

Transitional Intern Supervision Policy
San Antonio Uniformed Services Health Education Consortium
San Antonio Military Medical Center
and
Wilford Hall Ambulatory Surgery Center
October 15, 2014

1. General Supervision Policy

- a. All PGY-1 resident activities at San Antonio Military Medical Center and Wilford Hall Ambulatory Surgery Center are performed under the general supervision of attending/teaching staff physicians, who accept full responsibility for resident actions as long as the residents are in compliance with the specific guidelines set forth in this document. General supervision policies may be referenced in the SAUSHEC Resident Policy Book and/or the SAUSHEC web site at <http://www.sammc.amedd.army.mil/saushec>.
- b. The requirement for PGY-1 resident supervision is intended to provide for high quality patient care and safety and allow residents to perform with increased responsibility as they advance toward the PGY-2 year. Direct supervision will be by more senior residents and attending/teaching staff physicians. Residents will be given responsibilities for patient care commensurate with their level of training and demonstrated performance. This involves review of written evaluations of resident performance and direct observations by staff supervisors.

2. Supervision Requirements

- a. Supervision requirements are posted on the SAUSHEC web site. All activities of PGY-1 residents are closely supervised. PGY- 1 residents should discuss all procedures with more senior residents or attending/teaching staff physicians prior to performance.
- b. In emergency situations, immediate action should be initiated primarily by more senior residents. PGY-1 residents may initiate emergent action only if there is imminent danger of loss of life or limb and no senior resident is immediately available.
- c. In general, PGY-1 residents will not act as supervisors for procedures. At the discretion of attending/teaching staff physicians, PGY- 1 residents with demonstrated competence may provide supervision for students performing minor noninvasive procedures.

3. Documentation of Resident Supervision

PGY- 1 residents will record the supervision provided in progress notes and procedure logs. If mandated by service-specific requirements, PGY- 1 residents will provide completed progress notes and procedure logs to attending/teaching staff physicians for co-signature.

4. Specific Supervision Policies

- a. The following table lists common functions performed by PGY- 1 residents.
- b. Procedures designated level A require the presence and direct observation of supervisors.

- c. General non-procedure physician functions such as obtaining a history and performing a physician examination, writing orders, and admitting or discharging a patient are tasks for which residents are trained in medical school. These activities will ordinarily not require direct observation by supervisors and will be designated as level B.
- d. PGY- 1 residents ordinarily will not be advanced to supervising procedures until the completion of the academic year. Attending/teaching staff physicians may advance residents to a higher level of competence based on assessment of individual performance and sound clinical judgement.

PGY-1 Resident Procedures

		Procedure
		Admitting and
Discharging Patients	B	
Amniotomy	A	
Anoscopy	A	
Arterial Line Placement	A (advance with competence)	
Arterial Puncture	A (advance with competence)	
Blood Culture	A (advance with competence)	
Breast Cyst Aspiration	A	
Breast Exam	A	
Central Line Placement	A	
Colonoscopy	A	
Culdocentesis	A	
Curettage, Suction	A	
Depo Provera	A	
Counseling/Administration		
Diaphragm Fitting	A	
EGD	A	
Endometrial Biopsy	A	
Episiotomy Placement	A	
Episiotomy Repair	A	
Fetal Scalp Electrode Placement	A	
FHR Tracing Interpretation	A	
Flex Sig/Proctoscopy	A	
FNA Mass	A	
History and Physical Examination	B	
Hysterectomy, abdominal, second assist	A	
Hysterectomy, vaginal, second assist	A	
Hysteroscopy, Diagnostic	A	
Incise/drain abscess	A	
Intrauterine Insemination	A	
IUPC Placement	A	
L&D Cervical Exam	A	
Laparoscopy, diagnostic/chromopertubation	A	
		Local Perineal Anesthetic
Block	A	

		Lumbar
Puncture	A	
NST interpretation	A	
Outlet Forceps	A	
Outlet Vacuum	A	
PA catheterization	A	
Paracentesis	A	
Pelvic Exam/PAP smear	A	
Pelvic Examination, Gynecologic	A	
Pelvimetry, Clinical	A	
Peritoneal Lavage	A	
Place Bladder Catheter	A (advance with competence)	
Place IV Line	A (advance with competence)	
Place NG tube	A (advance with competence)	
Remove Drain	A	
Remove skin suture	A (advance with competence)	
Rubber band hemorrhoids	A	
Soft Tissue mass excise/incisional biopsy	A	
Speculum Exam, Sterile	A	
Spontaneous Vaginal Delivery	A	
Surgical Airway	A	
Suture Laceration	A (advance with competence)	
TCA Podophyllin Application	A	
Thoracentesis	A	
Tube Thoracostomy	A	
US exam/soft tissue	A	
Venipuncture	A (advance with competence)	
Venous Cutdown	A	
Wet Mount	A (advance with competence)	
Writing Orders	B	

Writing
Progress
Notes

Ashley M. Maranich, MD
MAJ (P), MC, USA
Program Director, Transitional Year
SAUSHEC

