

SUBJECT: **GUIDELINES FOR SUPERVISION OF RESIDENT ACTIVITIES**

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

SCOPE: These **minimum** guidelines apply to all residents enrolled in the Plastic Surgery Training Program, and attending surgeons of all integrated institutions affiliated with the UCLA Plastic Surgery Residency Program (West Los Angeles VA Medical Center, Harbor – UCLA, Olive View Medical Center, Rancho Los Amigos National Rehabilitation Center, LAC / USC Burn Center, and Orthopaedic Hospital).

POLICY:

**General Guidelines:**

In the clinical learning environment, each patient must have an identifiable, appropriately-credentialed and privileged attending physician (or licensed independent practitioner as approved by each Review Committee) who is ultimately responsible for that patient’s care.

- o This information should be available to residents, faculty members, and patients.
- o Residents and faculty members should inform patients of their respective roles in each patient’s care.
- o An appropriate level of supervision must exist for all residents providing patient care.

The level of supervision and communication between the attending surgeon and any resident surgeon will be sufficient to ensure that the clinical care delivered meets the established community standard of care. The ACGME-approved levels of supervision are defined as follows:

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

**Indirect Supervision with direct supervision immediately available** – the supervising physician is physically within the hospital or other site of patient care, and is immediately available to provide direct supervision.

**Indirect Supervision with direct supervision available** – the supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephonic and / or electronic modalities,

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

1. Oversight must exist at all times. It is expected that the resident surgeon will be able to identify and contact the attending surgeon responsible for a given patient at all times.
2. Indirect Supervision with direct supervision immediately available is required for all ambulatory or non-urgent care during daytime hours of operation. An attending surgeon is required to be available on-site at the facility during daytime hours of operation.
3. Indirect Supervision with direct supervision available is required for all ambulatory or non-urgent care during evening / nighttime hours of operation. An attending surgeon is required to be available via telephone or pager during evening hours of operation.
4. Oversight is required for all inpatient admissions. For inpatient admissions, an attending surgeon or supervising resident surgeon will be notified of the admission and such notification will be documented in the subordinate resident surgeon's admission note. An attending surgeon will personally see and evaluate each assigned inpatient admission within 24 hours of admission, and co-sign the resident surgeon's admitting note or create their own documentation.
5. Indirect Supervision with direct supervision available is required for the on-going care of all inpatients on the floor. For inpatients, subordinate resident surgeons should maintain ongoing communication **at least one time per day** with the designated attending surgeon, or the supervising resident surgeon. The attending surgeon should document such communication by co-signing the resident surgeon's progress note, or the resident surgeon will include in his progress note that the case has been discussed with the attending surgeon.
6. It is both assumed and understood that there is a **mutual responsibility** on the part of the attending surgeon and the resident surgeon to recognize the need for increased communication, and attending surgeon interaction in the following circumstances:
  - a) limited experience of the resident surgeon
  - 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 subordinate resident surgeon will directly communicate with, and be, in turn, supervised by the most senior supervising resident surgeon on their assigned surgical team. In turn, it is expected that the most senior supervising resident surgeon will directly communicate with the designated attending surgeon. **In urgent, or emergency situations, immediate communication with the attending surgeon by any resident surgeon on the team is expected.**

**Invasive Procedures and Operations:**

1. The determination of the level of supervision, either direct supervision or indirect supervision with direct supervision immediately available, is left to the designated attending surgeon within the context of the level of responsibility assigned to the individual resident involved and the complexity of the procedure.

Examples of cases for which the attending may choose not to be physically present include—but are not limited to—‘simple’ cases (incision and drainage, debridement, repair of lacerations, excision of small skin/subcutaneous lesions), and those cases for which the resident has demonstrated prior competence and the ability to perform the procedure expeditiously.

2. In the event that an attending surgeon elects to provide indirect supervision with direct supervision immediately available for an operation, the supervising resident surgeon will ensure that appropriate documentation of the attending surgeon’s notification and approval of the operation was obtained **prior** to proceeding with the operation. In addition, the attending surgeon will be immediately available to provide direct supervision for all key portions of the operation
3. An attending surgeon will provide direct supervision prior to the operation to see and evaluate each patient to ensure that appropriate documentation of a preoperative note has been performed.
4. An attending surgeon or supervising resident surgeon will ensure that appropriate informed consent has been obtained and documented in the medical record.
5. An attending surgeon or supervising resident surgeon will ensure that appropriate documentation of the procedure has been inserted into the medical record at the time of the procedure or operation.