Department of Surgery Supervision Policy

The Department of Surgery follows the University of Tennessee Resident Supervision Policy #410 which is available on the UT website/GME (http://www.uthsc.edu/GME/policies/supervision_pla2011.pdf).

The attending physician is responsible for the overall care of each individual patient admitted to the surgical service and for the supervision of the resident(s) assigned to the patient. There is a clear chain of command centered around graded authority and clinical responsibility.

**Levels of supervision:**
- Direct – supervising physician is physically present with the resident and the patient
- Indirect
  - With direct supervision immediately available – supervising physician is physically present in the hospital or other site of patient care, and is immediately available
  - With direct supervision available – supervision physician is not physically present within the hospital or other site of patient care, but is immediately available by electronic or telephone modalities, and is available to provide direct supervision
  - Oversight – supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered

**Admissions**
The attending surgeon must be notified of each admission. Each patient is admitted to an attending.

**Surgery**
The senior resident must immediately notify and receive concurrence for any patient going to the operating room. Supervision of residents will always meet or exceed hospital policy. Attendings will document their participation in the supervision process. Attending must always be available for consultation and support. Information regarding the responsible attending should be available to residents, faculty members and patients. Site directors of all integrated and affiliated hospitals in the program must assure the program director that these policies are being followed.

The attending surgeon is expected to:
1. Confirm (or change) the diagnosis.
2. Approve the operative procedure and procedure timing.
3. Be available or physically present (as dictated by his/her judgment) during the operative procedure and assure that it is properly carried out.
4. Supervise the postoperative care.
5. Assure continuing care after the patient leaves the hospital.

**PGY 1 residents**
- Should be supervised directly or indirectly with direct supervision immediately available.
- Must complete the procedure log (see attached) to be competent to perform the listed procedures with indirect supervision, with direct supervision available.
Supervising Physicians

Faculty members should delegate portions of care to residents, based on the needs of the patient and the skills of the residents.

Senior residents or fellows should serve in a supervisory role of junior residents in recognition of their progress toward independence, based on patient needs and the skills of the individual resident or fellow.

Attachment – Competency List