SUPERVISION

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ARCS
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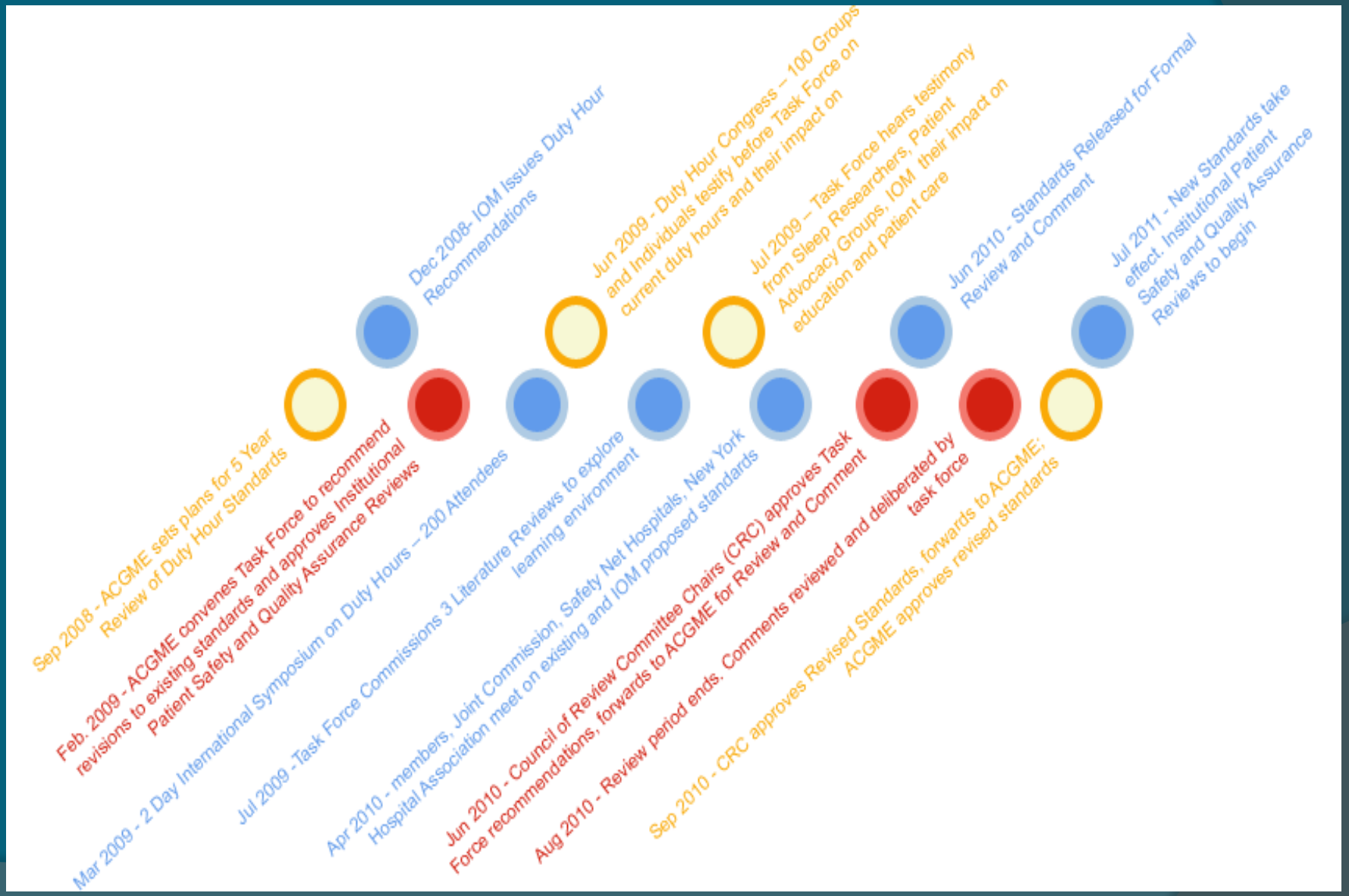
How did we get where we are:



Background:

- Critical for ensuring safe and effective patient care
- Lack of supervision as been linked as a contributing factor to adverse events
- Important for the acquisition of clinical skills, professional development and socialization into the profession
- Required for faculty compensation

Background:

- Proper supervision allows residents to transition from novice learner to proficient practitioner
- Excessive supervision may hamper the resident's progression to independence

Patient Safety

- 1984- Death of Libby Zion
- Adverse events in teaching hospitals felt to be related to lack of adequate supervision
- Reduced availability of faculty on weekends was associated with increased mortality
- 20 year study showed reduced frequency of events as supervision increased

Acquisition of Competence

- Residents feel their learning benefits from autonomy
- Guided practice is instrumental in development of higher-order competence in complex cognitive and haptic tasks
- Residents who were more closely supervised through direct observation acquired primary care skills more rapidly than those supervised after the fact

Supervisor-Supervisee Relationship

- Reassuring residents that it is appropriate to call the supervisor and that there will be no negative consequences for seeking the attending physician
- Set clear expectations for the types of clinical scenarios that always warrant attending physician input

Supervisor-Supervisee Relationship

- POSITIVE:
  - Approachable
  - Nonthreatening
  - Enthusiastic
  - Provides Feedback
  - Proper Autonomy
  - Joint Problem Solving
- NEGATIVE:
  - Lack of Guidance
  - Over-supervision
  - Poor Clinical Decisions
  - Over Use of Resources

ACGME Common Requirements:

- Enhanced supervision standards that explicitly define the levels of supervision provided to residents at different stages in their training
- Create a seamless transition from highly supervised care to progressive independence
- Programs must be able to demonstrate that the appropriate level of supervision is in place
- Must certify that residents are proficient and competent to enter practice without direct supervision

ACGME 2011 Guidelines

- VI.D.4.

  The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident must be assigned by the program director and faculty members.

ACGME 2011 Guidelines

- VI.D.4.a

  The program director must evaluate each resident's abilities based on specific criteria. When available, evaluation should be guided by specific national standard-based criteria.

- VI.D.4.b.

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

ACGME 2011 Guidelines

- VI.D.4.c.

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

2011 ACGME Levels of Supervision

- Direct Supervision
- Indirect Supervision

  -With direct supervision immediately available

  -With direct supervision available
- Oversight

2011 ACGME Levels of Supervision

- Direct Supervision:

  The supervising physician is physically present with the resident and patient

2011 ACGME Levels of Supervision

- Indirect Supervision:

  With direct supervision immediately available: The supervising physician is physically within the hospital or other site of patient care and is immediately available to provide direct supervision.

  With direct supervision available: The supervising physician is not physically present within the hospital or other site of patient care but is immediately available by means of telephone and/or electronic modalities, and is available to provide direct supervision.

2011 ACGME Levels of Supervision

- Oversight:

  The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

Resident View

- Desire autonomy and feel it is critical to their professional development
- Desire less supervision than attending physicians want to provide

Faculty View

- 4 Factors determine decisions to trust residents with critical patient care tasks
  1) Characteristics of the resident
  2) The attending physician
  3) The clinical context
  4) Critical nature of the task

ACGME View

- Programs must set guidelines for circumstances and events in which residents must communicate with appropriate supervising faculty members, such as the transfer of a patient to the ICU
- Reassuring residents that it is appropriate to call the supervisor and that there will be no negative consequences for seeking the attending physician
- Setting clear expectations for the types of clinical scenarios that always warrant attending physician input

ACGME View

- Each resident is responsible for knowing the limits of his or her scope of authority, and the circumstances under which he or she is permitted to act with conditional independence
- PGY-1 residents should always have direct supervision immediately available

ACGME Institutional Expectations

- Supervision should be consistent with:

A- Provision of safe and effective patient care

B- Educational needs of the residents

C- Progressive responsibility appropriate to residents' level of education, competence and experience

SUPERVISION

S Safety of the patient as well as safety of the resident are of paramount importance. The department of surgery will not compromise the safety of a patient in any way. All patient care will be supervised by the attending faculty to varying degrees to allow for increasing autonomy and growth of the resident. It is the department's goal to create a nurturing environment where residents may feel safe and secure at all times while gaining independence . A faculty is always assigned to supervise the residents.

U Ultimate responsibility resides with the attending physician who supervises all resident activities. All clinical work is done under the supervision of an attending faculty. While the degree of supervision in any given examination/procedure will vary with the particulars of the event, as well as the level of training of the resident, the ultimate responsibility for the written report created is that of the attending surgeon.

P Personal responsibility and accountability. Residents and faculty are expected to hold themselves up to the highest standards. Professionalism should be maintained at all times. It is understood that at times errors will be made, it is also understood that these errors should serve as learning points as to avoid them in the future.

E Expiration. It is inevitable that at some point in a resident's career they will have to deal with the death of a patient. In this event the resident will notify their senior resident and/or attending immediately. Resident will be given proper training in regards to end of life issues, death pronouncements, communicating death to families and necessary paper work. Attending faculty will be available at all times to provide support to residents following the death of a patient.

R "Ready or Not". PGY-1 residents will participate in a supervisory evaluation at the completion of their PGY-1 year. The evaluation will consist of video modules, patient scenarios and a written assessment regarding various procedures and patient situations. These evaluations will be scored by supervising faculty. Successful completion of the evaluation will be necessary for the resident to be given supervisory privileges for the upcoming year.

V Vital Signs. All significant change in patient vital signs or mental status will be communicated to the resident's supervisor. Should a patient become unstable at any time, this will be communicated to the attending surgeon.

I Invasive procedures. Residents will be supervised by a more senior resident or attending faculty until they are felt competent to perform that procedure independently. Hospital privileging criteria will also be followed.

S Status. Any change in patient status needs to be communicated to the attending faculty. Any change in level of care requiring a change in unit acuity, will be immediately communicated to the attending. Any change in code status will also be relayed to the attending faculty.

I Introductions &Issues. Faculty and residents will introduce themselves and inform their patients of their role in each patient's care. All family or patient issues or concerns will be brought first to the attention of the supervising resident. If resolution cannot be obtained, all issues will be discussed with the attending. Issues that arise between nursing, consulting services, ancillary care, etc. will be brought to the attention of the attending surgeon.

O On call. A printed, emailed or online call schedule is sent out monthly to residents, faculty and the hospital paging office. In the event of unforeseen circumstances, such as illness, the resident will be informed by the program director, senior resident or program coordinator who the supervising surgeon will be. All faculty will be available during the day and when on call via telephone and/or beeper.

N Notification. Faculty will be notified of all elective admissions or transfers within 2-4 hours of arrival. All discharges will be discussed with the attending surgeon. All changes in care plans will be communicated to the attending faculty. If she/he is unavailable, then the program director or the

SAFETY

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Personal/Professional

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INVASIVE PROCEDURES

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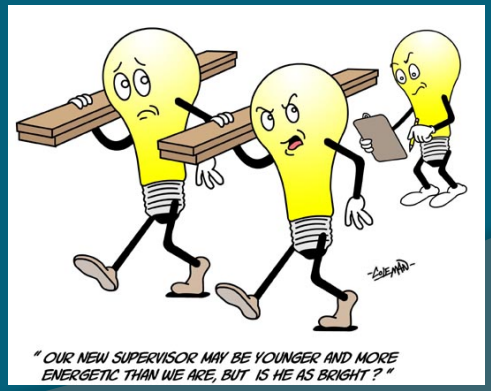
Ready or Not

- Assess the competence and potential for supervisory role
- 3 Areas of Assessment:
  - Patient Assessment
  - Supervision
  - Knowledge Base



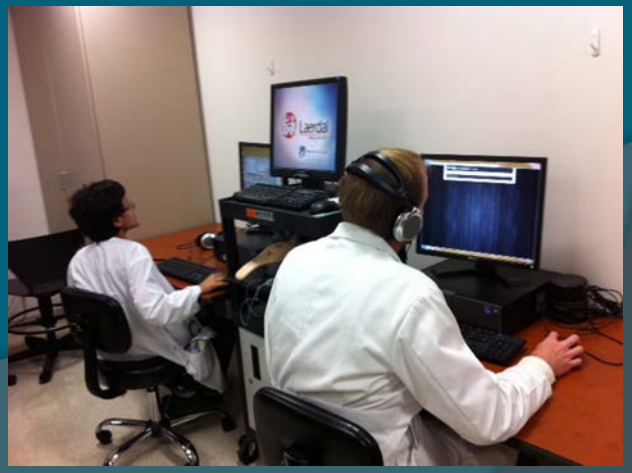
Ready or Not

- Patient Assessment:

  Creation of patient scenarios performed in the Simulation Lab

Ready or Not

- Supervision
  - Assume the role of supervising resident
  - Standardized videos of procedures and situations
  - Ask to comment on key errors noted in video



Ready or Not

- Knowledge Base

  Written cognitive exam- patient scenarios

  Essay type

Ready or Not

- Assessment Review
  - Discussion of video scenarios
  - Discussion of case scenarios
  - Allows for teaching/dialogue with residents
  - Documentation of progression to supervisory role

Where do we go from here:

- Institutional Supervision policy ???
- Random monitoring / walk throughs ???
- “Ready or Not” standardized for all levels ???