and contact a responsible attending surgeon for a given patient **at all times**.
3. In the event that an attending surgeon will not be available to provide supervision, he or she must designate an alternate or covering attending and identify that person to the housestaff.
4. For ambulatory or non-urgent care, an attending surgeon is required to be available on-site at the facility during daytime hours of operation.
5. For inpatient admissions, an attending surgeon or supervising resident will be notified of the admission and such notification will be documented in the admitting resident's admission note. An attending surgeon will personally see and evaluate each assigned inpatient admission within twenty-four (24) hours of admission, and co-sign the resident's admitting note or create their own written or printed documentation.
6. For inpatients, residents should maintain ongoing communication **at least one (1) time per day** with the designated attending surgeon. The attending surgeon should document such communication by co-signing the resident's progress note, or the resident will include in his progress note that the case has been discussed with the attending surgeon.
7. It is assumed that there is a **mutual responsibility** on the part of both the attending surgeon to recognize the need for increased frequency and quality of communication, and attending surgeon participation in the following circumstances:
   a. limited experience of the resident
   b. Increased acuity of the patient's condition (e.g. transfer to intensive care unit, need for higher level of clinical care, etc.)
   c. higher risk of complication or mortality associated with the clinical intervention being considered

Lines of Supervision and Communication

Consistent with the philosophy of graded levels of responsibility, it is expected that the resident will directly communicate with, and be, in turn, supervised by the most senior supervising resident on their assigned surgical team. In turn, it is expected that the most senior supervising resident will directly communicate with the designated attending surgeon. **In urgent or emergent situations, immediate communication with the attending surgeon by any resident on the team is expected**.

Invasive Procedures and Operations

1. An attending surgeon will be physically present with the patient for all invasive procedures.
2. An attending surgeon will be physically present with the patient for all operations. In the event that an attending surgeon is not physically present for an operation, the supervising resident will ensure that appropriate documentation of the attending surgeon's notification and approval of the operation was obtained prior to proceeding with the operation.
3. An attending surgeon or supervising resident will see and evaluate each patient prior to the operation and ensure that appropriate documentation of a preoperative note has been performed.
4. An attending surgeon or supervising resident will ensure that an appropriate and adequate informed consent has been obtained and documented in the medical record.
5. An attending surgeon or supervising resident will ensure that appropriate documentation of the procedure has been included in the medical record at the time of the procedure or operation.