This policy applies to: The General Surgery Training Program	Last Approval Date: December 2012
Name of Policy: **Protocols defining common circumstances requiring faculty involvement (care of a complex patient, ICU transfer, DNR or other end-of-life decision (by year/educational level)**	Reference Number to ACGME Common Program Requirements: **[CPR VI.D.5]**

Purpose

This protocol is is written to guide residents and faculty on common circumstances that require faculty involvement. It is based on the tenets put forth in the "Resident Supervision Policy."

Definitions

Levels of Supervision:

Level-1: **Direct Supervision** – The supervising physician is physically present with the resident and patient

Level-2: **Indirect Supervision**:

- A: Direct supervision immediately available – The supervising physician is physically within the confines of the site of patient care, and immediately available to provide Direct Supervision
- B: Direct supervision available – The supervising physician is not physically present within the confines of the site of patient care, is immediately available via phone, and is available to provide Direct Supervision

Level-3: **Oversight –** The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered

Supervision of Residents in the Inpatient or Outpatient Setting

Residents and Attending Staff should inform patients of their roles in the patient's care at every new patient encounter. Faculty Attendings should delegate portions of patient care to residents. Residents should serve in a supervisory role to medical students assigned to their clinics. Senior (chief) residents at the PGY-4&5 levels should also serve in a supervisory role to junior residents at the PGY 1 through PGY-3 levels and to medical students.

Circumstances and events where Residents must communicate with Faculty Attendings:

Residents are encouraged to communicate with supervising Faculty Attendings any time that resident feel the need to discuss any matter relating to patient-care. The following are circumstances and events where residents **must** communicate with supervising Faculty Attendings:

- Encounters with any patient in emergency rooms
- All new patient encounters in intensive care or critical care units or inpatient units
- If requested to do so by other Faculty Attendings in any primary or specialty program

- If specifically requested to do so by patients or family
- If any error or unexpected serious adverse event is encountered at any time
- If the Resident is uncomfortable with carrying out any aspect of patient care for any reason
- Transferring patients to a higher level of care

Communication	**Level of Supervision**				
	PGY-1	**2**	**3**	**4**	**5**
Calling consults	2A	2A	3	3	3
Talking with the patient's family-updates	2A	2A	3	3	3
Speaking with patient's family-critical	2A	2A	2B	3	3
Giving bad news to patient/patient's family	1	1	2B	2B	2B
Post surgery discussion to patient's family	2A	2A	2A	2B	2B
DNR	2A	2A	2B	2B	2B
End-of-life Discussion	1	1	1	2B	2B
Transfer of Patient to ICU	2A	2A	2B	2B	2B

Supervision of Residents in the Operating Room

In most situations the Faculty Attending must be in the physically within the confines of the site of patient care for an operation to begin. Independent care by the resident in the operating room is left to the discretion of the Faculty Attending but is not to exceed that listed in the table below. The one exception is emergency care in which the attending is en route to the operating room but the patient needs more urgent intervention. In this situation a senior resident would be allowed to intervene in order to save a patient's life.

Portion of the operation	**Level of Supervision**				
	PGY-1	**2**	**3**	**4**	**5**
Positioning/Preparing a case	2A	2B	2B	2B	2B
Starting a scheduled case	1	2A	2A	2B	2B
Starting an emergency case	1	2A	2A	2B	2B
Abdominal Wound Closure	1	2A	2A	2B	2B
Closing skin	2A	2B	2B	2B	2B
Transporting patient to recovery	2A	2B	2B	2B	2B