

**PITT COUNTY MEMORIAL HOSPITAL GRADUATE MEDICAL EDUCATION  
POLICY/PROCEDURE**

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**SUBJECT: Resident Supervision for “High Risk”    NUMBER: 0    PAGE: 1 OF 10  
Procedures**

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**ORIG: March 2000**

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**RESPONSIBLE PARTY: Graduate Medical Education**

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These guidelines are published to provide members of the health care teams with general expectations regarding supervisory relationships between residents at various levels of training and the supervision physicians in individual residency training programs. The monitoring of the supervision of residents in the responsibility of the teaching faculty of the medical staff and particularly the responsibility of the program director of each program. If any member of a healthcare team has concerns with the supervision of residents, these concerns should be directed to the immediate supervising attending and the program director of the relevant training program.

Residents may perform procedures on hospitalized patients under the supervision of attending physicians who assume ultimate responsibility for the care of each patient. The training program’s director and teaching physicians determine the degree of supervision required for each procedure, on a resident by resident basis. Promotion of a resident from year to year implies that the director and faculty have reviewed and approved the level of supervision required for individual residents at the level of training.

Supervision may be provided at different levels of intensity dependant upon the complexity and risk associated with the procedure and the competencies of residents at various levels of training. Direct supervision requires the presence of the attending physician at the bedside or in the procedure room. At other times, supervision, in keeping with requirements that residents be provided graduated responsibilities for patient care, may require the presence of the attending in the procedure area or hospital facility. Experienced residents performing less complex procedures may be appropriately supervised by an attending physician being available on call.

Senior residents, in the role as consultants, frequently perform procedures and may supervise more junior residents in their performance of procedures. Qualified senior residents, in their role as consultants, may supervise more junior residents within their own program or residents of the program which request the consultation. When functioning as consultants, residents are supervised by the attending physician within their training program.

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### **Surgery Program**

In the Operating Room, an attending physician must be present for the critical portion of all major procedures and the entirety of minor procedures. A Chief Resident may start any emergency procedure without the presence of an attending, provided that the attending physician has been notified.

In the Emergency Room and Inpatient Areas the following can generally be expected to describe supervisory relationships for specific procedures.

Procedures: Arterial Lines, Central Venous Lines, Swan Ganz Catheters

PGY 1 residents must be directly supervised by a more senior resident or attending physician for the first 4-6 months and must have performed a minimum of five procedures of each type before they may perform these procedures without direct supervision.

Procedure: Thoracentesis

PGY 1 and PGY 2 residents must be directly supervised by a more senior resident or attending physician until they have performed a minimum of three procedures at that time they may perform this procedure without direct supervision. Approved PGY 1 and PGY 2 residents and more senior residents may perform this procedure without direct supervision.

Procedure: Chest Tube Placement

PGY 1 and PGY 2 residents must be directly supervised by a more senior resident or attending physician until they have performed a minimum of five procedures at that time they may perform this procedure without direct supervision. Approved PGY 1 and PGY 2 residents and more senior residents may perform this procedure without direct supervision.

Procedure: Bronchoscopy

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PGY 1 – 5 residents who have not completed a Cardiothorasic rotation must be directly supervised by a PGY 5 resident who has completed a Cardiothorasic rotation, a PGY 6 resident who has completed a Cardiothorasic rotation, a PGY 6 resident or an attending physician. PGY 5 residents who have completed a Cardiothorasic rotation and PGY 6 residents may perform this procedure without direct supervision.

Procedure: Tracheal Intubation

PGY 1 and PGY 2 residents must be directly supervised by a more senior resident or an attending physician. More senior residents may perform this procedure without direct supervision.

Procedure: Diagnostic Peritoneal Lavage

PGY 1 and PGY 2 residents must be directly supervised by a more senior resident or by an attending physician. More senior residents may perform this procedure without direct supervision.

Procedure: Venous and Arterial Femoral Sticks

PGY 1 residents must be directly supervised for the first three procedures by a more senior resident or attending physician. Subsequently, these PGY 1 residents and all other residents may perform these procedures without direct supervision.

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### **Obstetrics and Gynecology Program**

In the Operating Room, an attending physician must be present for the critical portion of all minor procedures and the entirety of major procedures. A Chief Resident may start an emergency procedure without the presence of an attending, provided that the attending physician has been notified.

In the Emergency Room and Inpatient Areas, the following can generally be expected to describe supervisory relationships for specific procedures.

Procedure: D&C

A PGY 3 or PGY 4 resident may perform this procedure without direct supervision provided that the supervising physician is immediately available. PGY 1 and PGY 2 residents must be supervised directly by a PGY 3, PGY 4 resident or attending physician.

Procedures: Paracentesis, Thoracentesis and central Line Placement

The resident must be directly supervised by an attending physician.

Procedure: Circumcision

PGY 1 residents must be supervised by a PGY 2, PGY 3, PGY 4 resident or an attending physician for the first 5-10 procedures. At other times, PGY 1 and all other residents may perform the procedure without direct supervision.

In Labor and Delivery, the following can generally be expected to describe supervisory relationships for specific procedures.

Procedures: Vaginal Delivery and Episiotomy, Vacuum Extraction

PGY 1 residents must be directly supervised by more senior resident or attending physician. PGY 2-4 residents may perform these procedures without direct supervision.

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**Obstetrics and Gynecology Continued**

Procedure: D&C, Postpartum Tubal Ligation, Removal of Retained Placenta

PGY 1 and PGY 2 residents must be directly supervised by a senior resident or attending physician. PGY 3 and PGY 4 residents may perform without direct supervision. In all circumstances, the attending physician should be immediately available in the hospital or Labor and Delivery Area.

Procedure: Forceps Delivery, Breech Delivery, External Version, Cesarean Section and Cesarean Hysterectomy

All residents must be directly supervised by an attending physician for the critical portions of the procedure.

**Family Practice Program**

In the Emergency Room, an attending physician should be present for the critical portions of all invasive procedures.

In Labor and Delivery, the following can generally be expected to describe supervisory relationships for specific procedures.

Procedure: Vaginal Delivery, Vacuum Delivery, Forceps Delivery, Episiotomy, Repair of Lacerations, Manual Exploration of Uterus, D&C, D&E

Procedure: Management of Active Phases of Labor, Pitocin Induction or Augmentations

Residents may perform these procedures with an attending physician readily available.

Procedure: Amniotomy, Placement of Internal Monitoring Devices

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PGY 1 residents must be directly supervised by more senior resident or attending physician. The attending physician must be readily available. PGY 2 and PGY 3 residents may perform these procedures without direct supervision. The attending physician must be readily available.

Procedure: Limited Obstetrical Ultrasound

PGY 1 and PGY 2 residents must be directly supervised by an attending physician. PGY 3 residents may perform this procedure without direct supervision following consultation with the attending physician who is readily available.

In the Newborn Nursery, all procedures should be directly supervised by an attending physician.

In other Inpatient Areas, the following can generally be expected to describe supervisory relationships for specific procedures.

Procedures: Arterial Catheter Insertion, Thoracentesis, Central Venous Catheter Placement, and Paracentesis

PGY 1 residents must be directly supervised by a more senior medical resident or attending. May be performed by PGY 2 and PGY 3 residents without direct supervision.

Procedure: Endotracheal Intubation

The resident must be directly supervised by a respiratory therapist or attending physician.

Procedure: Swan Ganz Catheter Placement

The resident must be directly supervised by an attending physician or a Cardiology or Pulmonary resident.

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Procedure: Insertion of Temporary Transvenous Pacemaker and Pericardiocentesis

The resident must be directly supervised by the attending physician or a cardiology resident.

**Pediatrics Program**

The following can generally be expected to describe the supervisory relationships for specific procedures regardless of location.

Procedure: Arterial Line Placement

PGY 1 residents must be directly supervised by an attending physician. PGY 2 and PGY 3 residents may perform these procedures without direct supervision if permission is specifically granted by the attending physician.

Procedure: Central Venous Line Placement, Pleural Catheter Placement, and Thoracentesis

The resident must be directly supervised by an attending physician.

Procedure: Tracheal Intubation

The resident must be directly supervised by an attending physician except in emergency situations. In this circumstance, PGY 2 and PGY 3 residents with prior experience may attempt intubation.

Procedure: Neonatal Resuscitation, Thoracostomy and Chest Tube Placement, Arterial Puncture/Catherization, Endotracheal Intubation, Positive Pressure Ventilation, Lumbar Puncture, Intravenous Catheterization and Bladder Catheterization.

PGY 1 residents must be directly supervised by a more senior resident or an attending physician. PGY 2 – PGY 6 residents may perform these procedures without direct supervision.

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Procedure: Exchange Transfusion

PGY 1, PGY 2 and PGY 3 residents must be directly supervised by a more senior resident or attending physician. PGY 4 and more advanced residents may perform these procedures without direct supervision. The attending physician must, however, be in the hospital.

Procedure: Peritoneal Drainage

PGY 4, 5, and 6 residents may perform this procedure only under direct attending physician supervision.

**Internal Medicine Program**

In Inpatient Areas, the following can generally be expected to describe supervisory relationships for specific procedures

Procedures: Arterial Catheter Insertion, Thoracentesis, Central Venous Catheter Placement, and Paracentesis

PGY 1 residents must be directly supervised by a more senior medical resident or attending. May be performed by PGY 2 and PGY 3 residents without direct supervision.

Procedure: Endotracheal Intubation

The resident must be directly supervised by a respiratory therapist or attending physician.

Procedure: Swan Ganz Catheter Placement

The resident must be directly supervised by an attending physician or a Cardiology or Pulmonary resident.

Procedure: Insertion of Temporary Transvenous Pacemaker and Pericardiocentesis



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The resident must be directly supervised by the attending physician or a cardiology resident.

**Physical Medicine and Rehabilitation Program**

PGY 1 residents will comply with the supervision criteria of the services on which they rotate.

Procedure: Electromyography (Electromyography & Nerve Conduction Studies)

All PGY II, PGY III, or PGY IV residents will perform needle electromyography under the direct supervision of an attending.

Procedure: Joint Injections

All PGY II, PGY III, and PGY IV residents will perform joint injections under the direct supervision of the attending.

Procedure: Trigger Point Injections, Bursal Injections:

All PGY II, PGY III, and PGY IV residents will require direct supervision by an attending up until they have completed at least ten injections with the proper technique without complications. Those residents who have completed the necessary ten injections may perform the injections without the direct supervision of an attending. However, the attending must be readily available.

Procedure: Lumbar Puncture

All PGY II, PGY III, and PGY IV residents will perform lumbar punctures only under the direct supervision of an attending.

Procedure: BOTOX (Botulinum Toxin)

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All PGY II, PGY III and PGY IV residents will perform the BOTOX injections under the direct supervision of the attending physician.

Procedure: Baclofen Pump Refill

All PGY II, PGY III and PGY IV residents will perform the baclofen pump refill only under the direct supervision and guidance of a properly trained physiatrist.

Procedure: Osteopathic Manipulations

Osteopathic manipulation by a PGY II, PGY III or PGY IV resident will be permitted only when the resident has previously received formal training in these techniques at an accredited school or osteopathic medicine. They will be permitted to perform these techniques on appropriate patients only when they have received approval to do so by the attending. The appropriately trained attending must be readily available.