

**University of South Florida College of Medicine
General Surgery Residency**

**Policy on Resident Supervision: Attachment B
Scope of Practice**

General Statement: As stated above, at all times and for all types of patients, the participating residents will act under the supervision and direction of the Attending Surgeon. In addition, competency for independent performance of specific bedside procedures listed below will be achieved by satisfactory performance of a minimum number of the procedure under the listed level of supervision:

	Bedside Procedure Name	Minimum number of procedures required to be competent	PGY level by which skill should be acquired	Level of Supervision
1	incision and drainage	2	2	Oversight
2	simple laceration repair	3	2	Indirect Supervision
3	Focused Assessment with Sonography for Trauma	5	3	Direct Supervision
4	arterial catheter placement	3	3	Indirect Supervision
5	central venous catheter placement	5	3	Indirect Supervision
6	tube thoracostomy	3	3	Indirect Supervision
7	rigid proctoscopy	2	3	Indirect Supervision
8	PA catheter placement	3	3	Indirect Supervision
9	flexible bronchoscopy	3	3	Direct Supervision
10	complex laceration repair	2	3	Indirect Supervision
11	percutaneous tracheostomy	5	4	Direct Supervision
12	percutaneous endoscopic gastrostomy	5	4	Direct Supervision
13	endotracheal intubation	10	4	Direct Supervision
14	Diagnostic Peritoneal Lavage (DPL)	3	5	Direct Supervision
15	resuscitative thoracotomy	3	5	Direct Supervision

PGY1: Can bring patients into operating room for induction of anesthesia; can insert IV lines and Foley catheters; can write admission orders, pre and post-op orders, and notes; can dictate admission history and physical, write progress notes, orders, and prescriptions; can dictate discharge summaries; can write orders for restraints. They may provide in-hospital care, assist in surgery, and perform certain operations with direct supervision by a Chief Resident or Attending Surgeon as determined by the Attending

Surgeon. May place arterial lines, central lines, chest tubes, and pulmonary artery catheters under the direct supervision of a qualified more senior resident.

Activities and Procedures that PGY1 residents may complete with Indirect Supervision with direct supervision immediately available:

Patient Management Competencies:

1. *Evaluation and management of a patient admitted to hospital, including initial history and physical examination, formulation of a plan of therapy, and necessary orders for therapy and tests*
2. *Pre-operative evaluation and management, including history and physical examination, formulation of a plan of therapy, and specification of necessary tests*
3. *Evaluation and management of post-operative patients, including the conduct of monitoring, and orders for medications, testing, and other treatments*
4. *Transfer of patients between hospital units or hospitals*
5. *Discharge of patients from the hospital*
6. *Interpretation of laboratory results*

Procedural Competencies:

1. *Performance of basic venous access procedures, including establishing intravenous access*
2. *Placement and removal of nasogastric tubes and Foley catheters*
3. *Arterial puncture for blood gases*

Activities and Procedures that they PGY1 residents may only complete with Direct Supervision:

Patient Management Competencies:

1. *Initial evaluation and management of patients in the urgent or emergent situation, including urgent consultations, trauma, and emergency department consultations (ATLS required).*
2. *Evaluation and management of post-operative complications, including hypotension, hypertension, oliguria, anuria, cardiac arrhythmias, hypoxemia, change in respiratory rate, change in neurologic status, and compartment syndromes.*
3. *Evaluation and management of critically-ill patients, either immediately post-operatively or in the intensive care unit, including the conduct of monitoring, and orders for medications, testing, and other treatments.*
4. *Management of patients in cardiac or respiratory arrest (ACLS required)*

Procedural Competencies:

1. *Perform advanced vascular access procedures, including central venous catheterization, temporary dialysis access, and arterial cannulation.*
2. *Repair of surgical incisions of the skin and soft tissues*
3. *Repair of skin and soft tissue lacerations*
4. *Excision of lesions of the skin and subcutaneous tissues*
5. *Tube thoracostomy*
6. *Paracentesis*
7. *Endotracheal intubation*
8. *Bedside debridement*

PGY2: Can participate in SICU activities and can function in the SICU under the indirect supervision of the SICU attending in both the intensive care units and non-intensive care units. Can evaluate and manage critically ill patients and emergency department patients. This will allow placement of arterial lines, central lines, chest tubes, pulmonary artery catheters; tube thoracostomy, paracentesis, endotracheal intubation, and other superficial procedures. Can perform endoscopy with direct supervision. Under supervision, may assist in surgery and perform certain operations with direct supervision by a Chief Resident or Attending Surgeon at the discretion of the Attending Surgeon. Under indirect supervision, can write orders for restraints. May complete History and Physical Exams, Consultation notes, progress notes, and operative notes with indirect supervision from more senior resident or Attending Surgeon.

PGY3: Can function as senior resident on selected services under the direction of a Chief Resident and/or Attending Surgeon. Can initiate surgical procedures. Under indirect supervision, can administer conscious sedation and write orders for restraints. Can function as senior resident on call and as senior resident in the SICU. Can participate in clinics under indirect supervision. Can evaluate trauma patients in the ER and supervise their resuscitation (ATLS certified). May assist in surgery and perform certain operations with direct supervision by a Chief Resident or Attending Surgeon at the discretion of the Attending Surgeon.


PGY4 and PGY5 (Chief Resident): Can function as senior resident and supervise routine ward activities and SICU activities. Can participate in clinics under indirect supervision and supervise the conduct of outpatient clinics. Can evaluate outpatients for emergency surgical procedures. Can initiate surgical procedures after discussion with responsible Attending Surgeon who has privileges to perform the anticipated procedure with direct supervision immediately available by the Attending Surgeon. May assist in surgery and perform certain operations with direct or indirect supervision (with direct supervision immediately available) by an Attending Surgeon at the discretion of the Attending Surgeon. Under indirect supervision, can administer conscious sedation and write orders for restraints. Can oversee medical record completion.

Evaluation of Patients in the Emergency Department

PGY-1 residents must be directly supervised by a more senior (\geq PGY2) resident. PGY2 residents may evaluate patients in the ER under the indirect supervision of a senior (\geq PGY3) resident or Attending Surgeon. PGY4 and PGY5 residents may evaluate patients in the ED under the indirect supervision of the attending surgeon. If requested by the attending physician in the ED, the senior resident must consult with the Attending Surgeon on call prior to discharging a patient from the emergency room. The Attending Surgeon must be informed about all patients admitted to his/her service from the Emergency Department.

Change in Patient Status

The responsible Attending Surgeon or his/her designee must be informed when a patient on his/her service has a clinically important change in status. This includes but is not limited to instability in vital signs, transfer to the intensive care unit, endotracheal intubation, end of life decisions, need for an invasive procedure/monitoring, and death.

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