EVMS
EAR, NOSE AND THROAT SURGEONS

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POLICY ON SUPERVISION OF RESIDENTS
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Objectives:

- To provide guidelines for supervision of clinical activities of resident physicians in the Department of Otolaryngology Head & Neck Surgery by attending physicians in the Department.
- To establish a system under which minor procedures performed by junior residents in the Department of Otolaryngology-Head & Neck Surgery are supervised by senior residents.

General Principles:

The faculty of the Department of Otolaryngology-Head & Neck Surgery subscribes to a philosophy that the most effective learning environment for post-graduate resident training is one that:

- Prioritizes the safety of patients receiving care from resident physicians.
- Allows the resident to participate in safe, effective, and compassionate patient care, under supervision, commensurate with their level of advancement and responsibility.
- Each patient will have an identifiable, appropriately-credentialed and privileged attending physician who is ultimately responsible for their care. Each resident and faculty member will inform patients of their respective roles in each patient's care.
- Allows the resident freedom to develop his or her skills in history taking, clinical evaluation, and medical and surgical management of the patient.
- Maximizes the interaction between resident and attending to allow for didactic exchange and evaluation of resident progress.
- Assists the resident in developing a personal program of learning to foster continued professional growth with guidance from the teaching staff.
- Provides sufficient freedom and graded responsibility for house staff to share responsibility for decision-making in patient care under adequate faculty supervision.
- Provides supervising faculty feedback to house staff concerning their diagnostic and management decisions.
- Provides an appropriate balance of education with the patient's right to expect a healthy, alert, responsible and responsive physician dedicated to delivering effective and appropriate care.

Levels of supervision are as follows:

Direct supervision- the supervising physician is physically present with the resident and patient.

Indirect supervision-

1. With direct supervision immediately available - supervising physician is within the site of patient care and available to provide direct supervision.
2. With direct supervision available - the supervising physician is not physically present with the site of patient care but is immediately available by means of telephone or electronic modalities and is able to perform direct supervision. Oversight - The supervising physician is available to provide review of the procedures/encounters and feedback is provided after care is delivered.

Each patient will have an identifiable, appropriately-credentialed and privileged attending physician who is ultimately responsible for their care. Each resident and faculty member will inform patients of their respective roles in each patient's care.

Guidelines for Resident roles and communication with faculty members:

Providing care in clinic –

The faculty of the Department of Otolaryngology Head and Neck Surgery provides direct or indirect supervision in the clinic. The faculty requires resident attendance in the clinic setting in order to develop resident independence in patient interactions, teach skills in patient assessment and medical management and involve the resident in preoperative and postoperative care of surgical patients. Patient histories and physical examinations are generally performed by the resident prior to presentation of the patient to the attending physician.

Diagnostic studies are ordered and a treatment plan established by the resident only after consultation with the attending physician. It is the responsibility of the attending physician to recognize resident deficiencies that may interfere with this process, and to honor the patient's right to be seen only by the attending physician if he or she so desires. Residents may not perform interventional diagnostic procedures without obtaining the consent of the patient and permission from the attending physician.

Providing care in Operating Room –

All operating room procedures are performed under direct or indirect supervision. It is the responsibility of the resident to be familiar with the history and physical condition of the patient in whose surgery he or she will be participating. With the exception of life and death emergencies, a resident may not take a patient to the operating room without an attending physician in the operating room suite. Residents may provide emergency consultation for patients brought to the operating room by other services, but may not establish a treatment plan or initiate care without discussing the case with an attending physician. Residents are encouraged to perform procedures or portions of procedures commensurate with their level of education, ability, and experience. It is the responsibility of the attending physician to determine those procedures or portions of procedures that are appropriately performed by a given resident, and to be present in the operating room for the key portions of those procedures.

Providing care on call –

All on-call activities are performed under direct and indirect supervision. The on-call faculty is identifiable and able to be reached by telephone or electronic modality at all times.

Inpatient Care -

Inpatient care is provided by otolaryngology resident staff under the supervision of the faculty of the Department of Otolaryngology-Head & Neck Surgery. It is the responsibility of the resident to be familiar with the medical history and recent therapeutic interventions of each patient for which he or she is caring, and to provide timely clinical updates to the designated supervising and/or on-call attending physician. All such updates must be documented as notes in the patient's medical record. Ultimate responsibility for inpatient care resides with the supervising or on-call attending physician.

Residents are expected to participate fully in the medical care of inpatients and to write orders directing delivery of such care. Countersignatures by attending physicians are required on history/physical examinations, operative notes, and discharge summaries, but are not required on routine medical orders unless such documentation is required by hospital regulations. Such cases include documentation of "Do Not Resuscitate" status. Regulations for conscious sedation are established by the hospital and residents are expected to comply. Conscious sedation is to be administered only by appropriately certified residents or in the presence of an appropriately certified attending physician. Residents are also expected to familiarize themselves with hospital regulations regarding use of restraints and to obtain approval of the attending physician when required.

Inpatient Consultations:

Inpatient consultations are generally called to the resident staff directly from the floor or the offices of the Department. With the permission of the patient, residents are encouraged to evaluate such cases independently and formulate a treatment plan. The proposed treatment plan must be discussed with the attending physician prior to documentation in the patient's chart. Residents may not perform interventional diagnostic or therapeutic procedures without obtaining the consent of the patient and permission from the attending physician. It is the responsibility of the attending physician to document his own evaluation of the patient and confirm the treatment plan in the patient's medical record.

Emergency Room Consultations:

ER consultations are generally called to the resident staff directly from the Emergency Department. With the permission of the patient, residents are encouraged to evaluate such cases independently and formulate a treatment plan. The proposed treatment plan must be discussed with the attending physician prior to any interventional diagnostic or therapeutic procedures. Residents are encouraged to perform procedures or portions of procedures commensurate with their level of education, ability, and experience. It is the responsibility of the attending physician to determine those procedures that are appropriately performed by a given resident, and to be present in the emergency room if necessary. It is the responsibility of the resident to document the results of his or her intervention and the consultative role of the attending physician in the patient's medical record.

Telephone Patient Consultations:

Patients with ENT emergencies or questions are often instructed to contact the resident on-call for advice and/or management. Residents are encouraged to evaluate such cases independently and formulate a treatment plan. Residents are permitted to give advice to patients based on their level of education, ability, and experience, provided the case is discussed with the on-call attending following the telephone contact. It is the responsibility of the resident to document his or her recommendations in writing and to direct his or her notes to the patient's office record. Residents are cautioned not to give advice to patients who have not been previously evaluated by members of the attending or resident staff.

Procedures by New Residents:

It is expected that new residents in the Department of Otolaryngology-Head & Neck Surgery have acquired basic surgical skills during their internship that do not require direct attending or senior resident supervision. Such skills include, but are not limited to, basic examination skills, minor excisions or wound closures, postoperative wound management, incision and drainage of superficial skin and lymph node abscesses, phlebotomy, placement of intravenous and arterial lines, placement of nasogastric tubes, and placement of urethral catheters. Residents who are new to the Department usually have little experience with common disorders of the head and neck and minor otolaryngologic procedures. Instruction in these areas is the basis for the Common Clinical Problems and Solutions lecture series given each summer to first year residents by the full-time faculty. Hands-on experience performing minor procedures may be supervised by attending physicians, chief residents, and senior residents. Such procedures include, but are not limited to, flexible laryngoscopy and nasopharyngoscopy, management of epistaxis, maxillary sinus aspiration and lavage, closed reduction of nasal fractures, incision and drainage of peritonsillar and dental abscesses, needle aspiration of head and neck abscesses and masses, debridement of the ear, removal of foreign bodies from the ear and nose, tracheotomy tube changes, use of the otologic operating microscope, and ambulatory placement of tympansotomy tubes. Competency is established by the successful performance of a designated number of these procedures under the supervision of an attending physician, chief resident, or senior resident, and signed off by the supervising physician in New Innovations. This log that is created in New Innovations is available to other Health Care Providers to check on residents competency if deemed necessary by that Health Care Provider.

Progressive authority and responsibility:

The program director will evaluate the resident's abilities through discussion at the monthly faculty meetings. Any concerns over resident's abilities that have not already been discussed through direct contact or email will be addressed. Also, other faculty members are made aware of any concerns that have been previously discussed at this time as well.

It is the responsibility of the faculty to be certain that each resident assumes a greater role in patient management as he or she progresses through the program. Junior residents will be directly supervised or indirectly with direct supervision immediately available by a more senior resident at all times. Beginning in the second year, each resident has increasing responsibility for the supervision of more junior residents. At the same time, the complexity of cases assigned to each resident increases with maturity. It is a goal of the Department that residents in the latter half of their chief year are capable of functioning as independent practitioners.

Mentoring program:

Each resident is assigned a faculty mentor from among the full-time faculty members in the Department. Residents and their mentors are to meet at least semiannually to review the resident's progress, as well as the impact of the resident's home and personal life on his or her performance in the program. The program is intended to assist the resident in developing a personal program of learning to foster his or her continued professional growth.