Section: **School of Medicine**		*NO.*				
Chapter: **Anesthesia Residency**	*Issued:* ***9.5.2024***	*REV. A*	*REV. B*	*REV. C*		
Policy: Resident Supervision		***Page 1 of (?)***				

PURPOSE

Supervision in the setting of graduate medical education provides safe and effective care to patients; ensures each resident's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishes a foundation for continued professional growth.

SCOPE

This policy applies to all Creighton University Anesthesia residents.

Definitions

Direct Supervision:

The supervising physician is physically present with the resident and patient.

Indirect Supervision with Immediate Availability:

The supervising physician is not physically present but is immediately available to provide direct supervision if needed.

Indirect Supervision with Availability:

The supervising physician is available to provide supervision, though not necessarily on-site. They can be reached by phone or electronic communication.

Oversight:

The supervising physician reviews procedures, cases, and patient encounters after they are completed and provides feedback to the resident.

Resident Role:

Residents are physicians in training. They learn the skills necessary for their chosen specialty through didactic sessions, problem-based learning sessions, simulation, reading, and providing patient care under the supervision of the Medical Staff (the attendings) and senior trainees. As part of their training program, residents are given progressively greater responsibility according to their level of education, ability, and experience.

The specific role of each resident varies with their clinical rotation, experience, years of clinical training, the patient's illness and the clinical demands placed on the team. The following is a guide to the specific patient care responsibilities by year of clinical training. Only years of clinical training are considered below.

Progressive Responsibilities for Patient Care:

Anesthesiology Residency is a four-year training period, during which residents assume progressively greater responsibility for patient care and develop independence in patient management. Residents must be supervised (see definitions of supervision section above) throughout their training by a faculty member, who is ultimately responsible for the patient's care.

Clinical Base Year (CBY) (Post Graduate Training Year 1):

Anesthesia residents are required to participate in one year of basic clinical training (Clinical Base Year) prior to beginning their specific training in anesthesiology (Clinical Anesthesia Years). The CBY includes rotations on both medical and surgical services. In addition anesthesiology residents care for patients on the medical and surgical ICUs, the emergency room, the acute pain service, as well as in-patient and out-patient services and clinics during the clinical base year. They may participate in procedures performed in the clinic, procedure suite or operating room under the supervision of a qualified member of the medical staff or senior trainee.

During the CBY, anesthesiology residents are primarily responsible for the care of patients under the guidance and supervision of the attending and senior trainees. They should be the point of first contact when questions or concerns arise about the care of their patients. However, when questions or concerns persist, supervising trainees and/or the attending should be contacted.

Clinical Anesthesia (CA) Years 1- 3 (Post Graduate Training years 2 - 4):

All patient care is under the supervision of an attending physician; residents may provide direct patient care or consultative services. Residents care for patients in the following service areas:

• Operating room - intraoperative care of an anesthetized patient during a surgical procedure
• Intensive care unit - patients with multisystem organ failure
• Emergency room
• In-patient or out-patient Pain Relief Services
• Obstetric unit – care for parturient patients
• Pre-anesthesia clinics
• Post anesthesia Care Unit
• "off-site" areas including the CT & MRI scanners, cardiac cath lab, electrophysiology suite, GI endoscopy suite, interventional radiology department

Residents are expected to evaluate patients under their care, determine the relevant medical and surgical pathologies and co-morbidities and develop an appropriate management plan and carry out the required invasive procedures. Residents may also provide emergency care for patients on wards and in the emergency department, particularly advanced airway management, intravenous and intra-arterial cannulation. Residents will work as part of the patient care team in the operating room, intensive care unit, pain clinic obstetric unit, pre-anesthesia clinic, wards or emergency department.

CA1 (PGY2) Resident Responsibilities:

Junior residents are expected to function in the role of a team member requiring direct supervision from attending physicians and senior trainees. CA1 residents are expected to evaluate patients and develop and execute their management plan under close supervision from the supervising attending physician. Residents should be assigned to cases in the operating room appropriate to their level of experience. In the first few months of CA1 residents will care for healthier, ASA1 and 2 patients and patients undergoing minor to moderately complex surgical procedures. Towards the end of the CA1 year residents may care for sicker (ASA3) patients and patients undergoing more complex surgery. Upon occasion, CA1 residents may care for ASA4 patients with direct (hands on) support of their attending.

CA2 (PGY3) Resident Responsibilities:

CA2 residents participate in rotations caring for patients in the various subspecialty anesthesia areas (e.g. cardiac, obstetrics, neurosurgery, pediatrics). Residents spend at least 2 months in a subspecialty rotation; towards the end of the first month a greater autonomy for patient care is expected, and residents should be the first point of contact for questions regarding patient care. Supervision by attendings is required and consulted for any questions that residents can not immediately answer. In the general operating rooms CA2 residents care for complex patients undergoing surgery in the general operating rooms.

CA3 (PGY4) Resident Responsibilities:

As senior residents, CA3s are expected to assume of a leadership role, coordinating the actions of the team, and interacting with nursing and other administrative staff. Senior residents are expected to develop more autonomy for patient care in the development and execution of their management or treatment plan, although ultimate responsibility for patient care lies with the supervising attending physician. CA3 residents care for the most complex patients in the operating rooms and care for patients having off-site interventional procedures. Along with the attending, senior residents provide for the educational needs of any junior residents and students.

Resident Care on non-Surgical Anesthesia Rotations (including Critical Care and Fundamental Clinical Skills of Medicine training):

Residents rotating on non-surgical rotations during the CA1-3 years will be supervised by qualified faculty who may be members of the Department of Anesthesiology of other affiliated departments. The attending physician will make clear who is responsible for care and how to be contacted, as well as ensuring that any transfers of care are communicated to the resident. The exact degree of supervision will

be consistent with other residents of a similar degree of experience rotating on that service (Emergency Medicine, Internal Medicine, MICU, ICU, etc.), and will follow the policies of the sponsoring department, including assessing progressive responsibility for the resident.

Emergency Care:

Nothing in this policy should be construed as prohibiting the resident from rendering emergency care (responding to Code Blue calls, Trauma Team response, and similar situations) to a patient to the extent s/he is qualified by training and experience, regardless of whether immediate supervision is available or not.

Resident Expectation for Requesting Additional Supervision:

Residents are expected to practice within their scope of experience and to inform responsible faculty when they need additional help with any aspect of patient care based on their current medical knowledge and skill set level if not already anticipated by the staff. All residents are expected to inform staff during key aspects of any case including induction and intubation, emergence and extubation, and critical events during the case to include but not limited to significant hemodynamic changes, the need for blood products, fluid resuscitation and/or pressors, significant change in patient status, and when any proceduralist or surgeon expresses concerns or requests faculty to be present.

Documentation of Supervision:

Supervising physicians must document their level of involvement in the resident's training and patient care in the medical record.

Residents are responsible for logging their procedures and documenting their participation and level of supervision in the electronic residency management system.

Transition of Supervision Levels:

Residents must be formally assessed for competency before advancing to higher levels of supervision. Competency evaluations will be conducted by faculty based on direct observation, feedback from peers, and performance during simulations.

The program director, in consultation with the Clinical Competency Committee, will authorize any transition from direct to indirect supervision.

Addressing Inadequate Supervision:

Residents and faculty members are encouraged to report any concerns regarding the adequacy of supervision to the program director or designated faculty. Immediate action will be taken to address any potential risks to patient safety.

Residents are responsible for logging their procedures and documenting their participation and level of supervision in the electronic residency management system.

REFERENCES
ACGME

AMENDMENTS OR TERMINATION OF THIS POLICY
Creighton University reserves the right to modify, amend or terminate this policy at any time.

The GME policy supersedes all program level policies regarding this area/topic. In the event of any discrepancies between program policies and the GME policy, the GME policy shall govern.