

**Resident Supervision Policy
Surgical Critical Care Service
December 14, 2012**

Section I. Introduction

Careful supervision and observation are required to determine the trainee's abilities to perform technical and interpretive procedures in the Intensive Care environment. Supervision of trainees should be graded to provide gradually increased responsibility and maturation into the role of a judgmentally sound, technically skilled, and independently functioning credentialed provider.

Section II. Definitions

The following definitions are used throughout the document:

Medical Student- MS III or IV student rotating from an accredited University.

Intern – a professional post-graduate year (PGY)- 1 house-staff in a specific specialty residency program or a transitional year. Generally is not a licensed provider

Resident – a professional post-graduate year 2 and above in a specific specialty or subspecialty. PGY- 2 and above are required to have a current unrestricted state license to practice medicine IAW Army policy and regulation. Specifically the requirement is a state license must be obtained by the end of the PGY- 2.

Surgical Critical Care Fellow- a fully trained Board Certified/eligible General Surgeon, fully credentialed and privileged in General Surgery and in training as a Surgical Critical Care Intensivist.

Surgical Critical Care Faculty – Fully credentialed and privileged Surgical, Anesthesia or Medical Staff with added credentials in Critical Care. All attending faculty are Board Certified in their respective specialty and all have added credential and privileges in Critical Care.

Staff Attending – the immediate supervisor of a resident who is credentialed in his/her hospital for specific procedures in their specialty and subspecialty that he/she is supervising. Generally Board Certified in the respective specialty must be at least Board eligible.

Section III. Resident/ Intern/Medical Student/ Trainee Policy and Procedures

A. Residents/Interns rotating on the SICU service will be primarily supervised by credentialed and privileged Surgical Critical Care Faculty. Staff attending may also

provide direct supervision on occasion. The staff attending must be credentialed for the specialty care, diagnostic and therapeutic procedures that they are supervising. In this setting, the supervising staff attending or SICU faculty is ultimately responsible for the care of the patient. The Surgical Critical Care Fellow and Senior Surgical Residents (Chief's, PGY 4, 5) may also provide direct supervision for procedures and therapeutic decisions for which they have been deemed competent to perform by their respective program directors.

- B. Surgical Intensive Care Faculty (SICU attending) provide daily supervision through twice daily rounds, Monday through Friday and once daily on weekends and holidays. The same attending will round with the entire team to include the SCC Fellow or rotating Fellow Monday through the following Sunday. Morning rounds will be conducted as teaching rounds and evening rounds are conducted to provide checkout and continuity of care. The SICU attending is required to be immediately available during the duty day for supervision, teaching and patient care issues. The Fellow is also immediately available and on call at night. After duty hours direct resident/Intern supervision for procedures is provided by the in-house Chief Surgical resident, the Primary team Chief Resident, the Surgical Critical Care Fellow or SICU attending as required.

- C. The Surgical Critical Care Program Director will define policies to specify how residents/interns rotating in the Surgical Critical Care program progressively become independent in specific patient care procedures while still maintaining appropriate supervision by attending staff. Graduated levels of responsibility will be delineated by a job description for each year of training as directed by the respective Program Director and IAW ACGME, RRC and SAUSHEC existing policies for the individual training program. The Surgical Critical Care resident supervision policies will also be in compliance with JCAHO policies on resident supervision. These policies delineate the role, responsibilities and patient care activities of the different levels of trainees. JCAHO, Hospital and MEDCOM policy dictate which medical record entries if any must be countersigned by a supervisor.

- D. Daily progress notes, and orders are reviewed during morning rounds by the SICU attending faculty and notes may be countersigned and additional staff comments made by the attending which will represent a daily SICU staff note. Orders will be written via electronic tablet and signed during morning rounds. Verbal orders in the SICU are not authorized except during emergency situations when the in-house resident/fellow/intern is unable to immediately write orders.

- E. MS III or IV are permitted to write progress notes, History and physical exams, and orders all of which must be reviewed, edited and countersigned

immediately by a licensed provider (PGY-2 and above).

- F. After duty hours on weekends and holiday's therapeutic decisions and procedures

required to be carried out on SICU patients will be telephonically staffed with the SCC or Pulmonary CC Fellow or SICU attending. Procedures will be supervised as described above (Para B.)

- E. After duty hours on weekends and holidays all therapeutic changes and decisions are telephonically staffed with the SCC or PulmCC Fellow or SICU attending by the in-house SICU resident/intern. The in-house General Surgery team or Anesthesia will provide immediate supervision for after hour emergency situation until the Surgical CC Fellow arrives or the Primary team or SICU attending arrive.
- F. The Surgical Critical Care and General Surgery program directors will ensure that all supervision policies are distributed to and followed by trainees and the attending faculty supervising the trainees. Compliance with the resident supervision policy will be monitored by the Program Director.

Section IV. Supervision of Surgical Critical Care Fellow

- A. Surgical Critical Care Fellow is generally a board-eligible or board certified General Surgeon who is credentialed and privileged as a general surgeon and in training status as a Surgical Intensivist.
- B. Supervision is provided on a daily basis by the SICU attending staff/faculty.
- C. SCC Fellow may perform procedures for which he/she is privileged without supervision. Critical Care specific procedures such as percutaneous tracheotomy, Percutaneous enterogastrostomy (PEG), percutaneous enterojejunostomy (PEJ), Bronchoscopy, Ventilator management, invasive hemodynamic monitoring techniques will be performed under direct SICU faculty supervision until such time as deemed competent by the SCC Program Director to perform said procedures independently.
- D. The SICU attending Faculty is ultimately responsible for the actions of the SCC Fellow whereas the Primary admitting team attending is responsible for the care of his/her patient. At times the primary attending may relinquish responsibility to the SICU attending while the patient remains in the SICU. The SCC Fellow will keep the SICU

attending informed of all admissions, significant events, and therapeutic decisions and significant changes in patient conditions

Section V. SICU attending faculty and primary admitting faculty responsibilities.

- A. Staff supervision must be documented in the inpatient record IAW JCAHO, MEDCOM, and BAMC policy and memorandum.
1. Documentation of attending concurrence with admission, history and physical examination, assessment, treatment plan, and orders is required within 24 hours of admission to the SICU.
 2. SICU attending will document daily progress as outlined above; Primary team attending is required to provide a staff note at least every 72 hours unless SICU attending is providing care while in the SICU.
 3. Do Not Resuscitate, Brain Death, Withdrawal of life support, Provision of Comfort Care Only, and issues dealing with advance directives, Living Wills or refusal of care must be documented by a staff attending note.
- B. The Surgical Intensive Care Unit is an open unit and the Primary admitting attending physician has ultimate responsibility for the care of the patient with the SICU attending Faculty acting as Critical Care Consultants. The responsibility for the care and management of the patient may be relegated to the SICU attending while the patient remains in the SICU at the discretion of the primary attending staff physician. Regardless, every effort will be made to ensure communication and concurrence on all therapeutic decisions and procedures.

/Signed/
Surgical Critical Care Fellowship
Program Director Surgical Critical Care

