Supervision Policy
Department of Surgery

In the clinical learning environment, each patient must have an identifiable, appropriately-credentialed and privileged attending physician who is ultimately responsible for that patient’s care. This information should be available to residents, faculty members, and patients. Residents and faculty members should inform patients of their respective roles in each patient’s care.

Attending physicians have overall responsibility for patient care rendered by residents and the ultimate authority for final decision-making. The specific resident-attending relationship and the level of supervision (direct or indirect) will vary according to the patient care setting and the skills of the resident. Senior residents may provide supervision for interns and junior residents when appropriate.

Compliance is monitored in the following manner:

1. Faculty and residents will be expected to report lapses in compliance immediately upon occurrence to the Program Director and Chairman.

2. Monthly electronic feedback regarding compliance is obtained via E-Value.

3. Data regarding compliance are obtained on internal reviews.

4. The Program Director discusses failures of compliance individually with attending surgeons and residents, and if necessary, the Department Chair.

5. Remediation plans will be developed and submitted to the Chief Medical Officer for repetitive lapses in compliance.

6. Residents are assured that there will be no retribution for reported lapses, and any perception thereof should be reported immediately to the Program Director or Department Chair.

In accordance with ACGME regulations, residents are given progressive responsibilities for patient care. Responsibilities for care fall are as follows:

1. Interns care for patients under direct supervision or with supervision immediately available. All patient evaluations are discussed with and overseen by a senior/chief resident or faculty member.

2. Mid-level residents may evaluate and treat patients with supervision immediately available. All evaluations are discussed with a senior/chief resident or faculty member.
3. PGY4 residents are expected to evaluate and treat patients with supervision available by phone. All new patient evaluations/plans are discussed with a chief resident or faculty member. When treating Level 1 trauma patients, supervision is immediately available from a faculty member.

4. Chief residents independently perform all evaluations and implement all plans with supervision available by phone or immediately available. All surgeries are performed under attending presence for the critical portion of the case. Procedures may be performed in accordance with the departmental credential guidelines available on-line via EchoNet.

5. Faculty must be notified of the following:
   a. Admission to their service
   b. Change in clinical status
   c. Admission to the ICU

The program will evaluate each resident’s abilities based on specific criteria, and faculty then may delegate portions of care to residents based on the needs of the patient and skill of the resident.

Residents must also abide by UMass Memorial Medical Center Policy #2034 Resident Supervision.

Adopted: 4/14